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EV930

Resilience, coping, personality traits, self-esteem and quality of life in mood disorders

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Introduction Resilience is a dynamic, context- and time-specific process that refers to positive adaptation or ability to maintain or regain mental health despite experiencing adversity. Pathways to resilience include biological, psychological, social and dispositional attributes. In mood disorders, resilience may influence frequency of relapse, severity of episodes and response to treatment.

Aims To evaluate resilience as well as personality features, coping abilities, self-esteem and quality of life in a sample of mood disorder patients.

Methods We recruited mood disorder patients at the Psychiatry institute AOU Maggiore della Carità, Novara. Socio-demographic data were gathered and patients filled in the following self-administered scales: Resilience Scale for Adult (RSA), Brief Cope, Rosenberg Self-Esteem Scale (RSES), Paykel list of stressful events, Temperamental and Character Inventory (TCI), Quality of life (SF-36).

Results We collected data from 61 patients. Statistical analysis was performed by calculating the Pearson Correlation Coefficient between the RSA and the other tests. We observed a positive correlation between RSA and coping "Emotion" and coping "Problem". A negative correlation was found between RSA and coping "Avoidance". Resilience was also positively related to self-esteem and physical, mental and general health. As far as personality traits are concerned, resilience was positively correlated with Reward dependence, persistence, self transcendence, self directedness and cooperativeness.

Conclusions Since higher resilience levels are related with better physical and mental health, constructive coping and self-esteem, strategies aimed at enhancing resilience could improve treatment and quality of life in patients with mood disorders.

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The impact of early affiliative memories on psychological health: The mediator role of external shame and cognitive fusion

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Early positive interactions have been positively associated with positive mental health outcomes. In contrast, the lack of these early affiliative experiences of warmth and safeness can have negative consequences on the individual's physical, emotional and social development.

The current study tests a mediation model that examines the mediator effect of external shame and cognitive fusion on the association between early affiliative memories with attachment figures and with peers, and psychological quality of life. These analyses were conducted using a sample of 453 participants from the community. The final model explained 47% of psychological quality of life and presented excellent model fit indices. Results from path analysis showed that both early affiliative memories of warmth and safeness with peers and attachment figures present a significant impact on psychological quality of life through the indirect effect of external shame and cognitive fusion. In fact, although early affiliative memories with peers also presented a direct effect on psychological quality of life, the impact of early affiliative memories with attachment figures on this outcome was totally mediated through the mechanisms of external shame and cognitive fusion.

These findings seem to provide an important contribution to the field of early affiliative memories of warmth and safeness with attachment figures and with peers by uncovering the mediating role of external shame and cognitive fusion. Furthermore, these data highlighted the relevance of developing intervention programs in the community, especially in a context of early adverse experiences, for the promotion of mental health well-being.

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Image of psychiatric hospitals among general population in 2015, views from four countries

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Introduction In recent years, numerous studies about the image of psychiatry have been conducted. However, to our knowledge, a significant part of psychiatry has been very little explored: the vision of psychiatric hospitals (PsH). For instance, "PsH" on google images reveals a long list of frightening pictures of ravaged places.

Objectives/Aims With such an image spread by the medias, we wanted to evaluate the vision of PsH and treatment modalities among general population in 2015, in 4 countries: France, Spain, England, and Brazil.

Methods An online survey in 4 languages has been sent via facebook and emails. Two hundred and fifteen responses were collected during September 2015: 178 French, 11 Spanish, 17 Brazilians, 9 English.

Results Thirty-nine percent of participants consider PsH as a place of care, and 16% as an asylum. There were differences among countries: for example, asylum is more represented in France than Spain. Regarding patients admitted in PsH, they are not all dangerous (90%), nor all irresponsible (94%) and have specific rights (66%). Concerning diseases: delirium, bipolar disorders, and perversity are to be treated in PsH, while depression, addiction, and autism are to be cured in psychiatric structures other than hospital. Moreover, 2% of participants believe abuses are common practice, whereas a majority consider therapeutic activities instead.

Conclusions These results are quite different from the studies based on the perception of mental illness and patients. Here, on the overall, they are quite encouraging. So, PsH could lead the path on the improvement of the image of psychiatry.

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