

## EW0419

**A study of patient's perspective of schizophrenia using emic perspective**D. Sanyal<sup>1,\*</sup>, D. Das<sup>2</sup><sup>1</sup> KPC Medical College, Jadavpur, Psychiatry, Kolkata, India<sup>2</sup> Manasi Mental Health Service Centre-Nanda-Singur, Psychiatry, Hoogly, India

\* Corresponding author.

**Introduction** Knowledge about how patients perceive mental illness and how it possibly influences help seeking behaviour is important in development of proper plan for mental health reform. **Objective** This study planned to study disease related perception, first help seeking behaviour and stigma among schizophrenia patients admitted at a hospital.

**Aims** (1) To know about patient's view regarding the problems; (2) attempt to predict help seeking behaviour.

**Methods** Fifty-one patients suffering from schizophrenia according to DSM-5 and fit to be interviewed were assessed using EMIC (Explanatory Model Interview Catalogue) to get emic (insider or person's own cultural) perspective of disease related perception, help seeking behaviour and stigma.

**Results** Terms used to describe their illness included "depression" (21.6%), "mental" (17.6%) "matha kharap" (9.8%). Most common perceived cause was stress (25.5%) and sorcery (23.5%). Mental health specialist was visited by 27.5% Faith healer consultation was high (29.4%). Stigma score was higher with marriage related issues and social isolation. Using exhaustive CHAID analysis, it was found that patients with negative themes as disease name like "matha kharap" (loosely meaning crazy) are more likely to visit faith healers, while patients naming the condition with some medical related term like depression were more likely to visit mental health specialist.

**Conclusion** Clearly perception of patients regarding mental illness and its causation varies greatly from the way psychiatrists' viewpoint and this perception is likely to influence help seeking behaviour. Understanding these issues is likely to enable better patient awareness and proper formulation of plans to address mental health issues.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.033>

## EW0420

**Neighbourhood ethnic density and incidence of psychosis – First and second generation migrants compared**P. Schofield<sup>1,\*</sup>, J. Das-Munshi<sup>2</sup>, L. Becares<sup>3</sup>, E. Agerbo<sup>4</sup><sup>1</sup> King's College London, Division of Health & Social Care Research, London, United Kingdom<sup>2</sup> King's College London, Health Service & Population Research Department, Institute of Psychiatry, Psychology & Neuroscience, London, United Kingdom<sup>3</sup> The University of Manchester, Centre on Dynamics of Ethnicity, Manchester, United Kingdom<sup>4</sup> Aarhus University, CIRRAU, Centre for Integrated Register-based Research, Aarhus, Denmark

\* Corresponding author.

**Introduction** Living in an area with few people from the same ethnic background has been associated with increased incidence of psychosis (the ethnic density effect).

**Objectives** Compare associations between neighbourhood ethnic density and incidence of non-affective psychosis for first and second generation migrants.

**Methods** Population based cohort (2.2 million) of all those born 1st January 1965 or later and living in Denmark on their 15th birth-

day. We looked at a total of 106,000 migrants, including 62% first generation migrants. Ethnic density was determined at age 15 and we adjusted for age, gender, calendar period, parental psychiatric history and parental income at age 15.

**Results** For the first generation, we found no evidence that rates of non-affective psychosis were related to neighbourhood ethnic density for migrants from Africa (comparing lowest and highest quintiles): IRR 1.02 (95% CI 0.6–1.73), and the Middle East: IRR 0.96 (CI 0.68–1.35) and only weak evidence for migrants from Europe (excluding Scandinavia): IRR 1.35 (CI 0.98–1.84). Conversely, for the second generation rates of non-affective psychosis were increased for migrants from Africa in lower ethnic density neighbourhoods (comparing lowest and highest quintiles): IRR 3.97 (95% CI 1.81–8.69), Europe (excluding Scandinavia): IRR 1.82 (CI 1.28–2.59) and the Middle East: IRR 2.42 (CI 1.18–4.99).

**Conclusions** There is strong evidence for an area ethnic density effect on psychosis incidence for second generation migrants, but not for first generation migrants. This could reflect a greater resilience among the latter group to the adverse effects of minority status.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.034>

## EW0421

**What is the prevailing diagnosis on admission into adult psychiatric wards? A meta-analysis of trends in the United Kingdom**A. Shoka<sup>1,\*</sup>, C. Lazzari<sup>2</sup>, Katherine Gower<sup>1,2</sup><sup>1</sup> School of Health and Social Care, University of Essex, Colchester, United Kingdom<sup>2</sup> General Adult Psychiatry, North Essex NHS University Foundation Trust, Colchester, United Kingdom

\* Corresponding author.

**Introduction** There seems to be an upsurge in psychiatric admissions related to female patients with borderline personality disorder. Does this reflect the actual trend?

**Objectives** Study of the typology of admission into acute psychiatric wards for an adult population.

**Aims** To understand the trend of actual psychopathology in the general population admitted into psychiatric wards.

**Methods** A total population of 197 psychiatric admissions was diagnosed in the period March 2015–March 2016 in a general psychiatric ward in the United Kingdom. The four major diagnostic categories were: personality disorder (mostly inclusive of borderline p.d.) ( $n=77$ ), paranoid schizophrenia ( $n=24$ ), schizoaffective ( $n=11$ ) and other ( $n=82$ ). Meta-analysis of the population analyzed the results. Gender was divided into 82 male and 125 female admissions, with 181 informal admissions, 68 under Sections of the Mental Health Act, and 5 under recall from Community Treatment Order.

**Results** Meta-analysis (Fig. 1) of the whole study showed a statistically significant heterogeneity in results with Tau squared  $t^2=0.031$ , Cochran's  $Q(df=3)=141.90$ ,  $P<.001$ , and  $I^2=97.87$ , a prevalence of borderline personality disorder over other diagnoses; a prevalence of female over male admissions, ( $t^2=.02$ ,  $Q(df=1)=18.67$ ,  $P<.001$ ,  $I^2=94.64$ ), and a prevalence of patients admitted informally ( $t^2=0.131$ ,  $Q(df=2)=586.366$ ,  $P<.001$ ,  $I^2=99.65$ ).

**Conclusions** The prevailing population of acute psychiatric wards for the general adult population is females who are admitted informally with diagnosis of borderline personality disorder.