

**Methods** This was a cross-sectional study, which aimed to determine the interaction between situational, factors, role stressors, hazard exposure and personal factors among 246 nurses consisting most of females (78.5%) from the different wards and units in the Philippines General Hospital (PGH).

**Results** Almost half (49.6%) of the respondents reported being ill due to work in the past year, and 56.1% missed work because of an illness. Correlation statistics using the Spearman's rho showed organizational role stressors was most significant in burnout among nurses in the Philippine's largest tertiary hospital. Organizational role stressors consisted of ten dimensions, namely:

- inter-role distance (IRD);
- role stagnation (RS);
- role expectation conflict (REC);
- role erosion (RE);
- role overload (RO);
- role isolation (RI);
- personal inadequacy (PI);
- self-role distance (SRD);
- role ambiguity;
- resource inadequacy (RIn).

**Conclusion** The contribution of the study is in advancing new concepts in the already existing framework of burnout, and thus, can assist nurses and hospital administration on how to control this problem.

**Keywords** Burnout; Organizational role stressors; Hazard exposures; Situational factors; Nurses

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

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#### EW0682

### Collaborative care for treating common mental disorders in the community. Developing a clinical pathway for early intervention in Southeast Tuscany

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**Introduction** Common mental disorders (CMD) have a 12-month prevalence over 7% in the Italian population. Only 16.9% of people are treated by the health services, despite the high cost in disability and loss of productivity.

**Objectives** To improve access to low-intensity CBT (LI-CBT) treatments in primary care.

**Aims** To organize a clinical pathway in which general practitioners (GPs) identify the early signs of CMD and promote a collaborative care with a team of mental health practitioners (MHPs).

**Methods** A small team of MHPs outlined and implemented, in collaboration with a group of 9 GPs, a clinical pathway to treat CMD in stepped care. Guided self-help was the first and main intervention. Group and individual CBT were offered—when needed—as a second and third step. If the user opted for drug treatment, a psychiatrist conducted one or two sections of consultation to the GP. The MHP team was fully integrated within the community mental health center (CMHC). PHQ-9 and GAD-7 were rated at each appointment.

**Results** With a mean of 5,3 appointments, 90 persons were treated in 1 year. 68% reached recovery (both PHQ-9 and GAD-7 < 10), a result in line with the best performing English Clinical commissioning groups in the IAPT project.

**Conclusions** A small multi-professional team of MHP can build with GPs a simple clinical pathway able to reach high standards of care with relatively small resources offering LI-CBT integrated with drug treatment and high intensity care.

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

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#### EW0683

### Barriers for unaccompanied refugee minors in accessing mental health care: Is it the therapy or the therapist?

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**Introduction** Refugee children, particularly unaccompanied refugee minors, present with disproportionately high prevalence of mental health and emotional difficulties. However, the mental health service access and treatment engagement of this vulnerable group has been consistently shown to be poorer than the general population. Despite of this, so far there hasn't been much research to explore the possible underlying reasons or barriers for these young people to access mental health service in their host countries.

**Aims and objectives** This research aims to understand unaccompanied refugee children's barriers to access and utilize mental health services. To explore any potential characteristics in the service provision that can be linked with the observed poor treatment engagement and service access is also an objective of this study.

**Methods** The study was conducted by using semi-structured interviews with 15 unaccompanied asylum seeking minors and their carers to elicit their views, perceptions and beliefs based on their experience of receiving treatment from a specialist mental health service in the UK.

**Results** The interview transcripts were analysed using thematic analysis. The main findings were categorised into two broad themes, the participants' perceptions of the intervention received, and perception of the professionals involved. The different elements and pertinent issues within these two broad areas were discussed.

**Conclusions** Findings will help stimulate further exploratory research gaining better understanding of the barriers for these young people to access treatment, and contribute in developing innovative services that are more efficient in engaging this vulnerable group and suitable to meet their specific needs.

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

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#### EW0684

### Time spent in retirement, health and well-being

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**Introduction** From a life-span developmental perspective, retirement can be considered a life event that entails a complex

psychological challenge, including leaving one's professional life and organizing/enjoying the newly available free time. The literature about retirement identifies different stages and patterns of transition/adaptation associated with time spent in retirement.

**Objectives** To analyze the association between time spent in retirement and subjective measures of mental health, depressive symptomatology, loneliness and satisfaction with life.

**Methods** Quantitative cross-sectional study with 641 participants ( $M=74,86$ ). The instruments included: sociodemographic questionnaire; mental health inventory (MHI-5); geriatric depression scale (GDS); UCLA loneliness scale; satisfaction with life scale (SWLS).

**Results** Statistically significant differences in all the health and well-being variables addressed were found between subgroups of time spent in retirement (MHI-5:  $P=0.001$ ; GDS:  $P<0.001$ ; UCLA:  $P=0.038$ ; SWLS:  $P=0.022$ ). Mental health and satisfaction with life increases in the first year after retirement, but during the second year, they decrease to the levels found in pre-retirement. Loneliness and depressive symptomatology follow an inverted pattern. With the passing of years, loneliness and depression tend to increase; mental health and satisfaction with life tend to decrease.

**Conclusions** The results provide support to the hypotheses of honeymoon and disenchantment phases in the recently retired and to the existence of different patterns of transition/adaptation associated with time spent in retirement. They also highlight the relevance of devising intervention strategies that enable individuals to maintain the satisfaction levels with life and mental health achieved during the first phase of retirement.

**Keywords** Retirement; Mental health; Well-being

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

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#### EW0685

### **MINDing the gap: Service users' perspectives of the differences in mental health care between statutory and non-statutory organisations**

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**Introduction** In the UK, almost 50% of illness diagnosed among working age adults is mental distress, depression and chronic anxiety being the two most prevalent illnesses. However, only 24% of those diagnosed receive appropriate interventions within the National Health Service (NHS). In light of this, third sector organisations, such as MIND, are left to fill the gap in providing therapeutic care. This paper reports on an evaluative study of what Mind offers as opposed to statutory services from a service user perspective.

**Aim** An exploration of the differences in mental health care between statutory and non-statutory organisations.

**Objectives** To identify how service users experienced MIND's counselling service. To establish the benefits and disadvantages of mental health care within statutory and non-statutory services. To identify the impact of mental health care from non-statutory services.

**Method** This qualitative research project, adopted a case study approach. Using one to one narrative interviews, data from 12 participants, five males and seven females were collected. Following transcription, each narrative was analysed individually, with thematic analysis being used across all 12 interviews.

**Results** Six themes were identified; mindful of the gap; easing like Sunday morning; magic moments; love is in the air; lighting up a future and changing the status quo.

**Conclusion** Mind plays a significant role in enabling those with psychological problems to move towards building a better future.

Findings suggest statutory services can learn important lessons from non-statutory organisations not least how best to provide cohesive, collaborative and compassionate mental health care for those in distress.

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

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#### EW0686

### **Acculturation strategies and severity of depression among Vietnamese migrants**

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**Aims** Migration with its long-term changes and the resulting task to adjust to the new environment has been associated with an increased risk for mental health problems. This study aims to gain further insight on the relationship between the four acculturation strategies (integration, assimilation, separation, marginalization) and severity of depression.

**Methods** A total of  $n=79$  first generation Vietnamese outpatients from a psychiatric outpatient clinic for Vietnamese migrants in Germany were investigated regarding self-reported depressive symptoms (patient health questionnaire-9) and acculturation (Stephenson multigroup acculturation scale; SMAS).

**Results** Patients with an integration acculturation strategy reported lower severity of depression compared to marginalized patients, who reported the highest severity of depression.

**Conclusion** The results implicate that the integration of both the mainstream society and the ethnic society might serve as a resource, whereas the rejection of both societies might increase the risk of depression.

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

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#### EW0687

### **Relationship between migration-stressors and self-reported symptoms of depression in an outpatient sample of Vietnamese migrants in Germany**

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**Introduction** Vietnamese migrants under the influence of migration-related stressors (MRS) represent a vulnerable group within the mental health care system in Germany.

**Aims** First study examining the relationship between the quantity of experienced MRS and the severity of self-reported symptoms of depression in a Vietnamese outpatient-sample.

**Methods** 137 first-generation Vietnamese migrants diagnosed with depression were asked to complete the BDI-II and 24 questions about stressful experiences related to the migration process. Linear regression models were performed to examine the influence of the MRS-quantity on BDI-II total score and on BDI-II subscales (Buckley et al., 2001).

**Results** A higher number of experienced MRS was found to be related to a higher BDI-II total score, as well as to a higher score on the cognitive subscale in particular. Regarding the cognitive