

Results The residential units were mainly in the community ($n = 17$, 73.9%), and had QuIRC mean scores above 50% in the following dimensions: living environment, self-management and autonomy, social inclusion, and human rights. Service users' level of activity (TUD) at 8-months did not differ between intervention and control groups. At 8 months, all QuIRC dimensions scored higher in the Intervention group, without reaching statistical significance. Pre- post-tests comparison showed a significant increase in the knowledge acquired by the staff.

Conclusions The intervention had impact on the staff's knowledge without reaching significant change of users' activity and quality of care of the units.

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

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EW0673

Differences in symptom expression between Vietnamese and German patients utilizing a psychiatric outpatient service using the PHQ

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Objective Despite a large body of work on somatic symptom presentation among people of Asian descent, research has shown heterogeneous results. Examining symptom presentation in clinically and ethnically well-characterized populations constitutes a first step towards better understanding differing patterns symptom of presentation. This is the first larger study aiming to compare Vietnamese and German psychiatric outpatients regarding symptom presentation.

Methods 110 Vietnamese and 109 German patients seeking psychiatric treatment at two outpatient clinic services in Berlin were asked to complete the patient health questionnaire (PHQ). Comparisons of Vietnamese and German patients were conducted using independent t -tests. The somatic symptom module (PHQ-15), the depression module (PHQ-9) and the original PHQ-modules examining anxiety and psychosocial stress levels were compared for both groups using multivariate analysis. Categorical variables were evaluated using χ^2 analysis. Cronbach's alpha was calculated separately for both groups and all PHQ modules.

Results Vietnamese patients endorsed significantly higher levels of somatic symptoms overall and on individual somatic items, such as pain-related disturbances. Yet, German and Vietnamese patients did not differ in terms of depression severity. Vietnamese patients with fewer German language skills showed a significantly higher tendency for somatization. While German patients showed higher total scores on the anxiety- and stress-modules of the PHQ, this difference was not statistically significant. Vietnamese and German patients showed comparable Cronbach's alpha for all subscales.

Conclusion As data was collected from both groups upon the first visit to an outpatient clinic, the symptoms reported could be reflective of culture related symptom awareness when feeling discomfort in the context of mental illness.

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Development and investigating the effectiveness of an integrated school-based program for changing attitude toward substance abuse based on philosophy for children components and emotional intelligence

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Background Substance abuse in the youth is one of the major problems of any society. The research purpose was the development of a program for changing female adolescents' attitude toward substance abuse and evaluating its effectiveness.

Methods To develop the treatment, important variables influencing in shaping attitudes toward substance abuse were selected. Afterwards, structural equation modeling approach was conducted for examining the relationship among variables (emotional intelligence, critical thinking, caring thinking and reasoning) and identifying significant paths and variables. Based on these variables, a program developed for changing students' attitudes. To evaluate effectiveness of programs a pretest-post test design with the control group was used. Random sampling was carried out for selecting 26 students attending senior high schools in district 2 of Tehran. Then, sample randomly assigned in experimental and control groups. Experimental group exposed to philosophy for children intervention in the form of community of inquiry. Control group didn't receive the intervention. The data were collected from Nazari's questionnaire for attitude toward substance abuse.

Results ANCOVA revealed that based on a composite score of attitude toward substance abuse (adjusting pretest effect), there is a significant difference between two groups at 0.99 significance level (partial = 0.329, $P < 0.001$, = 11.28).

Conclusions It is recommended that the school based program should be used for developing and strengthen the students' attitude based on exploring itself, rather than simply giving awareness about substance abuse. In this treatment, rather than highlighting accumulating knowledge, put emphasis on, thinking, decision-making, and management of emotions.

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EW0675

Medical assistance in dying: The Canadian experience

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Canada is in the midst of implementing new and rapidly evolving policies on medical assistance in dying (MAID). Following the landmark Canadian Supreme Court *Carter v. Canada* ruling in February 2015, the former prohibition against physician-assisted death was deemed to violate the Canadian Charter of Rights and Freedoms. The Court provided until 2016 for development of national legislation and policies that allowed for physician-assisted dying in cases of "grievous and irremediable" illness and "intolerable suffering". This session will review shifting public, societal and medical concepts regarding assisted dying and the Canadian experience

to date, including evolving local and national policies that have been developed to allow medical assistance in dying in certain circumstances. We will also review work of the Canadian psychiatric association task force on medical assistance in dying (presented by the Task Force Chair), with a focus on challenges and issues relevant to mental health and mental illness.

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EW0676

Beyond the crisis: Ongoing psychiatric treatment and service utilization after initial symptom stabilization following first-episode psychosis for adolescents

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Introduction The importance of timely identification and treatment of psychosis are increasingly the focus of early interventions, with research targeting the initial high-risk period in the months following first-episode hospitalization. However, ongoing psychiatric treatment and service utilization after the symptoms have been stabilized over the initial years following first-episode has received less research attention.

Objectives To model the variables predicting continued service utilization with psychiatrists for adolescents following their first-episode psychosis; examine associated temporal patterns in continued psychiatric service utilization.

Methods This study utilized a cohort design to assess adolescents (age 14.4 ± 2.5 years) discharged following their index hospitalization for first-episode psychosis. Bivariate analyses were conducted on predictor variables associated with psychiatric service utilization. All significant predictor variables were included in a logistic regression model.

Results Variables that were significantly associated with psychiatric service utilization included: diagnosis with a schizophrenia spectrum disorder rather than major mood disorder with psychotic features (OR = 24.0; $P = 0.02$), a first degree relative with depression (OR = 0.12; $P = 0.05$), and months since last psychiatric inpatient discharge (OR = 0.92; $P = 0.02$). Further examination of time since last hospitalization found that all adolescents continued service utilization up to 18 months post-discharge.

Conclusions Key findings highlight the importance of early diagnosis, that a first degree relative with depression may negatively influence the adolescent's ongoing service utilization, and that 18 months post-discharge may a critical time to review current treatment strategies and collaborate with youth and families to ensure that services continue to meet their needs.

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

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EW0677

Opinions of professionals and family members about the National mental health law regulating involuntary commitment of psychiatric patients: An international comparative study in 10 countries

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Introduction Previous research illustrated that the laws regulating involuntary placement and treatment of persons with mental health problems are very diverse across countries; procedures for involuntary commitment and stakeholders involved in the initiation and decision making vary across countries; most laws include criteria of danger/risk, which take various forms in EU Member States' legal frameworks, while the need for treatment in the best interests of the patient is sufficient to detain individuals in other countries, etc.

Objectives This study will compare the opinions of professionals and family members about the operation of the National mental health law regulating forcibly admission and treatment of psychiatric patients in ten countries: Ireland, Iceland, UK, Romania, Slovenia, Denmark, Sweden, Germany, Norway and India.

Aims To gain insights into stakeholders' satisfaction with the operation of their national legislation and to compare the effectiveness and acceptability of different legislative processes across countries. Such scientific findings are needed in order to improve and harmonize legal practices, and to enhance fundamental rights protection of persons with mental health problems, which eventually could result in a lower rate of compulsory admissions.

Methods A short anonymous questionnaire consisting of 9 items was developed, using the online software Survey Monkey. It was distributed to representative samples via e-mail to psychiatrists, general practitioners, acute and community mental health nurses, tribunal members, guards and family members in each collaborating country. The levels of agreement/disagreement were measured on a Likert- scale.

Results/Conclusions The study's results and conclusions will be presented at the conference.

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

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EW0678

PALOMA project – developing National mental health policies for refugees

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Introduction Earlier researches have established that migrants with refugee background have increased risk for variety of mental health problems due to often traumatic reasons for leaving their home country, hazardous journey and post-migration adversity. The challenge is that mental health work with refugees is not systematically organized in Finland. PALOMA (developing National mental health policies for refugees 2016-2018) project was launched to answer these challenges. The project is carried out through the combined effort of National institute for health and welfare, The Finnish association for mental health, Helsinki and Kuopio university hospitals, and the municipality of Hämeenlinna. PALOMA