

tragic events of December 2011. The strike of oil workers ended in a bloody carnage with long-lasting consequences. The high level of traumatic stress, secondary gain of traumatization, and relative isolation of oralmanans created plausible conditions for explosion of mass conversion disorder, which in social consciousness was associated with measles vaccination.

On 16th of February, 20 teenagers were hospitalized with seizures of unknown aetiology, 60 girls got sick during the next three days, and 195 were hospitalized during the next three weeks. More than 100 were receiving an outpatient treatment. Foggy diagnosis of “post-vaccine reaction” led to panic among citizens, and a small city hospital became overcrowded by relatives of patients. The diagnosis of conversion disorder had been supported according to the criteria of ICD-10.

The results of numerous focus groups, archival research and individual interviews showed up the precise connections between oil workers’ strike in 2011 and mass conversion disorder in 2015.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1643>

EV659

Mental and behavior disorders among combatants in Ukraine

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In Ukraine, the significant participants of the “anti-terroristic operation” (ATO) need to provide a system of psychiatric, psychotherapeutic assistance.

The 6 groups of disorders:

- non-pathological reaction (Z65.5);
- pathological reactions (F43.0);
- neurotic disturbances (F45);
- psychotic disturbances (F44);
- PTSD (F43.1);
- chronic personality changes (F62.0).

The system of complex assistant was provided. Step 1: emergency psychological assistance. It is carried out on the basis of crisis intervention, that is defined as the emergency and urgent medical and psychological first aid, aimed at the return of the victim to the adaptive level of functioning, preventing progredient development of mental disorders, reducing the negative impact of a traumatic event.

Step 2: medical and psychological support. The purpose is the relief of mental and behavioral disorders, prevention (secondary and tertiary), psychological maladjustment, progressive course of mental disorders, with the purpose, rational, suggestive, cognitive behavioral (CBT), and others. The aim of psychotherapy is to support the patient’s assistance, processing traumatic material reevaluation of the crisis, a change of attitude, increased self-esteem, develop realistic perspectives and active life position. It is important to restore a sense of competence and design future in which you can use a good past experiences. Step 3: the primary goal of treatment is relief of anxiety and fear, stress, adaptation to the human life and activity in conditions of continuing psychogenic. The most effective method of psychotherapy in these cases is CBT. Step 4: supportive. All steps developed by multimodal model of psychotherapy.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1644>

EV660

Community mental health: Description of the patients concerning the ULS Guarda department of psychiatry and mental health area

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The World Health Organization (WHO, 2004) stresses the importance of home patient visiting as an answer to the epidemiologic, demographic, social and economic challenges that the world is facing.

The severe psychiatric patients are a risk group and often need domicile consultation and visiting. The domicile consultation approach favors the clinical, social and familiar support as well as promotes the integration and the recovering of the patients with mental problems, preventing the relapses and the hospital admissions of these patients.

This study, of descriptive nature, is based on the observation and consultation of 287 clinical processes of patients inserted in the domicile consultation program designed by the Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, which covers the 7th biggest district in Portugal (in a universe of 18), between July and September 2015.

The main goal of this study is to characterize and analyze the profile of the population, which is followed by the community mental health team of our Department, namely, the socio-demographic and clinic features, in order to improve the assistance practice in the future.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1645>

EV661

Social-stress disorder. What does it mean for the people?

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In 90th of 20 Russian psychiatrist Y.A. Alexandrovsky expressed opinion of presence the group of so-called social-stress disorders that was determined like psychogenic-actual for most people in definite social, economic and political situation.

Used the method of clinic-psychopathological interview with patients who applied outpatient psychological consultation on the chair of psychiatry.

The main changes in psychic state include following behaviors and clinical implications: loss of the value of human life, which is manifested in indifference to death in lowering caution when hazardous situations, willingness to sacrifice lives without any ideals. There is unrestrained lost for pleasure and moral promiscuity, exacerbation of personality typological traits, development of hypersthenic reactions (to self-destructive non-expedient behavior), hyposthenic disorders, panic reactions, depression, dissociative and conversive irregularities, loss of communicational plasticity, loss of the ability to adapt to what happens with the preservation prospects of targeted actions, manifestations of cynicism, the tendency to antisocial actions. Patients had complaints on increase anxiety, pes-

simistic attitudes, existential vacuum, sense of uselessness and loss of perspectives, tendency to irrational perception of reality with including mechanisms of autistic and archaic thinking. Thus, psychological status of the population of Ukraine is a model of social-stress disorder and can be considered like a basis, which leads to the decreasing of the individual barrier of mental adaptation with the next manifestation of different forms of psychological maladjustment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1646>

EV662

Patients' needs as an outcome measure in schizophrenia

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Introduction Outcome assessment has been highlighted as a crucial factor in the evaluation and transformation of mental health services, providing evidences for the improvement of clinical practice.

Objective This is the first clinical study in Greece to investigate the relationship between the crucial outcome measures of needs, quality of life, disability and psychopathology for patients suffering from schizophrenia. Furthermore, service evaluation based on the assessment of the above outcome measures has never taken place in the country.

Aims To examine the associations between the patients' needs and other treatment outcome indicators:

- quality of life;
- disability;
- dimensions of schizophrenia symptomatology.

Method The CAN-R, WHOQOL-BREF, WHODAS 2.0 and PANSS scales were administered to a sample of fifty-three schizophrenia patients and the correlations between the above outcome measures were computed.

Results (1) Significant negative correlations emerged between the total number of needs and unmet needs and subjectively assessed quality of life. (2) Significant positive correlations emerged between the total number of needs and unmet needs and subjectively assessed disability. (3) Significant positive correlations were found between the dimensions of schizophrenia symptomatology (positive/negative/general) and the total number of needs in our sample.

Conclusion According to our findings:

- as the number of unmet needs increases patients' quality of life is lowered;
- a possible relationship exists between unmet needs and subjectively assessed disability;
- a possible relationship exists between needs and all the dimensions of schizophrenia symptomatology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1647>

EV663

The relationship between insight and internalized stigma in persons with severe mental illness

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Introduction Stigma is a multistage process that makes person marked by the stigma to be perceived as diminished or even as “not fully human”. The internalized stigmatization is seen as one of the levels of stigma to be present in persons with mental illness. A new perspective to mediation models between internalized stigma and illness-related factors is needed.

Aim To assess the relationship between insight in mental illness and internalized stigma, as well to verify the knowledge of illness-related factors on the phenomenon of internalized stigma among patients with severe mental illnesses.

Methods A cross-sectional study design conducted among participants of both sexes between 18 years old and 65 years old with diagnosis of psychotic disorders (F20–29) and mood disorders (F30–39), who after reading the information about the study, give their written consent to participate. Among used methods were: a questionnaire of Internalized Stigma of Mental Illness (ISMI) by Ritsher [Boyed] et al. translated into Polish version and self-prepared interviews. Insight into mental illness was assessed using the Positive and Negative Syndrome Scale.

Results The preliminary results showed patients with the insight into the mental illness have significantly higher scores on the ISMI scale. Moreover, inpatient participants and those with the diagnosis of depression were characterized by higher level of stereotype endorsement compared with outpatients and psychotic patients.

Conclusions The obtained results may contribute in the clinical and therapeutic fields, assuming that insight and the type of treatment are strongly linked with the process of recovery and the internalized stigma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1648>

EV664

Knowledge and uptake of voting rights by adults with mental illness living in supported accommodation in Westminster (London) during the 2015 UK general election

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Introduction Voting is an essential human right. Being able to vote and participate in elections is an important component of social inclusion; empowering people with mental illness to have a political voice and in turn reducing stigma. Previous research indicates that patients with mental illness are less likely to vote compared to the general population.

Objective This study explores knowledge and uptake of the voting rights of adults living in mental health supported accommodation in Westminster (London) in the 2015 UK general election.