

admission and before discharge using the Brief Psychiatric Rating Scale (BPRS) and the Clinic Global Impression Scale (CGI). Other variables, including length of stay, number of previous admissions, demographic characteristics, and diagnosis were also assessed.

**Results** Mean of the total scores on BPRS were declined from 24.95 to 13, and the mean CGI scores were declined from 3.85 to 2.04 during hospitalization period. Mean length of hospitalization was 7.91 days.

**Conclusion** Our study shows that patients are discharged from the hospital with approximately 50% decrease in symptom severity. Such research can contribute to understand better, the needs of psychiatric patients, and help to develop continuously improved service delivery and optimize therapeutic options.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1934>

## EV950

### Positive mental health in individuals with mental disorders

J. Vaingankar\*, M. Subramaniam, E. Abdin, R. Sambasivam, A. Jeyagurunathan, E. Seow, S. Pang, L. Picco, S.A. Chong  
Institute of mental health, research division, Singapore, Singapore  
\* Corresponding author.

**Introduction** Given the emphasis on inclusion of well-being interventions in the treatment and rehabilitation of individuals with mental disorders, it is important to understand the level and determinants of positive mental health (PMH) among them.

**Objective** To conduct a cross-sectional study among patients with schizophrenia, depression and anxiety spectrum disorders to estimate PMH.

**Aims** (i) To estimate the level of PMH among patients with mental disorders and compare these with the established general population estimates; (ii) to identify socio-demographic and clinical determinants of PMH.

**Methods** Following ethics approval, 353 patients aged 21-65 years, receiving treatment at a psychiatric hospital in Singapore for schizophrenia, depression or anxiety spectrum disorders were included. Patients provided socio-demographic information and completed the multidimensional PMH instrument that provides total and domain-specific scores ranging from 1 to 6; higher scores indicate better PMH. Functioning was assessed with the Global Assessment of Functioning (GAF) scale and clinical data were obtained from administrative databases.

**Results** Sample comprised 142, 139 and 72 patients with schizophrenia, depression and anxiety spectrum disorders respectively, with a mean age of 39.2 years. Mean total PMH scores among them were 4.2, 3.7 and 3.8 respectively which were significantly lower than the general population mean of 4.5 ( $P < 0.001$ ). Patients of Chinese ethnicity, with lower education, depression or anxiety, and lower GAF scores were more likely to have lower PMH.

**Conclusions** This study identified patient subgroups that are likely to have poorer PMH. Interventions facilitating PMH among these patient groups would be beneficial and are needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1935>

## EV951

### To the question of destigmatization of psychiatry and mentally ill persons in the modern society

S. Vladimirova<sup>1,\*</sup>, V. Lebedeva<sup>2</sup>, E. Gutkevich<sup>3</sup>, A. Semke<sup>3</sup>, N. Bokhan<sup>4</sup>, N. Garganeeva<sup>5</sup>

<sup>1</sup> Mental health research institute, department of coordination of scientific research, Tomsk, Russia

<sup>2</sup> Mental health research institute, clinics, Tomsk, Russia

<sup>3</sup> Mental health research institute, endogenous disorders department, Tomsk, Russia

<sup>4</sup> Mental health research institute, addictive states department, Tomsk, Russia

<sup>5</sup> Siberian state medical university, department of primary care therapy, Tomsk, Russia

\* Corresponding author.

In recent decades, new medications have been developed that entailed possibility of rehabilitation and socialization of mentally ill persons.

**Purpose** To consider a phenomenon of destigmatization of mentally ill persons on the example of the analysis of screening-questioning in mental health service.

**Methods** Randomized screening-questioning of participants of Open Doors Day in the clinics of Mental Health Research Institute (Tomsk, Russia) in connection with World Mental Health Day in October, 2015.

**Results** One hundred and forty-six residents of Tomsk and inhabitants of the Tomsk Region as well as other cities visited Mental Health Research Institute. 76,5% of them visited mental health service for the first time. More than a half of visitors (51%) was the most able-bodied age group – 20-50 years old; elderly people – 20%. According to many-year observation of authors of the work, there is a gradual destigmatization of people with mental health problems. Process of destigmatization will develop further, and mass media should also be engaged in it. One more moment should be emphasized – reduction of self-stigmatization. Though people do not still aim to seek for psychiatric help at the appropriate institutions (they prefer to visit the psychiatrist of the catchment area polyclinic), they after all started recognizing presence of the problem, understanding the need of its overcoming, and possibility of its correction.

**Conclusion** The attitude of society towards people with mental health problems and towards psychiatry reasonably changes, and this promotes further development in the field of help to patients and their relatives.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1936>

## EV952

### Effectiveness of a school-based universal prevention program for enhancing self-confidence: Considering the extended effects associated with achievement of the direct purposes of the program

K. Yamasaki<sup>1,\*</sup>, Y. Murakami<sup>2</sup>, T. Yokoshima<sup>2</sup>, K. Uchida<sup>1</sup>

<sup>1</sup> Naruto university of education, department of human development, Naruto, Japan

<sup>2</sup> Naruto university of education, center for the science of prevention education, Naruto, Japan

\* Corresponding author.

**Introduction** We have developed a group of school-based universal prevention programs for children's health and adjustment. The programs are characterized by new theories such as the somatic-

marker hypothesis and enjoyable methods that utilize animated stories and games. This study adopted one of the programs for the development of self-confidence.

**Objective** The aim was to examine the effectiveness of the program. In addition to the direct purposes of the program, children's adjustments at school and homeroom class were evaluated as extended effects.

**Methods** Participants were third grade children in six public elementary schools in Japan. The final sample included 442 children (219 boys and 223 girls). The program was implemented weekly in one regular 45-minute class over 8 weeks. Participants completed a battery of three questionnaires three times, 1 month before the start of the program (T1), 1 week before the start of the program (T2), and during 1 week after the last class of the program (T3).

**Results** Results showed that all of the main endpoints of the program significantly improved in the intervention condition (i.e., changes from T2 to T3), compared to the control condition (i.e., changes from T1 to T2). Moreover, children's adjustment at school and homeroom class increased in the intervention condition, compared to the control condition. However, implicit affect was unchanged.

**Conclusion** This study suggests that the program is effective for enhancing self-confidence, along with adjustments at school and in class. Future research that examines the sustainability of the effectiveness of the program is planned.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1937>

## Psychoneuroimmunology

### EV954

#### Isolated psychiatric presentation of anti N-methyl-D-aspartate receptor encephalitis: A case report

P. Azevedo<sup>1,\*</sup>, F. Monteiro<sup>1</sup>, A.P. Correia<sup>2</sup>, A. Norton<sup>1</sup>, A.M. Moreira<sup>1</sup>

<sup>1</sup> Magalhães Lemos hospital, inpatient unit C, Porto, Portugal

<sup>2</sup> Magalhães Lemos hospital, department of neurology, Porto, Portugal

\* Corresponding author.

**Introduction** Anti N-Methyl-D-Aspartate receptor (NMDAR) encephalitis is an autoimmune disorder with a presentation that includes acute behavioral changes, psychosis, cognitive impairment and autonomic instability. In some cases, there are isolated psychiatric symptoms without neurological involvement.

**Aims** To raise awareness of the disorder among psychiatrists, considering it a differential diagnosis in a first psychotic episode since a prompt diagnosis and treatment can dramatically affect the outcome.

**Objectives** To summarize the latest literature about this field and to present a case report.

**Methods** A brief review of the latest literature was performed on PubMed using the keywords "anti N-methyl-D-aspartate receptor encephalitis", "anti-NMDA encephalitis", "psychiatric symptoms".

**Results** A 20-year-old male was admitted to our inpatient unit with bizarre delusions of grandiose and religious content, somatic hallucinations, sleep cycle inversion and strange behaviour. These symptoms had been present for 1 week and remitted after 10 days of treatment with risperidone. On follow-up, he developed anhedonia, apathy and blunt affect. Brain MRI showed multiple hyperintense changes in T2 and T2-FLAIR, highly suggestive of demyelinating lesions. The cerebrospinal fluid showed mild lymphocytic pleocytosis, mildly increased proteins, oligoclonal bands

and anti-NMDAR antibodies of intrathecal production. He was treated with corticoids and the antipsychotic was discontinued. No neurologic symptoms were ever present.

**Conclusion** This is an atypical case of anti-NMDAR encephalitis because of its isolated psychiatric presentation. Most patients develop neurological symptoms 2 to 3 weeks after onset of psychiatric symptoms. Monosymptomatic syndromes arise in less than 5% of patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1939>

### EV955

#### A phenotype of resiliency? Cross-sectional psychobiological differences between caregivers who are vulnerable vs. resilient to depression, and controls

F.S. Bersani<sup>1,\*</sup>, O. Wolkowitz<sup>2</sup>, E. Epel<sup>2</sup>

<sup>1</sup> Sapienza university of Rome, department of neurology and psychiatry, Roma, Italy

<sup>2</sup> University of California San Francisco, department of psychiatry, San Francisco, USA

\* Corresponding author.

**Introduction** Being a caregiver of chronically ill children is a source of chronic-psychological stress affecting general physical and mental health. However, there is tremendous variance among caregivers: some may develop stress-related depression, whereas others are more "resilient". The objective of the study was to phenotypically differentiate on psychobiology caregivers who developed depressive symptoms ("vulnerable") vs. those who did not ("resilient") from each other and from age-matched controls.

**Methods** Forty-five mothers of chronically-ill children and 18 controls have been examined. Caregivers were divided via a median split of Center for Epidemiological Studies Depression Scale scores in "resilient" (RCs) and "vulnerable" (VCs). We assessed cognitive, affective, metabolic, neuroendocrine and oxidative markers at rest and in response to a laboratory social stressor. ANCOVAs and Bonferroni post-hoc tests were used to examine between-group differences.

**Results** Although RCs compared to VCs had similar levels of objective parenting-related burden ( $P=0.51$ ), they had lower subjective distress ( $P<0.01$ ) and higher levels of positive affect ( $P=0.04$ ). Although RCs compared to controls had higher levels of objective parenting-related burden ( $P=0.04$ ), they had greater cortisol suppression post-dexamethasone ( $P=0.05$ ), lower F2-isoprostanes/vitamin E ratio ( $P<0.01$ ) and lower fasting insulin levels ( $P=0.06$ ).

**Discussion** Our results suggest that caregivers with higher resiliency demonstrate more salutary stress-related functioning in comparison with less resilient caregivers and, more surprisingly, non-caregiver controls. These findings might be interpreted in the spirit of Nietzsche's quote "What does not kill me, makes me stronger" and of the idea that successfully overcoming adversity may be more psychobiologically beneficial than not having been exposed to any adversity.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1940>