

depression-dimension the BDI-II items pessimism, past failure, guilt feelings, punishment feelings and suicidal thoughts were positively related to the MRS-quantity.

**Discussion and conclusion** A dose-response-relationship was found, with a higher number of MRS being related to a higher severity level of self-reported depressiveness as well as to a higher level of cognitive depression-symptoms in particular. The increase in suicidal ideations in the light of MRS-exposure is in line with findings from other migrant populations. Therapeutic interventions may focus (more) on depressive cognitions as a result of recurring MRS-experiences. Special attention should be placed on suicidal thoughts being boosted by MRS.

**Keywords** Migration related stressors; Depression; BDI-II; Vietnamese migrants; Suicidality

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#### EW0688

### Impact of socioeconomic position and distance on mental health care utilization by incident users of antidepressants. A Danish nationwide follow-up study

A. Packness<sup>1,\*</sup>, F. Waldorff<sup>1</sup>, L. Hastrup<sup>2</sup>, E. Simonsen<sup>2</sup>, M. Vestergaard<sup>3</sup>, A. Halling<sup>4</sup>

<sup>1</sup> Research unit of general practice, department of public health, Odense, Denmark

<sup>2</sup> Psychiatric research unit, region of Zealand, Slagelse, Denmark

<sup>3</sup> Institute of general medical practice, department of public health, Aarhus, Denmark

<sup>4</sup> Center for primary care research, health, Lund, Sweden

\* Corresponding author.

**Introduction** Equal access to health care treatment is a highly prioritized goal in most OECD countries. Timely access has become a priority too; in Denmark now with a 4-week deadline from referral to diagnosis. When mental health services become more centralized and allocation of patients to treatment further away from home become more common, it could have a negative impact on the goal of equal access.

**Objective** To determine the impact of socioeconomic position (SEP) and distance to provider on outpatient mental health care utilization among incident users of antidepressants.

**Method** A nationwide, Danish, register based, follow-up study on frequencies of contacts to out-patient psychiatric services, psychologist consultations supported by public funding and therapeutic talks by general practice.

**Preliminary results** Outpatient-psychiatric services were reached more often by patients in low SEP measured by income, but their frequencies of visits were less. Contacts to psychologists were less than half for patients in low SEP and less frequent too. Mental health service by GP showed low SEP associated with low contact. No difference in use of emergency or inpatient psychiatric services was found. Distance to provider showed interaction with SEP and contact to psychologist and frequencies of contact to outpatient psychiatrists. When distance increased by 5 km, contact to psychologist fell by 11% among lowest income group and frequencies of visits to outpatient psychiatrist fell by 5%.

**Preliminary conclusion** Lower SEP is associated with lower mental health care utilization. Increased distance to provider increases inequity in mental health service utilization.

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

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#### EW0689

### Prevalence and associated risk factors of psychotic symptoms in homeless people in France

A. Tortelli<sup>1,\*</sup>, F. Perquier<sup>2</sup>, V. Le Masson<sup>3</sup>, D. Sauze<sup>4</sup>, N. Skurnik<sup>1</sup>, R.M. Murray<sup>5</sup>

<sup>1</sup> EPS Maison-Blanche, psychiatrie, Paris, France

<sup>2</sup> Paris hospital group, psychiatry and neurosciences, épidémiologie, Paris, France

<sup>3</sup> Paris hospital group, psychiatry and neurosciences, information médicale, Paris, France

<sup>4</sup> EPS Maison-Blanche, laboratoire de recherche, Paris, France

<sup>5</sup> King's college, institute of psychiatry, London, United Kingdom

\* Corresponding author.

**Introduction** Homeless people are more likely to have higher prevalence of psychotic disorders than general population. However, we know less about the prevalence of psychotic symptoms in this group.

**Objectives** To estimate the lifetime and current prevalence of psychotic symptoms and their correlates among homeless people living in the Paris metropolitan area.

**Methods** We analysed data from 839 homeless randomly selected for the “Samenta” survey that studied mental health and addiction problems in this population. The mini-international neuropsychiatric interview was used to assess psychotic symptoms. Separate multivariate logistic regression analyses were conducted to estimate the associations of sociodemographic characteristics (age, gender, education level and migrant status), early life experiences (sexual abuse, physical and psychological violence, substance use) and psychiatric disorders.

**Results** The lifetime prevalence of psychotic symptoms was 35.4% (95% CI=28.1–43.5) and the prevalence of current symptoms was 14.0% (95% CI=9.8–19.6) with no significant difference between migrant and native groups, after exclusion of subjects with a diagnosis of psychotic disorder (n = 145). In multi-adjusted models, childhood sexual abuse was associated with an increased risk of lifetime or current psychotic symptoms (OR > 4, P < 0.05). Early life psychological violence was strongly associated with the risk of lifetime psychotic symptoms in natives (OR = 6.33; 95% CI = 2.10–19.0), whereas alcohol misuse in adolescence was related to lifetime or current psychotic symptoms in migrants (OR = 3.34; 95% CI = 1.20–9.37).

**Conclusion** Homeless people are at higher risk of psychotic symptoms compared to the general population in France. Our findings are consistent with the hypothesis that childhood abuse is an important risk factor of the psychosis continuum.

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

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#### EW0690

### The Italian admission experience survey: A factor analytic study on a sample of 156 acutely hospitalized psychiatric patients

F. Trobia<sup>1,\*</sup>, G. Mandarelli<sup>2</sup>, L. Tarsitani<sup>2</sup>, E. De Pisa<sup>1</sup>, M. Pompili<sup>1</sup>, P. Girardi<sup>1</sup>, M. Biondi<sup>2</sup>, S. Ferracuti<sup>2</sup>

<sup>1</sup> Psychiatry residency training program, faculty of medicine and psychology, Sapienza university of Rome, NESMOS neurosciences, mental health and sensory organs, unit of psychiatry, Sant'Andrea hospital of Rome, Rome, Italy

<sup>2</sup> Department of neurology and psychiatry, Sapienza university of Rome, Rome, Italy

\* Corresponding author.

**Introduction** The admission experience survey (AES) is a reliable tool for measuring perceived coercion in mental hospital

admission. We developed the Italian AES through translation back-translation and administered it to acutely hospitalized psychiatric patients.

**Objectives/Aims** To verify psychometric characteristics of the Italian AES. To Examine the AES factor structure.

**Methods**  $n = 156$  acutely hospitalized patients (48% women, 69% voluntary) were recruited in two university hospitals in Rome (Umberto I Policlinic, Sant'Andrea Hospital) and were administered the Italian AES. We conducted a principal component analysis (PCA) with equamax rotation.

**Results** Socio-demographic and clinical characteristics of the sample are reported in Table 1. The Italian AES had good internal consistency (Cronbach's  $\alpha = 0.90$ ); Guttman split-half reliability coefficient was 0.90. AES total score significantly differed between voluntary and involuntary patients ( $5.08 \pm 4.1$  vs.  $8.1 \pm 4.9$ ,  $P < 0.05$ ). PCA disclosed a three-factor solution explaining 59.3 of the variance. Significant correlations emerged between AES total score and clinical variables (Table 2). Pearson's correlation coefficient disclosed a significant correlation between perceived coercion and psychiatric symptoms severity (BPRS total score).

**Conclusions** The Italian version of AES and proposed new factor structure proved reliable.

Table 1

Age, years, M (SD)	40.5 (12.7)
Women	48%
Education, years, M (SD)	12.1 (4.0)
Disease duration, years, M (SD)	12.1 (9.4)
Diagnosis	
Schizophrenia spectrum disorders	35.9%
Bipolar disorders	35.3%
Depressive disorders	19.2%
Others	9.6%
Number of previous psychiatric hospitalizations, M (SD)	1.4 (2.9)
Number of previous involuntarily psychiatric hospitalization, M (SD)	0.7 (2.6)
MMSE total score, M (SD)	25.6 (2.7)
BPRS total score, M (SD)	54.2 (13.0)

Table 2

Admission Experience Survey items	Perceived Coercion (Cronbach's alpha = 0.84)	External pressure (Cronbach's alpha = 0.79)	Choice expression (Cronbach's alpha = 0.71)
7. It was my idea to come into the hospital	0.78		
15. I had more influence than anyone else on whether I came into the hospital	0.73		
4. I chose to come into the hospital	0.69		
1. I felt free to do what I wanted about coming into the hospital	0.63		
13. My opinion about coming into the hospital didn't matter	0.60		
14. I had lot of control over whether I went into the hospital	0.59		
2. People tried to force me to come into the hospital	0.46	0.51	
11. they said they would make me come into the hospital	0.50		
10. I was threatened with commitment		0.86	
6. Someone threatened me to get me to come into the hospital		0.79	
8. Someone physically tried to make me come into the hospital		0.63	
12. No one tried to force me to come into the hospital	0.46	0.53	
5. I got to say what I wanted about coming into the hospital			0.75
3. I had enough of a chance to say whether I wanted to come into the hospital			0.67
9. No one seemed to want to know whether I wanted to come into the hospital			0.60

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

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## EW0691

### Sexual dysfunctions and treatment compliance in individuals with psychotic disorder

G. Unsal<sup>1,\*</sup>, S. Karaca<sup>1</sup>, N. Onan<sup>2</sup>, Y. Can Oz<sup>1</sup>, S. Aydın<sup>3</sup>, H. Aydoğan<sup>4</sup>, H. Gulec<sup>5</sup>, E. Ongun<sup>1</sup>, N. Eren<sup>6</sup>

<sup>1</sup> Marmara university, faculty of health sciences, psychiatric nursing department, Istanbul, Turkey

<sup>2</sup> Karabuk university school of health science, psychiatric nursing department, Karabuk, Turkey

<sup>3</sup> Erenköy psychiatric and neurological diseases training and research hospital, training psychiatric nursing, Istanbul, Turkey

<sup>4</sup> Erenköy psychiatric and neurological diseases training and research hospital, management nursing, Istanbul, Turkey

<sup>5</sup> Erenköy psychiatric and neurological diseases training and research hospital, community mental health, Istanbul, Turkey

<sup>6</sup> Istanbul university Istanbul, faculty of medicine, psychiatry, Istanbul, Turkey

\* Corresponding author.

**Introduction** Sexual dysfunctions are more common in individuals with psychotic disorders and has a major impact on both quality of life and compliance.

**Objectives** The purpose of this study is to investigate whether a relationship between sexual dysfunction and level of treatment compliance in individuals with psychotic disorders.

**Methods** The sample group of the study consisted of 173 in-patients who agreed to participate were selected by random sampling method. The permission was obtained from the hospital's ethics committee. In this study, to assess the sexual functionality Golombok-Rust inventory of sexual satisfaction male and female form and to assess the treatment compliance; medical treatment compliance rate scale is used.

**Results** When sexual problems and treatment compliance compared to gender, subscales of satisfaction ( $t = 4.423$ ,  $P = 0.000$ ), avoidance ( $t = 3.348$ ,  $P = 0.001$ ), touch ( $t = 2.165$ ,  $P = 0.032$ ) and overall total ( $t = 4.015$ ,  $P = 0.000$ ), although a statistically significant difference was found, there were no differences in treatment compliance. Additionally, there is no relation between sexual problems and treatment compliance in men. It is also found that there is a weak negative statistical relation amongst treatment compliance and communication ( $r = -0.244$ ,  $P = 0.027$ ), avoidance ( $r = -0.270$ ,  $P = 0.014$ ), anorgasmia ( $r = -0.253$ ,  $P = 0.022$ ) and overall total ( $r = -0.249$ ,  $P = 0.024$ ) in women. According to these findings while sexual problems increase, treatment compliance decreases.

**Conclusions** The level of compliance to the treatment and subscales of sexual problems; satisfaction, avoidance, and touch mean scores differ from each other. There was a weak negative correlation in between Women's compliance and sexual problems.

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

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## EW0692

### Post-traumatic stress disorder screening among Syrian war victims

A. Kutluoğlu<sup>1</sup>, B.Ö. Ünsalver<sup>2,\*</sup>, A. Evrensel<sup>1</sup>

<sup>1</sup> Uskudar university, psychology, İstanbul, Turkey

<sup>2</sup> Uskudar university, medical documentation and secretariat, İstanbul, Turkey

\* Corresponding author.

**Introduction** War in Syria and related refugee crisis has caught worldwide attention for the past few years. The war is still continuing by the time of the writing of this abstract. War is one of the reasons of posttraumatic stress disorder (PTSD). Syrian people experience many traumatic events like witnessing death, torture and rape.

**Aims** The aim of this research is to screen for PTSD among Syrian war victims.

**Methods** A total of 150 (women = 52, men = 98) war victims between 18–65 years, inhabiting a Syrian camp near the Turkish border were screened with trauma response checklist for PTSD between March 11 and April 11 2015.

**Results** Significant amount of the interviewed participants were found to show symptoms of PTSD. Seventy-six percent ( $n = 114$ ) of the participants had experienced a traumatic event. In total, 80.6% ( $n = 121$ ) were experiencing distress. Seventy-eight percent ( $n = 117$ ) had avoidance. Eighty-four percent ( $n = 126$ ) had negative