

**Methods** The activities developed are: administrative actions; institutional strengthening for social inclusion initiative through work; and the Carnival Block organization.

**Results** This study work on constituting a social inclusion initiative through workshop that generate employment, e.g.: sale material production, financial management, material replacement. Although we do all the preparative to the Carnival Block–“Loucura Suburbana”.

**Conclusion** The relationship with the psychiatric patients shows that social inclusion through carnival workshop practice is the primary means for the identity of people suffering from mental disorders and contribute to reduce community social stigma.

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

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#### EW0369

### Differences in baseline demographics, presentation, pathways to care and duration of untreated psychosis (DUP) in the ethnically diverse population of Lancashire, UK

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**Introduction** DUP is the time from the emergence of first psychotic symptom to the commencement of adequate antipsychotic treatment. Psychopathological and sociocultural factors influence patient's treatment seeking behavior. Better understanding of DUP could help in development of improved therapeutic strategies and public health initiatives. Emphasis on early detection of psychosis and reduction of DUP has led to a huge interest in pathways to care. **Objectives** To understand the differences in baseline demographics, presentation, care-pathways and DUP in ethnically diverse population of Lancashire, UK.

**Methods** Our cross-sectional study involved a subset analysis of National EDEN data for Blackburn and Preston in Lancashire.

**Results** Of the 183 patients, 78% were Whites and rest belonged to BME population. Median DUP was 188 days. Whites were significantly younger at onset of both non-specific symptoms and psychosis and at acceptance into EIS. Whites were significantly less likely than non-whites to be married, more likely to be in paid work and to have used illicit drugs. There were no significant differences with respect to other demographics/delays in help seeking or DUP. Non-White group had shorter DUP of 95 days (but not statistically significant,  $P=0.060$ ).

**Conclusions** Better understanding of mental illness and local services in White patients could have led to early help seeking. Having a supportive family may have promoted early help seeking and thus shorter DUP in BME group. Further studies are needed exploring socioenvironmental variables, substance misuse and knowledge of local psychiatric services amongst the BME population and the influence of these variables on DUP.

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## e-poster walk: Consultation liaison psychiatry and psychosomatics–Part 1

#### EW0370

### Somatoform symptoms' influence on the rubber hand illusion: Additional analysis

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**Introduction** In the rubber hand illusion (RHI) [1], sense of body ownership is changed by synchronous touches to the hidden participant's hand and a visible rubber hand. It was previously shown [2] that medically unexplained symptoms were associated with the weaker RHI ( $n=40$ ).

**Objectives** We used data from our previous research [3] and supplementary questionnaires to test the hypothesis that somatoform symptoms would be associated with the decreased response to RHI. **Methods** Subjects ( $n=78$ ) voluntarily undergo the following procedures: RHI experiment with measurement of proprioceptive drift and self-reports, Screening for Somatoform Disorders (SOMS-2) and Symptom Check List-90-Revised (the “somatization scale”).

**Results** Robust regression was used to evaluate predictors influence: Drift/Self-reports~SOMS-2 + somatization. SOMS-2 was a significant predictor for proprioceptive drift with positive coefficient ( $P<0.05$ , adjusted), both predictors were insignificant for self-reports.

**Conclusions** Thus, the results of [2] were not reproduced. We demonstrated on the larger sample, that the higher somatoform symptoms (scores of SOMS-2) predicted the stronger RHI. Since our research and [2] had been conducted on non-clinical groups, it is necessary to conduct the critical experiment on the clinical population.

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**References**

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#### EW0371

### Psychiatric symptomatology and health-related quality of life in children with epilepsy

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**Introduction** There is a limited amount of data regarding the relationship between epilepsy and psychiatric symptoms and quality of life (QoL) in children and adolescents.