ible assertive community treatment (Flexible ACT), developed in the Netherlands and introduced in several European countries.

Methods Three studies were done between 2006 and 2015 on the results of the introduction of Flexible ACT, two in The Netherlands and one in the UK.

Results The outcomes in the Netherlands data show the effectiveness of Flexible ACT. Remission of schizophrenia increased form 19% to 31%. Bed use was reduced and quality of life increased. Effectiveness of FACT was also shown in the UK, where total patient time in hospital declined by half, even though the average time service providers spent with patients also declined. Collected data of the digitalized boards show that the board is used in accordance with the FACT model. Transition rate to primary care is 5–10% per year.

Discussion/conclusion The introduction of Flexible ACT has been shown to benefit patients with severe mental illness and indicate the ability of to allocate human resources in mental health care more efficiently. Introduction to other countries will be accompanied by research on the effectiveness and feasibility within other cultures.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1765

#### EV781

# The social representations of aggravating factors living conditions and their connection to their psychological profile

E. Kotrotsiou<sup>1,\*</sup>, M. Gouva<sup>2</sup>, E. Briseniou<sup>2</sup>, E. Dragioti<sup>2</sup>, N. Skenteris<sup>2</sup>

- <sup>1</sup> Post Graduate Programme Primary Health Care, Nursing, Larissa, Greece
- <sup>2</sup> Post Graduate Programme Primary Health Care, Medicine, Larissa, Greece
- \* Corresponding author.

Objective To investigated the Greek social representations towards harmful factors of health.

Design Cross-sectional questionnaire survey.

Method Two hundred and eighty healthy individuals participated to the present study from different region in Greece. The age range was 19–65 years old. The questionnaire included:

- question for the recording of social representations based on free association methods;
- The Greek version of the Revised Experiences in Close Relationships (ECRI);
- The Symptom Checklist 90-revised (SCL-90):
- question for the social-demographic parameters.

Results One factor and multifactor analysis was used for statistical analysis. Results showed significant differences in social representation of diet in terms of age and marital status. Place of region and chronic disease were found to affect the development social representations, such as exercise and disease, respectively. Exercise, night out and health were found like positive social representations, smoking and disease were characterized as negatives, whereas diet, alcohol and lifestyle were found controversial enough. Moreover, the results highlight the significant relationship between social representations towards harmful factors of health, psychopathology and attachment style (P<.05).

Conclusion The results of the current study highlighted the importance of studying on social representations and provided more support to the representations theory context. But more crucially, our study highlighted functional domains of them related to psychopathology.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1766

#### FV782

### How are you?: A culturally sensitive group therapy program for Latinos

M. Paris <sup>1,\*</sup>, M. Lopez <sup>1</sup>, L. León-Quismondo <sup>2</sup>, M. Silva <sup>1</sup>, L. Añez <sup>1</sup>

<sup>1</sup> Yale University School of Medicine, Department of Psychiatry, New Haven, Connecticut, USA

<sup>2</sup> "Príncipe de Asturias" University Hospital, Department of Psychiatry, Alcalá de Henares, Madrid, Spain

\* Corresponding author.

Introduction An ongoing challenge for the behavioral health field in the United States is ensuring access to culturally and linguistically responsive treatments for the growing number of monolingual Spanish speakers. The limited availability of services further compromises mental health outcomes given the unique psychosocial stressors often experienced in this population, such as language barriers, family separation and inadequate social support, unemployment, trauma, and poverty.

Objective In response to the local demand for services, the authors describe a specialized group program for monolingual Spanish speaking adults with chronic and persistent mental illness. Aims The program aims are two-fold:

- to reduce exacerbation of psychiatric symptoms for individuals presenting in an acute state of distress through the provision of recovery-oriented mental health services in a familiar setting and preferred language;
- to offer a specialized behavioral health training experience for bilingual psychology doctoral students.

Methods The group is led by the psychology fellow and is offered twice per week for a total of six hours, and includes elements of interpersonal and cognitive behavioral therapy; motivational interviewing; spirituality; coping skills training; and art/music.

Results The described mental health group program is the only one available in Spanish in the local community and has reduced utilization of the hospital emergency room. Consequently, it fills an important gap in the service system and offers care that would otherwise be unavailable for individuals in need.

Conclusions The program is a cost-effective alternative to hospitalization for Spanish speaking Latinos and a unique professional experience for psychologists in-training interested in a career in the public sector.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1767

#### EV783

### Perceptions of treatment and adherence during hospitalization in psychiatric patients

G. Lyrakos\*, G. Tetorou, D. Sittas, A. Dimitriou, M. Ypofanti, V. Spinaris, I. Spyropoulos

General Hospital Nikaia "Ag. Panteleimon", Psychiatric, Nikaia, Greece

\* Corresponding author.

Background Treatment adherence has a vital role in the patient's health outcome as poor adherence rates can reduce, even diminish, the effectiveness of the treatment as well as lead to a waste of the health care system's valuable resources. Previous research has shown that perceptions of treatment strongly affect adherence in psychiatric patients.

*Aim* To investigate how the perceptions of treatment affect adherence during hospitalization in psychiatric patients.

Method Fifty psychiatric patients participated in this research, 21 (42%) males and 29 (58%) females. Out of them, 25 (50%) had been diagnosed with depression, 15 (30%) with psychosis, 6 (12%) with psychosis and depressive symptomatology and 4 (8%) with bipolar disorder.

Results The findings showed a significant effect of psychotherapy on treatment adherence ( $\chi^2$  = 4.915, P = 0.027), with 7 out of 11 patients who undertook psychotherapy reporting good adherence rates compared to 12 out of 39 patients who did not. Gender had a significant effect on adherence ( $\chi^2$  = 5.96, P = 0.05), with females reporting better adherence compared to males. Perception of treatment did not correlate significantly with adherence ( $\chi^2$  = 0.439, P > 0.05) and neither did education ( $\chi^2$  = 2.22, P > 0.05). Also, neither age (F(2,47) = 1.535, P > 0.05) nor hospitalization time (F(2,47) = 1.131, P > 0.05) correlated significantly with adherence to treatment.

Conclusion Even though there was no significant correlation between perceptions of treatment and adherence, psychotherapy seems to improve adherence to therapy during hospitalization and is also correlated with positive perceptions of treatment, something which will be valuable for the patient even after the hospitalization.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1768

#### EV784

## Preserving control: Understanding people's experiences before, during and after detention under the Irish Mental Health Act 2001

D. McGuinness <sup>1,2,\*</sup>, A. Higgins <sup>3</sup>, B. Hallahan <sup>2,4</sup>, E. Bainbridge <sup>4</sup>, C. McDonald <sup>2,4</sup>, K. Murphy <sup>1</sup>

- <sup>1</sup> National University of Ireland, School of Nursing and Midwifery, Galway, Ireland
- <sup>2</sup> University Hospital Galway, Mental Health Services, Galway, Ireland
- <sup>3</sup> Trinity College Dublin, The University of Dublin, School of Nursing and Midwifery, Dublin, Ireland
- <sup>4</sup> National University of Ireland, Psychiatry, Galway, Ireland
- \* Corresponding author.

Introduction The Mental Health Act 2001 provides a legal framework for the involuntary admission and treatment of individuals deemed to have a mental disorder to psychiatric units. The perspectives of people who have been detained are relatively poorly understood.

*Objective* To develop a theoretical understanding of individual's experiences throughout the trajectory of their detention and to understand the psychological and social processes that individuals use to cope before, during and after detention.

Methods Fifty individuals subject to detention across three psychiatric units consented to be interviewed three months after their detention. Using a semi-structured interview people recounted their experiences. Interviews were analysed using the principles underpinning Grounded Theory.

Results The theory 'Preserving Control' encapsulates individuals' experiences and consists of three related themes: 'Losing Control', 'Regaining Control' and 'Maintaining Control'. 'Losing Control' describes individuals' experiences of losing their autonomy and liberty thought the process of detention and hospitalisation. 'Regaining Control describes, the strategies individuals used in an attempted to restore their loss of autonomy and control. 'Maintaining Control' describes how individuals lived with the consequences of detention and contended with impact on discharge.

Conclusions Whilst a large variation existed in relation to the subjective experience of being detained, the characteristic process that individuals tend to experience related to identifiable phases of preserving control in the face of this loss of autonomy. Findings from this study highlight the importance of more sensitive interactions support and information during and after the detention process. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1769

#### EV785

#### Implementation of Health of the Nation Outcome Scale (HoNOS) in Outpatient Clinic, Sligo Mental Health Services: Feasibility and Agreement with Global Assessment of Functioning Scale

O. Mulligan <sup>1,\*</sup>, L. Helmi <sup>2</sup>, D. Adamis <sup>1</sup>, E. O'Mahony <sup>1</sup>, G. McCarthy <sup>1</sup>, A. MacDonald <sup>3</sup>

- <sup>1</sup> Sligo Mental Health Services, Psychiatry, Sligo, Ireland
- <sup>2</sup> Sligo Medical Academy- NUI Galway, Medicine, Galway, Ireland
- <sup>3</sup> Institute of Psychiatry, Kings College London, London, United Kingdom
- \* Corresponding author.

Introduction Outcome measurements in mental health services is beneficial in allowing healthcare providers in determining the effectiveness of their treatment plan. Health of the Nation Outcome Scale (HoNOS) and Global Assessment of Functioning (GAF) are two well-established instruments to measure patients' outcome.

Aims and objectives To measure the correlation of these two scales, and the feasibility of HoNOS.

Methods Prospective longitudinal study of psychiatric outpatients attending a clinic in Sligo. Patients were assessed using HoNOS and GAF by trained doctors during the consultation. Feedback from doctors using HoNOS during the research was taken as a measure for feasibility.

Results Total of 441 HoNOS and 237 GAF completed on 280 patients (53.2% female, mean age 46.23; SD=14.89). The correlation between HoNOS and GAF was (r=-0.696, P<0.001). In reassessment, we found significant reduction in HoNOS score when comparing the first assessment with the second (t=4.590, df=110, P<0.01) and the third (t=2.876, df=37, P<0.01). Using a linear mixed-effects model, it was found that patients with diagnosis of schizophrenia, mood affective disorder, neurotic disorder, personality disorder and younger in age are more likely to improve during the follow-up compared to those with organic mental disorders, alcohol related problems and older age.

Conclusions HoNOS is a feasible scale and can be potentially used as an outcome measurement in the mental health services. Can help in deciding better management plan for patient and improvement of the service. HoNOs can also be used for comparison of outcomes between services in national and international level.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1770

#### EV786

#### Psychiatrist's mental health: A look at burnout in a psychiatry department in Portugal

S. Neves<sup>1,\*</sup>, F. Vieira<sup>2</sup>, N. Madeira<sup>2</sup>, J. Santos<sup>3</sup>, P. Garrido<sup>2</sup>, A. Craveiro<sup>2</sup>, F. Veiga<sup>2</sup>, C.B. Saraiva<sup>2</sup>

<sup>1</sup> Portugal

- <sup>2</sup> Coimbra Hospital and University Centre, Psychiatry Department, Coimbra, Portugal
- <sup>3</sup> Coimbra Nursing College, Coimbra Nursing College, Coimbra, Portugal
- \* Corresponding author.