

years a number of studies confirms the trend of mental pathology of growth with an increase in the number of clinical forms of psychotic register, including behavioral disorders in children. In turn, this is due to the increasing number of emergency situations (antiterrorist operations on the territory of Ukraine) for the last time. Ukraine now is an urgent need to establish a system of psychosocial rehabilitation of children with impaired mental development. International Charity Fund “Alexander Feldman Fund” in the Ecopark established the center for psychosocial rehabilitation of children and adolescents with psychological, emotional and behavioral disorders. The center created the conditions for the restoration of a bio-psycho-social harmony of the child in the conditions of modern urban-deformed medium. The aim of the center is to restore the level of social functioning and quality of life of children with ADHD, children with autism, cerebral palsy, Down syndrome and other neuropsychiatric disorders. The Center based on ecotherapy, also used animal therapy, garden therapy, play therapy, art therapy (studio for painting, sculpting). Individual and group work included various elements of cognitive-behavioral, rational, analytical child, relaxation, and other methods of psychotherapy.

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EV1186

Is social frustration typical of multiple sclerosis patients?

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Introduction Psychological problems of multiple sclerosis patients are often studied in context of distress and depression or quality of life concept. However, analysis of social frustration still has not been an object of research interest. Whereas ignoring patients' feelings of frustration and social worry may worsen the prognosis of treatment.

Objectives and aims To study if the social frustration prevalent among multiple sclerosis patients.

Methods We studied 104 multiple sclerosis patients during in-patient treatment in neurological unit. Male and female patients aged between 19 and 64 years were diagnosed relapsing-remitting multiple sclerosis (RRMS) and secondary progressive multiple sclerosis (SPMS). Psychological indicators of social frustration were assessed by using “The level of social frustration” questionnaire.

Results Lack of social frustration was revealed only in 5% of multiple sclerosis patients. The most frequent area of social frustration in the patients was the sphere of health and labor activity (45%). The second area of social frustration was dissatisfaction with the socio-economic status (37%), the third – the social status (26%). Both male and female patients were equally dissatisfied with their physical condition. Men were more frustrated with their material condition, women – with their inability to work. Some differences were also defined in clinical groups. RRMS patients were more frustrated in need for their status in the society, SPMS patients with their psychological and emotional state.

Conclusions The directions of typical social frustration in multiple sclerosis patients, associations with clinical and gender factors may be considered in system of treatment and rehabilitation.

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Building a psychosocial rehabilitation unit: The experience of centro hospitalar entre Douro e Vouga

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Introduction In Portugal, the National Mental Health Plan sought to reform the mental health care system, decentralizing mental health care by promoting community based services. Guidelines point to treatment of Psychotic Disorders with collaborative, person directed and individualized approaches.

Objective The authors propose to describe the development of a new psychosocial rehabilitation unit in a recently created psychiatric department.

Methods The CHEDV's psychiatry department (2009) serves a population of around 340,000. The Psychosocial Rehabilitation Unit (2015) aims to ensure a multidisciplinary and integrated response to users with major psychiatric disorders. The Psychosocial Rehabilitation Unit structures 4 axes of response: detection and initial approach of the disease, intervention in crisis, psychosocial rehabilitation and management of difficult patients.

Results CHEDV's psychosocial rehabilitation unit is responsible for the care of about 25 patients daily. Treatment activities range from specialized consultations, home visits, medication management and crisis telephone to social skills training, psycho-education, neurocognitive rehabilitation, occupational workshops and social intervention/orientation. The unit bases its work on constant communication within the team but also with all other carers of the patient (in or out of hospital).

Conclusions Bringing to the population a set of previously unavailable responses is the most blatant success of this unit that is helping people getting a better and closer care. To improve our work we aim at integrating the quantitative and qualitative psychometric evaluation of the patients. The lack of resources, necessity of further training, insufficient funding, and low political priority remain as the main barriers to community based mental health care.

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Early signs of crisis in the perception of users and their family

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The identification of the early signs of crisis is globally considered one of the fundamental elements in the illness management practice of the psychiatric user. For this reason the mental health center of the city of Ravenna wanted to offer a personalized questionnaire to a 15 random-selected users and their families, with the aim of evaluating and analyzing the alarm signals in the participant's perception. The questionnaire has been created on the basis of other tests in the literature. It is divided in two parts, a “symptomatic”, related to the early signs of crisis, and an “environmental”, focalized on the potentially stressing situations for the individual. The administration took place within the individual and the family talks at the center. This project was implemented not only as a psycho-educational activity for the users and their family's, but also to amplify the knowledge of the staff on these signs. The results have shown how often there are points of difference in the perceptions of the early signs of crisis

of the users and their families and it is believed this could turn out to be an important factor to be worked on within the projects of psycho-education of the mental health center.

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Psychological aspects in parents of children with disability and behavior problems

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Introduction Parents of children with disabilities are at increased risk of experiencing psychological stress compared to other parents. Children's high levels of internalizing and externalizing problems have been found to contribute to this elevated level of stress. Childhood disability often imposes a social and emotional burden for children and their families.

Objective With this study we evaluated several parents' psychological aspects and the emotional behavioral functioning of their children with disability.

Aim To investigate the possible correlation between parenting stress, level of depression in parents and behavior problems in their children, taking in to account the differences between mothers and fathers.

Method Standardized forms (CBCL, PSI, BDI) were completed from 57 (28 mothers) parents of children aged from 6 to 18 years, focusing on psychological well-being includes depression, parenting stress, family resilience and family adjustment.

Results The mean age of our sample was 41.55 ± 5.4 . The level of depression and stress index were higher in mothers than in fathers. Parenting stress was significantly associated with children internalizing and externalizing behavior problems in children.

Conclusion The results of this investigation indicate the importance of examining relations between parenting stress and behavior problems in children with disabilities. Objective of ensuring the rehabilitation process aimed at the welfare of the family. These patterns have implications for both developmental theory and for service provision for individuals with disability and their families.

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Predictors of social function and quality of life in patients with traumatic brain injury

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Cognitive deficits as well as affective and physical symptoms are common after traumatic brain injury (TBI). However, little is known about how these deficits affect functional outcomes. The purpose of this study was to investigate the relationship between neuropsychological, affective and physical sequelae and outcomes such as social function and quality of life in patients with TBI. We studied these relationships in 57 patients with TBI over the course of 6 months post-injury. The patients completed neuropsychological assessments, including the Wechsler Adult Intelligence Scale-III,

the Rivermead Behavioural Memory Test, and verbal fluency test. Affective and physical symptoms were assessed by Beck Depression Inventory-II, Chalder fatigue scale, and Pittsburgh sleep quality index. Functional outcomes were assessed using the World Health Organization (WHO) disability assessment rated by others and the WHO quality of life assessment (WHO/QOL 26). The patients showed impairments in executive function assessed by verbal fluency test. The affective and physical assessments showed mild depressive mood and fatigue problem. Multiple regression analysis revealed that executive function and depressive mood were the best predictors of social function and quality of life, respectively. The findings of this study suggest that executive function and depressive mood are important factors to predict functional outcomes in patients with TBI.

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EV1191

Deinstitutionalization and psychosocial rehabilitation

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Introduction Barbacena is a Brazilian city with 140,000 inhabitants, which was known as the "city of madmen" because of the excessive number of patients in psychiatric hospitals. In 2000 it began a deinstitutionalization process, and the patients were transferred to assisted residential services.

Objective Describe the process of deinstitutionalization and social rehabilitation of psychiatric patients.

Methodology The following characteristics were studied: sex, age, medication use, psychiatric diagnosis and the development of social skills.

Results In each therapeutic residence (RT) lives eight patients, supervised by upper and mid-level professionals. Since the implementation of RTs about 400 patients leave the psychiatric hospitals. Most had mental retardation (51.0%), followed by schizophrenia (31.0%). More than half (58.5%) were men. The age ranged from 29 to 97 years, with an average of 64.8 ± 12.4 . A decrease in the average dose of neuroleptics was seen after deinstitutionalization. Direct observation of patients in the RT, and the reporting of caregivers has shown that patients have developed wide range of social performance, such as dating, started at professional courses, attending exercise classes, travelling and learn how to use money.

Conclusion In despite of difficulties in the psychiatric reform process, the community-based treatment and psychosocial rehabilitation approach are the principal models of psychiatric care presently, and the residential services play an important role in this process. The authors emphasize the importance of community support, professional staff and rehabilitation programs as a condition for good outcomes.

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EV1192

Review of physical health care in patients with chronic psychiatric conditions in a rehabilitation unit

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