ation between employment status and time-to-first-contact with mental health services using survey data linked to electronic health records(EHR).
Methods SELCoH ($n = 1698$, 2008–2010) was a representative population survey of South East London, with a 71.9% household participation rate. Anonymised survey data for participants was linked with EHR, generating survival data for time-to-first-contact. Cox regression was used to assess associations between unemployment and time to first contact with mental health services.
Results The rate in the unemployed was 22.84 contacts per 1000 person-years, and in those not unemployed, it was 10 contacts per 1000 person-years. The crude (age-adjusted) hazard ratio (HR) for unemployment was 3.09 (95% CI: 1.66–5.75). The HR for contact for unemployment, after adjusting for age, gender, ethnicity and education, was 2.8 (95% CI: 1.44–5.47). On addition of symptoms of common mental disorder, post-traumatic stress, psychosis and suicide attempts, to the model, unemployed participants remained at elevated risk (HR:2.65, 95% CI: 1.33–5.27). Finally, illicit drugs and alcohol had minimal influence on estimates, giving a fully-adjusted estimate for the association between unemployment and rate of contact of 2.6 (95% CI: 1.31–5.14).
Conclusions Unemployment was associated with a greater than two-fold increase in risk of accessing mental health care for the first time within the observation time, after adjustment for sociodemographic confounders, psychopathology, and substance use. Explanations for this association could include unobserved confounding, health behaviours associated with unemployment or effects of unemployment on stress processing.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.363

EW247

The evaluation of the effects of daytime sleepiness, anxiety and depression on the quality of life in 112 emergency medical staff

S. Cankaya[1,*], M. Topbas[1], N.E. Beyhun[1], G. Can[1], P. Kizilay Cankaya[2]
[1] *Karadeniz Technical University, Public Health, Trabzon, Turkey*
[2] *Fatih State Hospital, Psychiatry Clinic, Trabzon, Turkey*
[*] *Corresponding author.*

Introduction One hundred and twelve emergency medical staff are faced with many physical and mental problems due to the deterioration of their sleep-wake cycle and getting out of their usual work and social life.
Objectives The aim of this study was to examine the effects of anxiety, depression, day time sleepiness on the quality of life in 112 emergency medical staff.
Methods Target population of this cross-sectional study was the 112 emergency medical staff in the province of Rize. We tried to obtain all the universe ($n = 154$), so the sample was not selected. One hundred and four people (67%) participated in the study. In the data form, Epworth sleepiness scale, Beck Anxiety Inventory, Beck Depression Inventory and the SF-36 quality of life questionnaire were applied.
Results The prevalence of pathological sleepiness was 14.4% ($n = 15$), the prevalence of anxiety was 39,8% ($n = 41$), the prevalence depression was 20,2% ($n = 21$), respectively (Table 1).
Conclusion Based on high levels of anxiety and depression that reduces quality of life compared to the general population in 112 emergency services workers, motivational programs, coping strategies, psychological counseling services are required. Also, against the psychosocial risk factors forming anxiety and depression in the working life, organizational measures must be taken.

Table 1 The correlation between depression, anxiety and sleepiness scores with the subscores of the quality of life scale in 112 emergency medical staff.

	Physical functioning	Role limitations due to physical health	Role limitations due to emotional problems	Energy/ fatigue	Emotional well being	Social functioning	Pain	General health
Depression								
r	−0.12	−0.32*	−0.39*	−0.47*	−0.44*	−0.32*	−0.31*	−0.44*
p	0.234	0.001	<0.001	<0.001	<0.001	0.001	0.002	<0.001
Anxiety								
r	−0.22*	−0.33*	−0.35*	−0.31*	−0.32*	−0.27*	−0.39*	−0.25*
p	0.027	0.001	<0.001	0.002	0.002	0.007	<0.001	0.014
Sleepiness								
r	−.024*	−0.22*	−0.12	−0.24*	−0.11	−0.27*	−0.30*	−0.06
p	0.019	0.035	0.268	0.019	0.305	0.008	0.003	0.592

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.365

EW248

Is body weight dissatisfaction associated with depression?

M. Eichholzer[*], A. Richard, S. Rohrmann
Epidemiology- biostatistics and prevention institute EBPI- university of Zurich, chronic disease epidemiology, Zurich, Switzerland
[*] *Corresponding author.*

Introduction Body image dissatisfaction is a risk factor for depression. Research has focused on female adolescents; yet little is known about sex and age differences.
Objectives/aims The aim of our study was to evaluate the association of body weight dissatisfaction, a component of body image, with depression overall, and for different sex and age-groups independent of body weight.
Methods We analyzed data of 15,975 individuals from the cross-sectional 2012 Swiss Health Survey. Participants were asked about their weight satisfaction. Patient Health Questionnaire (PHQ-9) was used to ascertain depression. Age was stratified in three groups ($\geq$ 18-29; $\geq$ 30-59; $\geq$ 60 years). Body mass index (BMI) was self-reported and categorized into normal weight (BMI: 18.5-24.9 kg/m^2), overweight (BMI: 25.0-29.9 kg/m^2), and obesity (BMI: $\geq$ 30 kg/m^2). The association between weight dissatisfaction and depression was assessed with logistic regression analyses and adjusted for known confounders (including BMI).
Results Weight dissatisfaction was associated with depression in the overall group (OR: 2.04, 95% CI: 1.66-2.50) and in men (1.85, 1.34-2.56) and women (2.25, 1.71-2.96) separately, independent of body weight (multivariable adjusted). Stratification by age groups revealed associations of weight dissatisfaction with depression in young (1.78, 1.16-2.74), middle-aged (2.1, 1.61-2.74) and old individuals (2.34, 1.30-4.23) independent of BMI. A sub-analysis in the overall group revealed statistically significant positive associations of weight dissatisfaction with depression in underweight, normal weight, overweight and obese individuals.
Conclusion Body weight dissatisfaction is associated with depression in men, women, young, middle-aged and old individuals independent of BMI.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.366

EW253

Type A personality and its association with mortality: Considering different analysis approaches of the Bortner Scale

T. Lohse[1,*], D. Faeh[2], M. Bopp[2], S. Rohrmann[2]
[1] *Epidemiology, Biostatistics and Prevention Institute EBPI, Zurich, Switzerland*