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.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.289

#### EW0676

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

R. Gearing\*, 1, K. Brewer<sup>2</sup>, I. Mian<sup>3</sup>, K. Moore<sup>4</sup>, P. Fisher<sup>5</sup>, J. Hamilton<sup>6</sup>, J. Mandiberg<sup>7</sup>

- <sup>1</sup> University of Houston, GCSW, Houston, USA
- <sup>2</sup> University of New Hampshire, college of health and human services, Durham, USA
- <sup>3</sup> The hospital for sick children, department of psychiatry, Toronto, Canada
- <sup>4</sup> Columbia university, CSSW, New York, USA
- <sup>5</sup> New York state psychiatric institute/Columbia college of physicians & surgeons, division of child and adolescent psychiatry, New York, USA
- <sup>6</sup> UT health McGovern medical school, department of psychiatry and behavioral sciences, Houston, USA
- <sup>7</sup> Hunter university, CUNY, New York, USA
- \* Corresponding author.

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  $14.4 \pm 2.5$  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.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.290

#### 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

I. Georgieva\*, <sup>1</sup>, C. Lauvrud <sup>1</sup>, R. Almvik <sup>1</sup>, R. Whittington <sup>2</sup>

<sup>1</sup> St. Olav's university hospital, Forensic department, Trondheim, Norway

<sup>2</sup> St. Olav's university hospital, Forensic department Brøset, centre for research and education in forensic psychiatry, Trondheim, Norway \* Corresponding author.

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.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.291

#### EW0678

### PALOMA project – developing National mental health policies for refugees

S. Jokela\*, J. Mäki-Õpas

National institute for health and welfare THL, department of welfare, Helsinki, Finland

\* Corresponding author.

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

Project is founded by the Asylum, migration and integration fund (AMIF).

Objectives PALOMA project focuses on exploring existing good practices and weaknesses in mental health services in use for refugees. The objectives of the project are to develop a national model for effective mental health services for refugees and implement it nationwide in Finland.

Aims The aim of PALOMA Project is to develop a national model for effective mental health services for refugees in Finland.

Methods PALOMA Project includes three phases: data collection (interviews, literature review, seminars), building the model in expert groups and implementing the model.

Results As a result of PALOMA Project, there will be guidelines for professionals working in different levels of administration with refugees in Finland.

Conclusion Refugees' mental health and wellbeing will be improved as a result of better prevention, recognition and appropriate care of mental health problems.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.292

#### EW0679

## Investigation of internet dependent and depressive symptoms among secondary school students

S. Karaca<sup>1,\*</sup>, E. Uyanık<sup>2</sup>, M. Kenç<sup>3</sup>, M. İşlek<sup>3</sup>, R. Aksu<sup>4</sup>,

E. Ongun<sup>1</sup>, G. Unsal Barlas<sup>1</sup>

- <sup>1</sup> Marmara university faculty of health sciences, psychiatric nursing department, Istanbul, Turkey
- <sup>2</sup> Marmara university faculty of health sciences, public health nursing, Istanbul, Turkey
- <sup>3</sup> Memorial hospital, clinical nursing, Istanbul, Turkey
- <sup>4</sup> Private Ataşehir hospital, clinical nursing, Istanbul, Turkey
- \* Corresponding author.

Introduction Internet use and depression is a significant problem regardless of social status and in almost all age groups. Internet addiction in adolescents is considered to be the most important risk groups.

Objectives This study was conducted to determine correlation of Internet addiction and depressive symptoms among secondary school students.

Method This research was conducted at two secondary public schools in İstanbul during 2015-2016 academic year. Ethics committee approval and permission was obtained from the Directorate of National Education Institutions. The population of the study was 2121 students. The sample group was 1312 students who completely filled in measuring instruments. The measuring instruments consisted of a personal information form, Internet Dependency Scale (IDS) and Children's Depression Inventory (CDI). The data were analyzed with the descriptive statistical analysis and Pearson correlation test.

Results The average of students' age was  $12.44 \pm 1.20$ . 50.2% of the sample were women. 53.8% of the sample spent 1-2 hours per day in Internet. Mean IDS point was  $38.942 \pm 12.90$  and mean CDI point was  $12.52 \pm 7.13$ . According to the IDS cutpoint; 80.9% of students were normal users, 18,4% of them were high-risk users and 0.6% of them were Internet dependents. According to the CDI cutpoint, 16.8% of the students had depressive symptoms. A statistically significant moderate correlation was found between mean scores of CDI and IDS (r=0.414; P<0.01).

Conclusions There is a relation between Internet dependent and depressive symptoms. This finding supports the outcomes of previously performed studies.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.293

#### EW0680

# Satisfaction with psychiatric in-patient care across 11 countries: Final report of the IDEA-study (inpatient discharge: experiences and analysis)

D. Krupchanka 1,\*, H. Khalifeh 2, G. Thornicroft 2,

N. Sartorius<sup>3</sup>, IDEA research group<sup>2</sup>

- <sup>1</sup> National institute of mental health, department of social psychiatry, Klecany, Czech Republic
- <sup>2</sup> Institute of psychiatry, psychology and neuroscience, King's College London, health service and population research department, London, United Kingdom
- <sup>3</sup> Association for the improvement of mental health programmes, Geneva, Switzerland
- \* Corresponding author.

Introduction Satisfaction of patients with in-patient care is a relatively rare focus of research in mental health.

Objectives The IDEA-study (inpatient discharge: experiences and analysis) was initiated to shed the light on the issue internationally. *Aim* The IDEA project aimed to:

- develop a collaborative network of young psychiatrists;
- use this network to explore satisfaction of people treated in psychiatric in-patient facilities in a range of high-, middle- and low-income countries.

Methods Study was conducted in 25 hospitals across 11 countries. We measured satisfaction with in-patient care using the 5-item study-specific questionnaire. Individual and institution level correlates of "low satisfaction" were examined by comparisons of binary and multivariate associations in multilevel regression models.

Results A final study sample consisted of 673 participants. Total satisfaction scores were highly skewed towards positive responses. After taking clustering into account, the only independent correlates of low satisfaction were schizophrenia diagnosis and low psychiatrist to patient ratio.

Conclusion We could successfully establish a collaborative network of early career psychiatrists from different parts of the world and collect data in regards to the study aims. The positive skew of satisfaction scores need to be carefully considered in the context of literature and study limitations. In particularly, we suggest further studies on patients' satisfaction to pay more attention to treatment expectations formed by the previous experience of treatment, service-related knowledge, stigma and patients' disempowerment, power imbalance.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.294

#### EW0681

#### Burnout as a form of mental health problem among nurses in the Philippines

J.L. Lu

National institutes of health, university of the Philippines Manila, institute of health policy and development studies, Manila, Philippines

Introduction Nurses are among the health professionals that are confronted with burnout due to workload demands. The dominance of females in the profession reinforce the prevailing notion that the caring professions such as nursing are relegated to women. This gives the study its gender perspective.

*Objectives* To determine the interaction between situational, factors, role stressors, hazard exposure and personal factors in the largest tertiary hospital in the Philippines.