

**Methods** This was a cross-sectional study, which aimed to determine the interaction between situational, factors, role stressors, hazard exposure and personal factors among 246 nurses consisting most of females (78.5%) from the different wards and units in the Philippines General Hospital (PGH).

**Results** Almost half (49.6%) of the respondents reported being ill due to work in the past year, and 56.1% missed work because of an illness. Correlation statistics using the Spearman's rho showed organizational role stressors was most significant in burnout among nurses in the Philippine's largest tertiary hospital. Organizational role stressors consisted of ten dimensions, namely:

- inter-role distance (IRD);
- role stagnation (RS);
- role expectation conflict (REC);
- role erosion (RE);
- role overload (RO);
- role isolation (RI);
- personal inadequacy (PI);
- self-role distance (SRD);
- role ambiguity;
- resource inadequacy (RIn).

**Conclusion** The contribution of the study is in advancing new concepts in the already existing framework of burnout, and thus, can assist nurses and hospital administration on how to control this problem.

**Keywords** Burnout; Organizational role stressors; Hazard exposures; Situational factors; Nurses

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

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#### EW0682

### Collaborative care for treating common mental disorders in the community. Developing a clinical pathway for early intervention in Southeast Tuscany

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**Introduction** Common mental disorders (CMD) have a 12-month prevalence over 7% in the Italian population. Only 16.9% of people are treated by the health services, despite the high cost in disability and loss of productivity.

**Objectives** To improve access to low-intensity CBT (LI-CBT) treatments in primary care.

**Aims** To organize a clinical pathway in which general practitioners (GPs) identify the early signs of CMD and promote a collaborative care with a team of mental health practitioners (MHPs).

**Methods** A small team of MHPs outlined and implemented, in collaboration with a group of 9 GPs, a clinical pathway to treat CMD in stepped care. Guided self-help was the first and main intervention. Group and individual CBT were offered—when needed—as a second and third step. If the user opted for drug treatment, a psychiatrist conducted one or two sections of consultation to the GP. The MHP team was fully integrated within the community mental health center (CMHC). PHQ-9 and GAD-7 were rated at each appointment.

**Results** With a mean of 5,3 appointments, 90 persons were treated in 1 year. 68% reached recovery (both PHQ-9 and GAD-7 < 10), a result in line with the best performing English Clinical commissioning groups in the IAPT project.

**Conclusions** A small multi-professional team of MHP can build with GPs a simple clinical pathway able to reach high standards of care with relatively small resources offering LI-CBT integrated with drug treatment and high intensity care.

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

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### Barriers for unaccompanied refugee minors in accessing mental health care: Is it the therapy or the therapist?

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**Introduction** Refugee children, particularly unaccompanied refugee minors, present with disproportionately high prevalence of mental health and emotional difficulties. However, the mental health service access and treatment engagement of this vulnerable group has been consistently shown to be poorer than the general population. Despite of this, so far there hasn't been much research to explore the possible underlying reasons or barriers for these young people to access mental health service in their host countries.

**Aims and objectives** This research aims to understand unaccompanied refugee children's barriers to access and utilize mental health services. To explore any potential characteristics in the service provision that can be linked with the observed poor treatment engagement and service access is also an objective of this study.

**Methods** The study was conducted by using semi-structured interviews with 15 unaccompanied asylum seeking minors and their carers to elicit their views, perceptions and beliefs based on their experience of receiving treatment from a specialist mental health service in the UK.

**Results** The interview transcripts were analysed using thematic analysis. The main findings were categorised into two broad themes, the participants' perceptions of the intervention received, and perception of the professionals involved. The different elements and pertinent issues within these two broad areas were discussed.

**Conclusions** Findings will help stimulate further exploratory research gaining better understanding of the barriers for these young people to access treatment, and contribute in developing innovative services that are more efficient in engaging this vulnerable group and suitable to meet their specific needs.

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

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### Time spent in retirement, health and well-being

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**Introduction** From a life-span developmental perspective, retirement can be considered a life event that entails a complex