

It was revealed that among parasuicides prevailed women (53% of all parasuicides in 2006, 58,4% in 2005), aged 20-39 (64,6% of all parasuicides in 2006, 63% in 2005); main type of parasuicide is medicines poisoning (30% of all in 2006, 33,8% in 2005). It was established that 5 people of those who committed a parasuicide later committed suicide.

Among suicides prevailed men, aged 40-59 year. Main type of suicide was hanging, 85% of all cases.

The monitoring allowed to develop a strategy for prevention of suicidal behavior. The following activities were implemented:

- Implemented control of psychoactive drugs use
- Organized collaboration with mass media

Seminars for general practitioners were conducted with the aim of revelation of psychopathological disorders.

P0273

Do mental health services meet users' needs?

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Objective: Clients' satisfaction with mental health service is one of necessary conditions of good treatment outcomes. The aim of the study was to investigate satisfaction with treatment and it's dependency of users' needs and their subjective quality of life.

Methods: The sample of 174 out-patients with schizophrenic, affective, anxiety, eating and personality disorders were assessed with the Brief Psychiatric Rating Scale (BPRS), the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), Manchester Short Assessment of Quality of Life (MANSA) and the Client's Scale for Assessment of Treatment (CAT).

Results:

1. The mean result of CAT was 8,2 [SD=1,5] and the half of patients assessed their satisfaction with treatment between 7,2 and 9,2 (on 1-10 scale). Persons with eating and personality disorders were the least satisfied with services.
2. The highest numbers of met/ total needs were connected with health and unmet needs with social area. Total unmet needs of persons with schizophrenic, eating, personality and affective disorders were significantly higher than among patients with anxiety disorders.
3. Persons with personality, affective and eating disorders had significantly lowest subjective quality of life.
4. Satisfaction with treatment had negative correlation with unmet needs (mostly health and service needs), intensity of depressive/anxiety symptoms and positive correlation with subjective quality of life.

Conclusions:

1. Social needs were the most often unmet from patients' point of view.
2. The higher unmet needs and more intensive symptoms of depressive/anxiety were, the less patients were satisfied with treatment and the lower they assessed their quality of life.

P0274

The prevalence of posttraumatic stress disorder and its symptoms eight months after the earthquake among Bam survivors: An epidemiological study

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Bam earthquake in December, 2004 was one of the most devastating disasters in the world. It affected a total population of 970000 and decimated over 35000 people. This study aimed to determine the prevalence of full or partial posttraumatic stress disorder (PTSD) and its symptoms in a sample of survivors of Bam earthquake.

This cross-sectional study included 786 people in randomly selected households through cluster sampling eight months after the earthquake. Subjects were assessed by the Composite International Diagnostic Interview (CIDI).

About 98 percent of the respondents were exposed to one or more traumatic life experiences. The most severe traumatic experience in 87.2 percent of the subject was witnessing others injuries or corpses. The lifetime prevalence of PTSD was 59.1 percent. Partial PTSD (having some PTSD symptoms without fulfilling the minimum criteria) and current PTSD had prevalence rates equal to 20.2 and 51.9 percent, respectively. There was not a significant difference between men and women with regard to prevalence of PTSD and its symptoms. "Numbness and avoidance" was the least prevalent and "reexperience" the most prevalent symptom groups.

PTSD is highly prevalent in Bam earthquake survivors that warrant implementing community-based interventions for the disturbed population.

P0275

Associations between individual mental health and the local social environment: A multilevel analysis

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Background/Aims: To derive small-area, or contextual, measures of the local social environment using benefits data from the UK Department of Work and Pensions and to investigate whether (1) the mental health status of individuals is associated with contextual measures of low income, economic inactivity, and disability, after adjusting for personal risk factors for poor mental health, (2) the associations between mental health and context vary significantly between different population sub-groups.

Methods: Data from the Welsh Health Survey 1998 were analysed in multilevel Normal response regression models of 24,975 adults aged under 75 years living in 833 wards in Wales (mean population 3,500). The mental health outcome measure was the Mental Health Inventory (MHI-5). The age-standardised ward-level benefits data available were the means tested Income Support and Income-based Job Seekers Allowance, and the non-means tested Incapacity Benefit, Severe Disablement Allowance, Disability Living Allowance and Attendance Allowance.

Results: Each contextual variable was significantly associated with individual mental health status after adjusting for individual risk factors, so that living in a ward with high levels of claimants was associated with worse mental health. The non-means tested benefits that were proxy measures of economic inactivity from permanent sickness or disability showed stronger associations with individual mental health than the means tested benefits. All contextual effects were significantly stronger in people who were economically inactive and unavailable for work.

Conclusion: This study provides evidence for substantive contextual effects on mental health, and in particular the importance of small-area levels of economic inactivity and disability.

P0276

Mortality in a cohort of 166 psychiatric inpatients along one year

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Background: There is an excess of death from natural causes among people with major psychiatric disorders. Several reasons have been argued to explain this excess of death (Antipsychotic Agents, high nicotine dependence...).

Objective: Our objective was to examine and compare mortality rates in a historical cohort study of 166 psychiatric inpatients along one year.

Method: Mortality rates were examined in our cohort of patients from January 1, 2003 to December 31, 2003.

Results: 11(6.62%) patients died along the year studied. Only 2 (18%) of the died patient were women. The main cause of mortality in our cohort of patients was cardiovascular diseases.

Conclusions: Inpatients with major psychiatric disorders appear to be at greater risk for cardiovascular mortality than those in the general population.

P0277

Tobacco smokers in a Spanish psychiatric hospital

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Background: Several studies suggest that severe mental illness is associated with tobacco smoking.

Method: In this study, we measure the frequency of tobacco smokers in a sample of 149 severe mental illness inpatients. We compare the tobacco smoking rate with the general population one and with other studies rates.

Results: 65 (43%) of the 149 patients were female and 84 (57%) male. The main diagnoses of the studied population was schizophrenia (80%).The main finding was that according to other studies, the percentage of smokers in our hospital 65 (43%) was consistently high and greater than in general population. Only 9 (13%) of the smokers group were women.

Conclusion: Tobacco smoking rate is higher in psychiatric inpatients than in general population.

P0278

Seasonal changes in mood and behaviour are a proxy to metabolic syndrome

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Background and Aims: Obesity and metabolic syndrome are public health problems worldwide, and present a risk to develop cardiovascular diseases. Previous findings mentioned that disruptions in the circadian clockwork may predispose to metabolic syndrome. Our aim was to find an association between seasonal changes in mood and behaviour and metabolic syndrome.

Methods: 8028 participants (45% men) were interviewed face-to-face at home and assisted to a health status examination as part of a nationwide survey in Finland. Waist circumference, height, weight and blood pressure were measured and blood samples were taken for laboratory tests. They were assessed with the Seasonal Pattern Assessment Questionnaire (SPAQ) to measure seasonal changes in mood and behaviour, and the ATP-III criteria for metabolic syndrome.

Results: Individuals with metabolic syndrome had bigger BMI ($t=-42.7$, $df=3513$, $P<0.001$), waist circumference ($t=-47.2$, $df=6560$, $P<0.001$), higher levels of glucose ($t=-19.2$, $df=2339$, $P<0.001$), total cholesterol ($t=-13.2$, $df=6631$, $P<0.001$), HDL cholesterol ($t=48.5$, $df=5452$, $P<0.001$), LDL cholesterol ($t=-11.9$, $df=3800$, $P<0.001$) and triglycerides ($t=-37.5$, $df=2468$, $P<0.001$). Global Seasonal Score (GSS) and seasonal changes in weight ($OR=1.57$, 95% $CI=1.39$ to 1.78) were risk factors to develop metabolic syndrome. Waist circumference correlated with seasonal symptoms, in particular with seasonal changes in weight ($r=0.20$, $df=5986$, $P<0.001$).

Conclusions: Seasonal changes were associated with metabolic syndrome. Assessment of these changes may serve as a proxy for this syndrome. Abnormalities in the circadian clockwork may predispose to seasonal changes in weight and metabolic syndrome.

P0279

Crisis intervention

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Crisis condition is the situation caused by the change of one, or more, or all aspects of the material and socio-cultural environmental reality of the person or the change of the person in the structural and morphological sense which can disturb the individual, dynamical psycho-social balance in that extent that the person usually can not retrieve It for a long time. Who will be negatively impacted by the crisis situation depends, amongs other things, of the symbolical meaning of the crisis situation and of the intrapsychological context of those who are exposed to It. Through the crisis situation the person can become more mature but can also accept maladaptive ways of behavior. In the clinical picture dominate anxiety and depression. If the help is not provided on time, the attempts to overcome the crisis can be