

Results we noted that distribution of depression according to gender has statistically significant differences. In the men group the number of depressive individuals is 5 (11.1%; $P < 0.01$). In the women group the number is 28 (37.8%; $P < 0.01$). Also it was stated, that marital status does not influence the distribution of depressive symptomatology level ($P > 0.05$). Distribution of anxiety symptoms significantly differs by gender. In the group of men anxiety observed in 1 patient (2.2%; $P < 0.05$), whilst in the group of women – in 13 patients (17.6%; $P < 0.05$). Gender proved to be irrelevant in the occurrence of somatoform disorders ($P > 0.05$); it is also not dependent on marital status ($P > 0.05$).

Conclusion Staff employed into hard working social environment experience a range of negative psychological effects such as depressed mood, fatigue, and insomnia. Lack of leisure and lack of time for walking cause dissatisfaction with life, which contributes to the development of depression, anxiety and somatoform disorders.

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EV0634

Aspects of recovery and resilience—factors enabling an independent and fulfilling life

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Introduction The concept “recovery” takes the position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life. To sustain recovery different variables and interdependent factors are needed, f.e. psychological resilience and empowerment. Actually, there are few studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis and a longitudinal section.

Objective The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016. Persons with mental retardation and patients who have spent more than 30 years in a long-term care institution will be excluded.

Methods Randomised controlled trial based on a mixed-methods-design and a longitudinal course (5 follow-ups within 24 months after the first interview).

Aims Investigate factors for independent living on different levels (like micro, meso, macro) with focus on recovery and resilience by patients with severe chronic psychiatric disorders.

Results First results of a pilot study and focus groups will be presented.

Conclusion Results of investigation should be used in different subject areas like identification of factors enabling independent living and creation of effective therapy interventions for patients with severe chronic psychiatric disorders who have lived in a long-term care institution.

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

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EV0635

The effects of a brief educational programme added to community mental health treatment to improve patient activation and attendance: A randomized controlled trial

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Introduction Though interest grows in improving patient activation in general medical health services, there is little evidence from randomised controlled trials in mental health settings of how to achieve this.

Objective We aimed to evaluate the effects of a brief pre-treatment peer-co-led educational intervention added to mental health treatment. The intervention was developed and carried out in cooperation with user representatives, peer educators and health professionals, and aimed at activating and preparing patients to participate in own treatment.

Aims To assess the 4 months and 12 months effects on patient activation measure-13 (PAM-13) and attendance.

Methods Patients from two community mental health centres were randomised to a control group (CG, $n = 26$) receiving treatment as usual, or an intervention group (IG, $n = 26$), consisting of four-hour group pre-treatment educational seminar (peer-support and encouragement to adopt an active role) followed by treatment as usual.

Results At 4 months follow-up only the IG improved significant on PAM-13. Preliminary results at 12 months on PAM-13 and attendance will be presented.

Conclusion Brief pre-treatment education improves patient activation at 4 months and could potentially have an effect on attendance at 12 months follow-up.

Practice implications Pre-treatment education co-led in cooperation with user representatives, peer educators and health professionals is a rational and easy way to activate and engage outpatients in their own health care process.

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EV0636

Health education in caring for an individual with psychic suffering: An experience report

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Introduction Integral nursing for an individual with a mental disorder requires care, management and educational skills to improve the quality of life of the patient.

Objectives Describes a health education experience in caring for an individual with psychic suffering.

Methods Activities were developed at a psychosocial care center in the city of João Pessoa, Brazil, with students in the third year of nursing school. Three sessions were held on the topic “self-efficacy in the use of psychoactive drugs”. Related factors, such as motiva-

tion, self-esteem and support, were chosen by the participants and discussed at each weekly session.

Results In the discussion groups, the students were able to exercise care based on the exchange of knowledge with the patients who use the service. The ties established in each session enabled the identification of the specific needs of each individual, such as the desire to learn how to improve one's self-esteem, and the active participation of the patients.

Conclusions The experiences assisted the students in developing the role of the nurse as an educator. The group actions underscored the importance of the skill of health education among nurses.

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EV0637

Specialist clinic dedicated to chronic mental illness and metabolic monitoring

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Introduction People with serious mental illness exhibit higher morbidity and mortality rates of chronic disease than the general population. A significant proportion of premature deaths has been related to modifiable cardiovascular risk factors and may be related to medications taken for mental illness.

Objectives Establish a clinic for a cohort of patients with chronic mental illness dedicated to monitoring physical health focusing on modifiable risk factors.

Methods Patients with chronic mental illness taking psychotropic medications long term were invited to attend clinic. The following areas were examined: History focusing on current mental state, cardiovascular history assessing diet, exercise, personal and family history of cardiovascular disease, Exam including waist circumference, BP, pulse, ECG and calculation of BMI. Laboratory tests including HbA1c, Lipid profile, and other tests as appropriate such as serum lithium. Examination for tardive dyskinesia (Abnormal Involuntary Movement Scale (AIMS)), outcomes, (Health of the Nation outcome scale (HoNos)) and quality of life (WHOQOL-Bref) were performed also performed as additional indicators of global health.

Results Sample consisting of 47 patients. Mean age 56.1 (SD: 13.6) males 27 (60%). Mean years of illness 23.1(SD:12.2). Mean HoNos 2.7 (SD 2.5). Four cases prolonged QTc, 5 HbA1c > 6% (2 no prior record of elevation); 18 abnormal lipid profiles, (12 no prior record of elevation); 4 blood pressure readings \geq 140/90, 3 no prior diagnosis of hypertension; 18 BMI > 25.

Conclusions This is a newly established clinic. Preliminary results have highlighted modifiable risk factors some of which may represent new diagnoses. Close liaison with General Practice is of importance.

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EV0638

Quality of life in people with chronic mental illness

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Introduction An association between chronic mental illness and significantly reduced quality of life in relation to the general population is speculated in the literature internationally.

Objectives To investigate the quality of life of people with chronic mental illness taking psychotropic medication living in the community and attending the Mental Health Services of Sligo town.

Methods Review of data including demographics, diagnoses and World Health Organisation Quality of Life Bref scale (WHOQOL-Bref) scores from consecutive patients attending specialist outpatient clinics dedicated to the care of people with chronic mental illness. Raw scores for each WHOQOL-Bref domain were converted to transform scores in the range 0–100 for ease of comparison with other validated instruments tools.

Results Total number of patients: 47. Mean age: 56.1 (SD: 13.6), males: 27 (60%). Mean years of illness: 23.1 (SD: 12.2). Primary psychiatric diagnosis: psychotic disorders 26 (57.8%), mood disorders 16 (35.6%), others 3 (6.6%). WHOQOL-BREF Domain transformed scores: physical health mean: 68.1, SD: 19.92, psychological health mean: 68.2, SD: 19.62, social relationships: 66.2, SD: 21.44, environment: 76.8, SD: 19.5.

Conclusions Quality of life is a complex multidimensional entity and its assessment relies on subjective reporting and analysis as supported by validated instrument tools. Our results suggest that quality of life is reasonably high among this cohort of patients, contrasting much of the current literature in similar populations. The mean score for social relationships was lower than other domains. This may suggest that a lack of socialisation may be associated with chronic mental illness and identifies a clinical focus for improvement of quality of life.

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EV0639

Correlation between resilience with aggression and hostility in university students

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Resilience as a capacity to withstand stress and calamity is one of the important components of mental health and aggressive is a negative behaviour that can threaten human health. So, the purpose of this study was to investigate the correlation between resilience with aggression and hostility in university students. The research method is correlation, 155 university students were selected by convenience sampling method and responded to Corner & Davidson resilience questionnaires and Boos & Perry aggression and hostility questionnaire. The data were analysed by correlation formula. The results showed that there is a significant and negative correlation between resilience with aggression and hostility, which means when the score of resilience is high, people's aggression and hostility decreases. Therefore, it is recommended to increase the resilience of people by specific teaching programs to reduce the basis of aggression and hostility.

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