service utilization among Haredi Jews with a history of mental distress. Specific objectives include: (i) eliciting and understanding participants' mental health knowledge, beliefs, behaviours & attitudes; (ii) exploring their pathways and barriers to mental health care, especially examining the role of religiosity, religious community and rabbinical advice; and (iii) investigating their experience within the official mental health care system.
Methods: To gain an in-depth understanding, we conducted a qualitative study. This involved semi-structured interviews with 24 participants who (i) identified as Haredi Jews; (ii) had used mental health services; and (iii) were 18+ years of age. It also included interviews with several key stakeholders, for example local Rabbis and other community leaders. Data was analyzed using thematic analysis techniques.
Results: Participants typically had experienced mild to moderate mental distress, and tended to view mental health services in a positive light, mainly expressing satisfaction with services received. The analysis revealed three important facilitators and three important barriers to recovery. Facilitators comprised of (i) high levels of social support within the community, including specific well-being support groups; (ii) a positive relationship and connection with G-d, considered to provide guidance and support during troubled times; and (iii) the presence of many bridges and resources within the local Haredi community, including community-run health services, and Rabbis who encouraged mental health care utilization where appropriate. Barriers comprised of (i) stigma related to marriageability of self and offspring, inhibiting disclosure and mental health care use; (ii) acknowledged lack of awareness and knowledge about mental health, mental illness, treatments, and therapies; and (iii) generic health service issues, including long waitlists, limited availability and lack of appropriate therapists.
Conclusions: Study participants tended to have positive views of psychiatric services, and utilized different health care and community-based resources to help foster recovery. However, ongoing issues of stigma and low levels of mental health literacy may inhibit mental health care use and recovery. This implies a need for religiously-informed and community-grounded mental health literacy campaigns among Haredi Jewish communities.

Disclosure of Interest: None Declared

EPP0442

Translation and cross-cultural validation of the Turkish, Moroccan Arabic and Moroccan Berber versions of the 48-item Symptom Questionnaire (SQ-48)

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Introduction: First generation immigrants in many European countries have insufficient mastery of the host language to complete self-report questionnaires. To address this problem, we translated and validated Turkish, Moroccan Arabic and Moroccan Berber versions of the Dutch 48-item Symptom Questionnaire (SQ-48), which is a validated and clinical useful measure of psychopathology.
Objectives: Therefore, this study describes the translation and cross cultural validation of the Turkish, Moroccan Arabic, and Moroccan Berber versions of the 48-item Symptom Questionnaire.
Methods: Four samples were used: 1) psychiatric outpatients with Turkish or Moroccan background (n=150); 2) non-psychiatric subjects with Turkish or Moroccan background (n=103); 3) native Dutch psychiatric outpatients (n=189); 4) native Dutch non-psychiatric subjects (n=463). Data were analysed by confirmatory factor analysis and receiver operating characteristic curves.
Results: The 253 psychiatric non-native patients and controls were on average 38,3 years old (SD 12,4), and 61% were women. Internal consistency of SQ-48 subscales across groups was adequate to high, the seven-factor structure of SQ-48 fitted the data adequately in the total sample and in each separate group, and AUC values showed acceptable to excellent discrimination. However, the mean severity scores for all SQ-48 subscales were significantly higher in the immigrant groups than those of the Dutch native group. We found full configural, metric and partial scalar invariance.
Conclusions: Psychopathology measured by SQ-48 can largely be interpreted in the same way for persons from different immigrant backgrounds. However, cut-off values for Dutch natives should be ascertained using larger samples as these are likely higher than in Dutch psychiatric patients.

Disclosure of Interest: None Declared

Depressive Disorders 03

EPP0443

Major Depressive Disorder Across Development and Course of Illness: A Functional Neuroimaging Meta-Analysis

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Introduction: Functional magnetic resonance imaging (fMRI) has been used to identify the neural activity of both youth and adults diagnosed with major depressive disorder (MDD) in comparison to healthy age-matched controls. Previously reported abnormalities in depressed youth appear to mostly align with those found in depressed adults; however, some of the reported aberrant brain activity in youth has not been consistent with what is observed in adults, and to our knowledge there has not yet been a formal, quantitative comparison of these two groups. In addition, it is not known whether these observed differences between youth and adults with depression are attributable to developmental age or length-of-illness.

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Objectives: The aim of this study is to elucidate the similarities and differences in patterns of abnormal neural activity between adults and youth diagnosed with MDD and to then determine whether these observed differences are due to either developmental age or length-of-illness.
Methods: We used multilevel kernel density analysis (MKDA) with ensemble thresholding and triple subtraction to separately determine neural abnormalities throughout the whole brain in primary studies of depressed youth and depressed adults and then directly compare the observed abnormalities between each of those age groups. We then conducted further comparisons between multiple subgroups to control for age and length-of-illness and thereby determine the source of the observed differences between youth and adults with depression.
Results: Adults and youth diagnosed with MDD demonstrated reliable, differential patterns of abnormal activation in various brain regions throughout the cerebral cortex that are statistically significant ($p < .05$; FWE-corrected). In addition, several of these brain regions that exhibited differential patterns of neural activation between the two age groups can be reliably attributed to either developmental age or length-of-illness.
Conclusions: These findings indicate that there are common and disparate patterns of brain activity between youth and adults with MDD, several of which can be reliably attributed to developmental age or length-of-illness. These results expand our understanding of the neural basis of depression across development and course of illness and may be used to inform the development of new, age-specific clinical treatments as well as prevention strategies for this disorder.

Disclosure of Interest: None Declared

EPP0444

Attitude Toward Depression in Thai Physicians compared with general population

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Introduction: High stigma has been considered an important cause for the low rates of help-seeking, lack of access to care, undertreatment, material poverty, and social marginalization.Physicians commonly know about depression but are reluctant to seek mental health treatment.
Objectives: This study aimed to examine the attitude toward depression in Thai physicians compared with the general population.
Methods: A cross-sectional descriptive study was conducted on Thai physicians and the general population. We used the Depression Stigma Scale in the Thai version to assess stigma. The Depression stigma scale was distributed via the internet with a google form program.
Results: Two thousand eighty-three participants responded to the questionnaire. Comparing the Depression Stigma Scale of the general population and physicians by using an independent test demonstrated that there was a significant difference between the two groups ($p < 0.001$) with an average total score of physicians higher than the general population (37.47 and 35.73, respectively). There was a significant difference in the Perceived Stigma Subscale in the general population $p < 0.001$ and physicians but not in the Personal Stigma Subscale. A significant difference was shown between the Personal Stigma Subscale of male and female physicians ($P < 0.05$). No significant difference was demonstrated between the Perceived Stigma Subscale of male and female physicians. However, the male and female general population had no significant differences in the Depression Stigma Scale.
Conclusions: Physicians had higher depression stigma than the general population, especially in perceived stigma.

Disclosure of Interest: None Declared

EPP0445

Characteristics of Adults Hospitalized for a Major Depressive Disorder: Results from the Multicenter OASIS-D Study

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Introduction: Major Depressive Disorder (MDD) is one of the most common mental illnesses worldwide and is strongly associated with suicidality. Commonly used treatments for MDD with suicidality include crisis intervention, oral antidepressants (although risk of suicidal behavior is high among non-responders and during the first 10-14 days of the treatment) benzodiazepines and lithium. Although several interventions addressing suicidality exist, only few studies have characterized in detail patients with MDD and suicidality, including treatment, clinical course and outcomes. Patient Characteristics, Validity of Clinical Diagnoses and Outcomes Associated with Suicidality in Inpatients with Symptoms of Depression (OASIS-D)-study is an investigator-initiated trial funded by Janssen-Cilag GmbH.
Objectives: For population 1 out of 3 OASIS-D populations, to assess the sub-population of patients with suicidality and its correlates in hospitalized individuals with MDD.