

mental disorder. A precise presentation of the social disability shall improve the model of care offered to these persons. Any possible parallel studies in other countries, employing analogical methodology, could allow for a cross-national and cross-cultural comparison of the received outcomes.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1630>

EV646

Psychotic symptoms in general population: Correlates in the Andalusian Province of Granada

M. Guerrero Jiménez^{1,*}, C.M. Carrillo de Albornoz Calahorra², B.M. Girela Serrano³, J.A. Cervilla Ballesteros⁴

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Mental Health Unit, Santa Ana Hospital, Motril, Granada, Spain

³ Mental Health Unit, Mental Health, Santa Ana Hospital, Motril, Granada, Spain

⁴ University Of Granada, CIBERSAM Granada, GCU Psychiatry, Psychiatry Department, Hospital Complex Of Granada, Granada, Spain

* Corresponding author.

E-mail address: marlliguerrero@gmail.com (M. Guerrero Jiménez)

Introduction Several recent epidemiological studies have reported during the last few years that the prevalence of psychotic symptoms in the community is bigger than the previously thought. **Aims** Estimate the prevalence in our influence area, as there are no previous studies focused on this measure and its correlated factors in Andalusia population.

Methods Literature review was made about the prevalence reported in all continents as well as the found correlation. Then, a cross-sectional epidemiological study was designed (Granada). We present data from 809 Andalusian individuals taken from the Unified Data Base of the Andalusian Health System.

Results This poster presents a brief but updated systematic literature review of psychotic symptoms in the general population (i.e. delusions and hallucinations). We present also data from 809 individuals from our clinical catchment area. Prevalence of psychotic symptoms in Granada was of 10.3%. Hallucinations were reported in 6.1% and 7.4% reported delusions.

Conclusions The prevalence found was similar to other studies in the Spanish population such as the EsEMED Study performed in Catalonia where 11.2% of psychotic symptoms were reported, and similar to European studies like the BNS in Great Britain with a 10.9% of psychotic symptoms. Differences obtained in percentages could be due to different measure scales (PSQ, MINI, CIDI. . .) used in other studies made in the North American population such as the National Comorbidity Survey with a 28% of prevalence reported. Inter-interviewer differences and the potential risk factors for psychotic symptoms in each population seem to be the causes of such differences and similarities.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1631>

EV648

Loneliness and mortality: A community-based prospective study

J. Henriksen^{1,*}, P.R. Kyle², P. Bech², C. Mattisson³, N. Andersson⁴

¹ Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders Department Q, Risskov, Denmark

² Psychiatric Centre North Zealand, University of Copenhagen, Psychiatric Research Unit, Hillerød, Denmark

³ Lund University Hospital, Department of Clinical Sciences, Lund, Sweden

⁴ Statens Serum Institute, Department of Epidemiology Research, Copenhagen, Denmark

* Corresponding author.

Introduction Loneliness affects up to one in every third individual in the western population, and the prevalence is increasing. The literature suggests an increased mortality risk of about 26% when feeling lonely, and an association to some disorders of physical health.

Objectives To assess if loneliness increases the risk of mortality, and if so, if health indicators (hypertension, heart disease, tobacco use, alcoholism, diabetes, obesity, and depression) mediate the association.

Methods The design is a community-based prospective cohort study using data from the Swedish Lundby Study. Loneliness is measured in 1997 with a singleton question during interview of a psychiatrist. The outcome is death between 1997 and 2011. Survival analysis is used to estimate the relative risk of mortality. Stratification of potential explanatory covariates examines if any of the health indicators mediate the relationship.

Results Significant more females, unmarried, unemployed, and childless people feel lonely. Moreover, feeling lonely correlates to being smoker or alcoholic when adjusting for age and gender. The statistical work on the survival analysis is still in progress. However, we expect to find a positive correlation between loneliness and mortality corresponding to previous studies, and perhaps to reveal some of the health indicators to cause the association.

Conclusions With increasing prevalence, potential health consequences, and a neglected role in the society, loneliness is an important research area.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1633>

EV649

More women are medicated while more men are talked out: Persistent gender disparities in mental health care

P. Joseph*, A. Kazanjian

UBC School of Population & Public Health, Faculty of Medicine, Vancouver, Canada

* Corresponding author.

Introduction Physician incentives have been shown in previous studies to help reduce socioeconomic disparities in health care. Its impact on gender disparities, however, has rarely been investigated.

Aim The impact of physician incentives on gender disparities in mental health care was investigated in this retrospective study.

Method De-identified health administrative data from physician claims, hospital separations, vital statistics, prescription database, and insurance plan registries were linked and examined. Monthly cohorts of individuals with depression who were residing in British Columbia, Canada were identified and their use of mental health services tracked for 12 months following receipt of initial diagnosis. Indicators that assess receipt of the following services were created:

- counseling/psychotherapy (CP);
- minimally adequate counseling/psychotherapy (MACP);
- antidepressant therapy (AT);
- minimally adequate antidepressant therapy (MAAT).

Interrupted time series analysis was used to estimate changes in these indicators before (01/2005–12/2007) and after (01/2008–12/2012) physician incentives were introduced.

Results At the beginning of the study period, the percentage of individuals diagnosed with depression who received counseling/psychotherapy was higher, on average, among men (CP: 58.4%, MACP: 13.6%) than women (CP: 57.1%, MACP: 10.9%). In contrast, the percentage who received antidepressant therapy was higher among women (AT: 57.7%, MAAT: 47.4%) than men (AT: 53.6%, MAAT: 41.9%). Levels for these indicators have changed over time but the statistically significant differences between men and women were virtually the same before and after incentives were introduced.

Conclusions Gender disparities in mental health care persist despite the introduction of physician incentives designed to enhance access to mental health services in primary care.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1634>

EV650

Chemtrails: An overview of the phenomenon

C. Llanes Álvarez^{1,*}, A. San Roman Uría¹, P. Nunes Nancabu², M. Ruiz Gippini¹, P. López Landeiro¹, M.Á. Franco Martín¹

¹ Complejo Asistencial de Zamora, Psiquiatría, Zamora, Spain

² Complejo Asistencial de Zamora, Medicina familiar y comunitaria, Zamora, Spain

* Corresponding author.

Introduction The term contrail is a contraction of condensation and trail, as chemtrail is of chemical and trail. The first one is used to name trails left in the sky by aircrafts under certain atmospheric conditions. Some people argue that when contrails do not dissipate quickly is because contain substances added and sprayed for sinister purposes undisclosed to the population (weather modification and biological and/or chemical war are the most common).

Objective Exist various versions of the chemtrail theory, most of them propagated via the Internet in discussions forums or websites, and to a lesser degree by the mass media such as TV and radio programs. The outspread popularity and diffusion of the theory has already become a reality. Scientific community has repeatedly rejected that chemtrails exist, insisting that are just contrails. We analyze this phenomenon.

Methods We made a exhaustive literature review in *Journals of Meteorology and Aviation*, about the formation of condensation trails, in *Social Psychology Journals* about the genesis and dissemination of the chemtrails theory. Finally, we will make a brief presentation of documentation built around the theory of chemtrails in the province of Zamora (Spain), where is one of the most active spots in southern Europe.

Conclusions Official statements on the non-existence of chemtrails have not discouraged the proponents of the theory of chemtrails.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1635>

EV652

Knowledge of patients' voting rights amongst mental health professionals working in the London Borough of Westminster during the 2015 UK general election

T. MacLaren^{1,2,*}, J. Townell³, S. Shanmugham³, V. Argent³, L. De Ridder⁴, A. Venkataraman³, M. Clarke³, M. Khwaja³

¹ Central and North West London NHS Foundation Trust, General Adult and Old Age Psychiatry, London, United Kingdom

² Imperial College London, Faculty of Medicine, London, United Kingdom

³ Central and North West London NHS Foundation Trust, General Adult Psychiatry, London, United Kingdom

⁴ Central and North West London NHS Foundation Trust, Child and Adolescent Psychiatry, London, United Kingdom

* Corresponding author.

Introduction Being able to participate in elections and to vote are important components of social inclusion; empowering people with mental illness to have a voice.

It is important that mental health professionals understand the voting rights of adults with mental illness in order to be able to provide appropriate advice and support.

Objectives To explore knowledge of the voting rights of adults living with mental illness amongst mental health professionals working in both community and inpatient settings in Westminster, London.

Aims To understand the level of knowledge amongst mental health professionals regarding the voting rights of patients with mental illness in order to identify unmet training needs.

Methods A survey, in the form of a staff quiz was undertaken in all community and inpatient teams prior to the May 2015 general election. All multidisciplinary team members were included.

Results In total, 211 surveys were completed. Ninety-eight percent of staff correctly identified that being a psychiatric inpatient does not change an individual's right to vote. Less than 50% of the staff members demonstrated correct understanding of the rights of patients detained under forensic sections, and the rights of the homeless to vote.

Conclusions It is encouraging that knowledge of voting rights amongst staff appeared higher in our survey than in some published surveys. However, despite the development of a Trust Voting Rights Policy and Educational Film prior to the 2015 general election further staff education, particularly the rights of those detained under forensic sections or who are homeless, is required.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1637>

EV653

Difference between normal and priority consultations on mental health centers

C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez,

M.Á. Heredero Sanz

Complejo Asistencial Universitario de León, Psiquiatría, León, Spain

* Corresponding author.

Introduction Currently, in mental health teams there is overload in the first consultations, therefore, patients cannot be treated properly.

Objective This study tries to reflect the differences between preferential and ordinary consultations, as well as the differences in the delay in the support between them.

Methodology This is a retrospective observational study where data are collected for 3 months of the first consultations that are taken to a mental health center.

Results The study reflects that preferential or normal (ordinary) derivation has no influence when it comes to the patient going or not going to the consultation.

On the other hand, there are very significant differences statistically in the waiting time between patients with normal and preferential priority.

Conclusions According to the results observed would be advisable to use appropriate criteria to decide the priority of a patient's cares.