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#### EV0509

### Primary Health Care. Suicide Prevention Proposal. Santiago del Estero. Argentina

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**Background and aim** Suicide is a serious and growing problem worldwide. According to the World Health Organization, for each death there are twenty attempts on record. Every year over 800,000 people commit suicide, that is, one in every forty. 45% of the people who commit suicide visit their Primary Health Care physician in the previous month. Seventy-five percent of suicides take place in countries with medium or low income and Argentine heads the suicide rate in Latin America. In the last twenty years the death by suicides rate in young people (aged 15–35) and has decreased in older age groups (+55), which historically presented the highest rates. In the inner zone of the province of Santiago del Estero, suicides have increased among teenagers [1].

**Aims** To know suicide statistics in young people in the last decade so that a prevention scheme can be produced.

**Methods** Descriptive observational study.

**Results** In the province of Santiago del Estero suicides occur more frequently among young people, aged 15–35, and the rate has increased significantly in the inner zone of the province.

**Conclusions** The analysis carried out reveal that this problem is increasing in our province and it requires analysis and consensus in order to design a model of Primary Health Care Prevention.

**Disclosure of Interest** The authors have not supplied their declaration of no competing interest.

**Reference**

[1] Ministerio de Economía. Santiago del Estero. Dirección General de Estadísticas y Censos. Argentina; 2015.

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#### EV0510

### Incidence of dissociative stupor and possession in a private psychiatry clinic

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**Introduction** Dissociative and conversion disorders are reported to have a present incidence of about 85–100 per 1000 by different studies, which are very few. The present research is a part of a longitudinal study of 15 years but here; only 3 years are represented, which could be briefly analyzed.

**Objective** Latest reports suggest a decline in incidence of hysteria (conversion and dissociation) and this research just tries to reconfirm.

**Methods** All new patients attending a private psychiatry OPD in a small township of India at Lakhimpur Kheri in Uttar Pradesh, were screened to identify cases of dissociative disorder according to ICD 10, F44.2 and F44.3 from the 1st of January 2016 to 31st of October 2016 (10 months). These screened cases, only those presenting with fits of unconsciousness and possession, were analyzed and compared with the previous years for the same period.

**Results** Out of a total of 3671 patients seen, (2122 males and 1549 females) a total of 319 presented with the above mentioned symptoms (58 males and 261 females) about 87 per 1000 of psychiatric patients.

**Conclusion** The results, when compared with two previous years for the same period were quite similar, 2015 getting incidence of 97 per 1000 and 2014, an incidence of 89 per 1000. The inference thus is that there does not seem to be any decline of incidence and the figure would be much higher if both conversion and dissociative symptoms are included – a really serious situation.

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#### EV0511

### Is early life environment a risk factor for psychiatric disorder?

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**Introduction** Season of birth, an exogenous indicator of early life environment, has been related to higher risk of adverse psychiatric outcomes. According to literature, an excess of 5–8% of winter-spring births is found in individuals who later develop schizophrenia and bipolar disorder; this seasonal birth excess is also found in schizoaffective disorder (winter), major depression (March–May), and autism (March).

**Objectives** The objective of this study was to analyze the seasonal birth patterns of in-patients with psychiatric disorders.

**Aims** Understand the relation between psychiatric disorders and season of birth during a 10 year period in a Portuguese University Hospital.

**Methods** Analyze the birth date distribution of 2202 in-patients between 2007 and 2016 and compare with the psychiatric diagnosis.

**Results** Patients' diseases analyzed by birthday season: 60% of patients with schizoaffective disorder were born in winter-spring, 48.4% of mental retarded patients were born in autumn, 37% of dementia patients in winter, 77% of patients with delusional disorder in winter-spring, 78% of patients with Cluster A personality disorder in spring-summer and 71% of patients with substance abuse conditions in autumn-winter. No seasonal birth excess was found for bipolar affective disorder, schizophrenia, alcohol abuse, major depressive disorder or Cluster B personality disorder.

**Conclusions** Our sample data shows evidence for a potential link between season of birth and risk for schizoaffective disorder, dementia, mental retardation, Cluster A personality disorder, delusional disorder and substance abuse. The attempt to explain seasonal birth patterns in psychiatric illnesses could serve to clarify the etiological bases of such disorders.

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#### EV0512

### Screening for mental health problems as indicator for evaluation of needs for mental health services

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**Background** Screening questionnaires for mental health problems are useful tools for research and clinical practice.

**Objectives** To identify mental health problems and overall emotional functioning among general population samples in Kosovo as indicators for evaluation of needs for mental health services.

**Methods** It is cross-sectional quantitative study. Participants from two samples: students (filled-out directly) and online respondents ( $n=540$ ; mean age = 24.84; SD = 8.29) were included in this study. All participants were asked to complete the Albanian translation of Mental Health Inventory (MHI-38). Data processing was done with SPSS 21.0 and Microsoft Excel 2007.

**Results** In total 11.2% of participants ranged at low level of mental health index. Regarding anxiety the high level is found at 51.3% and regarding depression high level is found at 24.5% of participants. A significant gender difference is found whereas females show greater depression ( $P=.022$ ,  $r=.09$ ), greater psychological distress ( $P=.000$ ,  $r=.17$ ) and lower mental health index ( $P=.000$ ,  $r=.17$ ), than males. A significant difference between samples is found whereas online sample show greater psychological distress ( $P=.000$ ,  $r=.18$ ), less anxiety ( $P=.001$ ,  $r=.13$ ) and lower mental health index ( $P=.000$ ,  $r=.22$ ) than direct sample.

**Conclusions** The findings are quite intriguing. Future research is needed to find out more understanding on gender, anxiety, depression, psychological distress and mental health. Socio-cultural aspects can be of great importance to be examined. Despite this, needs for mental health services are inevitably and must be addressed properly.

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#### EV0513

### The assessment of social disabilities with GSDS-II in persons hospitalized in psychiatric day units and inpatient wards

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Social disabilities due to mental disorders have a similar or even more severe impact on daily activities than some of the chronic, severe somatic disorders. The second version of the Groningen Social Disabilities Schedule (GSDS-II) is used in the assessment of social disability in persons with mental disorders. To date, in Poland the conducted research studies focused on this matter only in patients consulted in outpatient clinics and day units. Our study is the first in the country that aims to measure the social disabilities in persons hospitalized in psychiatric inpatient wards. The objective of the study is to assess the degree of social disability using GSDS-II as well as to analyze the impact of clinical, socio-demographic and economic factors on social disabilities in patients diagnosed with psychotic, mood or anxiety disorder (diagnostic codes: F20–F29, F30–F39 and F40–F48, according to ICD-10), aged 18–65, in a day unit and an inpatient ward settings. The excluding criteria are: substance abuse co-morbidity and/or a diagnosed dementia process. The study presents the data gathered from a sample of 50 patients of both genders diagnosed with the aforementioned mental disorders who gave their informed consent to participate in the study. Due to important socio-economic implications of mental disorders that frequently result in the loss of ability of the patients to fulfill their societal roles, a study leading to a better insight on social disabilities will provide useful data for the possible improvement of the mental health care and social policy designed for these persons.

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#### EV0513

### The impact of stigma and discrimination on the quality of life and social disability in persons with a diagnosis of mental disorder. A pilot study

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Stigma and discrimination of persons diagnosed with mental disorder is a common issue. In many European countries, research studies on the prevalence and implications of this problem are conducted in order to better understand how to overcome it. In Poland, there is a scarcity of such studies, what results in neglecting this issue by the policy makers. The objective of the study is to assess the prevalence of stigma and discrimination affecting the patients hospitalized in psychiatric day units and in-patient wards between 2016–2017 as well as to analyze the relationship between the stigma and the quality of life and social disability in persons with a mental disorder diagnosis of F20–F48 according to ICD-10, aged 18–65, in a day ward and an in-patient ward settings. The pilot study presents the data gathered from a preliminary sample of 20 patients of both genders diagnosed with the aforementioned mental disorders, equaling 10 per cent of the targeted total study sample. The quality of life is assessed with WHOQOL-Bref, WHO-5 questionnaire and Rosenberg self-esteem scale, while social disability is measured with the second version of the Groningen Social Disabilities Schedule. The assessment of the impact of stigma on the social disability of persons with mental disorders and their quality of life can be useful in the context of developing evidence-based interventions for these persons, while it could also provide the scientific data to support public information campaigns aiming at tackling the stigma against persons with mental disorders in Poland.

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#### EV0515

### Attitude to and social distance from schizophrenic patients as forms of stigmatization, investigated by a group of medical professionals and a group of non-professional subjects

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**Introduction** The attitude to schizophrenic patients has always been considered a significant indicator of stigmatization of mental patients. The social aspect of stigmatization involves the social distance when speaking about the attitudes towards mental patients. The social distance is defined as “a various degree of understanding and feelings existing among the groups”.

**Objectives** The investigation included 120 participants divided into two groups. The first group included 60 participants; psychiatrists (38) directly involved in treating schizophrenia and 28 nurses working in wards where schizophrenic patients were treated. The second group of 60 participants included non-professionals divided according to age and gender to match the experiment group.