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Introduction Self-stigma plays a powerful role in attitudes toward mental illness and seeking psychological services. Assessing stigma from the perspective of people with mood disorders is important as they were ranked as major causes of disability.

Objectives To determine the extent and the impact of stigma experience in Saudi patients with mood disorder and compare them between depression and bipolar disorder patients. To test if stigma is a universal experience and has similar psychosocial impact across cultures.

Aim It's a part of multicenter international study comparing its results to the universal experiences in the perspectives of individuals with mood disorder.

Methodology We randomly interviewed 94 individuals with mood disorder at King Khalid University Hospital using valid reliable tool, Inventory of Stigmatizing Experiences (ISE), which has two components: Stigma Experiences Scale (SES) and Stigma Impact Scale (SIS).

Results ISE was validated in a population of Saudi patients with mood disorder. There were no significant differences in stigma between patients with bipolar or depressive disorder on SES or SIS. However, over 50% of all respondents tried to hide their mental illness from the others, and to avoid situations that might lead them to be stigmatized. In comparison with the Canadian population, Saudi participants scored lower on both SES and SIS, which may be due to cultural differences.

Conclusion Stigma associated with mood disorder is serious and pervasive. It's important first to understand how patients perceive stigma in order to conduct successful anti-stigma programs. The ISE is a highly reliable instrument among cultures.

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EW160

Social skills training group with Turkish immigrants: Results of a pilot study

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Introduction Social skills training (SST) is an element of cognitive-behavioral therapy, which focuses to improve verbal-nonverbal behaviors involved in social interactions.

Aims-objectives To assess the effectiveness of a standardised 8-sessions-SST-group therapy (Hinsch&Pfungsten) in Turkish Immigrants who have anxiety/depressive disorders.

Method German-Turkish translations-backtranslations of contents and materials of the standardised 8-sessions-SST-group therapy were performed. These weekly eight group sessions applied by two Turkish-psychotherapists to 8 voluntary Turkish-Immigrants (F/M=4/4, age=50±5.4), who were in treatment for anxiety/depressive disorders in our transcultural outpatient-clinic in Hannover, Germany. Symptom-Checklist-90 (SCL-90) and Insecurity Questionnaire (I-Q) administered before and after the treatment program. Seven patients completed pre-post scales.

Results Table 1 presents the scale scores. There was no significant improvement in global-symptom-severity and insecurity-profiles after the SST. One of the psychotherapists and one of the patients were interviewed to discuss qualitatively possible reasons of that.

Psychotherapist I think patients were not comfortable with many pencil-paper homeworks. Daily-life-examples were too close to German culture. Therefore it's crucial to culturally modify the sessions.

Patient I found the sessions-homeworks strict and different from my thinking style and culture.

Conclusions Qualitative data of this study stated that no improvement may be caused by eurocentric nature of the psychotherapeutic approach. Berry (2006) suggested that such interventions may generate/exacerbate acculturative-stress and may not be beneficial for the patient. Further studies should investigate effectiveness of culturally-modified SST in Turkish immigrants.

Table 1 Scale scores before and after the SST.

	Pre (n = 7)	Post (n = 7)	Wilcoxon-Signed-Ranks-Test
SCL-90-Global-Symptom-Index	2.76 ± 0.5, min-max = 1.84–3.21	2.73 ± 0.8, min-max = 1.50–3.63	Z = -0.507, P > 0.1
I-Q	203 ± 44.6, min-max = 137–264	216.7 ± 44.8, min-max = 128–265	Z = -1.183, P > 0.1

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EW162

Immigrants in emergency rooms: The role of culture in the diagnostic process and diagnostic certainty

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Introduction Transnationalism provides a serious challenge in mental health care, especially due to the crucial role of communication. Emergency room interactions offer an opportunity to analyze the role of cultural competency among providers and how they relate to immigrants in the clinical encounter.

Objectives This study addresses three aims: to assess the level of provider-perceived accuracy of diagnoses; to evaluate the use of restraints; and to compare diagnoses rates between patients of diverse racial/ethnic groups.

Methods We examined patients' race/ethnicity and their relation to service use and perceived certainty of mental health diagnoses. Three hundred and forty-seven migrants and 67 natives as well as their providers were interviewed in psychiatry emergency rooms in Barcelona (Spain).

Results The perceived certainty of clinical diagnosis is lower for Asians (OR=0.2, 95% CI [0.07–0.63]), and higher when the clinician feels comfortable with the patient (OR=5.41, 95% CI [2.53–11.58]). The probability of restraints is higher for Maghreb patients compared to native born (OR=3.56, 95% CI [1.03–12.26]). The probability of compulsory admission is lower for Latinos compared to native born (OR=0.26, 95% CI [0.08–0.88]). The probability of receiving a diagnosis of psychosis is lower when the clinician can communicate in the patient's language (OR=0.37, CI 95% [0.16–0.83]).

Conclusions Cultural factors such as level of comfort and communication in the patient's language play a central role in diagnosis and treatment. This study highlights the importance of culture in psychiatric diagnosis and the role of cultural competency for mental health providers.

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EW163

Case report: Hallucinations as depressive equivalents

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We comment the case of a 12 years old girl who started with visual and auditive hallucinations. Hallucinations are not a common symptom between children. They may also be linked to many conditions, some of them with poor outcome as schizophrenia. Symptoms appeared in a short time, after a previous normal development. She talked about a man who followed her and that was always behind, she also had heard some insults of undetermined voices. These symptoms were just of one-month duration and made her feel anxious and very afraid. After a normal organical study and a first proposal of medication they asked for our consultation. We found that the patient was alone at home every afternoon. Family, from other country, hadn't any social support, and the father had had to travel away some days before the child began to suffer hallucinations. Suspecting an affective disorder as the basis of anxious symptoms, and hallucinations as a cultural presentation of them, we started with a social intervention mixed with support therapy. After some sessions the patient could talk about her loneliness and fears, disappearing the other symptoms. We will resume this case and literature about other cultural presentations that may difficult diagnosis or treatment.

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EW164

Gender differences in the manifestation of brain fog, depression and indices of anxiety among secondary school students in Nigeria

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Introduction Secondary school students in Nigeria are under intense pressure to perform well in their academics so as to have competitive advantage in advancing their studies. This pressure has been linked to western derived psycho-pathologies such as depression, anxiety and culture bound syndrome such as brain fog syndrome.

Aim To examine gender differences in the manifestation of brain-fog syndrome, depression, and anxieties among students about to participate in Junior Secondary Certificate Examination (JSCE) and West African Senior School Certificate Examination (WASSCE) in Nigeria.

Methods Two hundred and nine (209) students (X age = 14.27, SD = 2.18) were administered a battery of tests comprising of the Brain Fog Syndrome Scale, Brain Fog Propensity Scale, State

Trait Anxiety Inventory, Patient Health Questionnaire, Mathematics Anxiety Inventory and Test Anxiety Inventory. The data was subjected to a multivariate analysis of variance (MANOVA).

Results The result showed no significant gender differences in the manifestation of brain-fog syndrome, depression, and anxieties, $F(6, 202) = 0.947, P \geq 0.01$; Pillai's Trace = 0.03, partial $\eta^2 = 0.02$. In consonance with earlier studies, males reported higher brain fog mean scores than female participants (X = 5.46, SD = 2.06; X = 4.88, SD = 2.43).

Conclusions The study has shown that adolescents who are about to take their final examinations manifest brain fog propensity and go on to manifest symptoms of the brain fog syndrome. But, there is no significant gender difference in the manifestation of brain fog syndrome among males and females.

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EW165

A brief exploratory synthesis of portrayal of mental health issues in the script and characters of TV series Wallander (Swedish Version)

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Introduction The modern Swedish crime drama series Wallander by Henning Mankell presents a good portrayal of mental health issues in 21st century post modern world, including the contribution of biological, psychological and social issues in predisposing, perpetuating and maintaining them.

Aim The aim of the exploratory synthesis is to study the characters in Wallander focusing on the portrayal of their mental health with a view on formulating biological, psychological and social factors that play a role in their development. Furthermore, mental health is reviewed in first world culture acclimatizing itself to the themes emerging from post-modern globalised world.

Method The episodes of Wallander (Swedish Version) are reviewed focusing on the characters and the plots for each episode matching them with mental health diagnoses offered in International classification of diseases.

Discussion The results are collated and a general commentary is offered on the observations and motifs revealed in the portrayal. The focus will be on individual character formulations (both recurring main characters as well other side characters). In addition, there is a commentary on contributing to mental health problems in a post-modern industrial society.

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EW167

Religious and spiritual implication in the assessment and management of bipolar disorder

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Introduction Religion/spirituality and medicine have been related in one way or another since the beginning of our know History. Patients' beliefs, values and practices influence the way