

Aims Understand patients' awareness of their eligibility to register and cast their vote. Identify patients' interest in engaging in the voting process and strategies to overcome potential obstacles.

Methods A staff-assisted survey was undertaken in all mental health supported accommodation across Westminster prior to the general election in May 2015.

Results A total of 142 surveys were returned. Nine out of 10 surveyed believed they were eligible to vote; over half wanted to exercise their right to vote & if registered, a third felt they required assistance to vote.

Conclusions The majority of community patients were positively aware of the impending general election and their own eligibility to vote. Only half wanted to exercise their right to vote, which is lower than the general population. As a third of the patients requested assistance for voting, this shows us that there are potential barriers impacting on their ability to exercise their right to vote. Staffs have an important role in promoting patient's right to vote by providing assistance with both the registering and voting process.

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EV665

Knowledge and uptake of voting rights by psychiatric inpatients in Westminster, London during the 2015 UK general election

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Introduction Being able to vote empowers people with mental illness to have a political voice and promotes social inclusion. Evidence shows that patients with mental illness are less likely to vote compared to the general population.

Objective This study explores the knowledge and uptake of the voting rights of adult patients in a psychiatric hospital in the 2015 UK general election.

Aims To understand patients' eligibility and intentions to vote during the 2015 UK general election. To establish what assistance patients may require in order to vote.

Methods A staff-assisted survey was undertaken in all mental health wards in the Gordon Hospital, Westminster prior to the general election in May 2015.

Results A total of 51 surveys were returned. Seventy-five percent thought they were eligible to vote, and 47% had already registered. Of those that had not yet registered, 37% wanted staff support to do so. Fifty-seven percent of the respondents intended to vote and of those 9 out of 10 intended to vote in person. Twenty-six percent of those intending to vote identified needing assistance in this process.

Conclusions The majority of inpatients were aware of their eligibility to vote. Over half of the respondents planned to vote, which is lower than the UK average. As 1 in 4 patients intending to vote requested support, this suggests potential barriers impacting on their ability to exercise their right.

Multidisciplinary teams can provide valuable assistance to patients in the voting process in many ways, including information provision, organisation of leave and providing staff escort.

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Percussions of different types of media on children's behavior

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Background The media has been around for ages, but what we experienced growing up is worlds away from what our children are growing up with today. Media is a double ended weapon that not only can be of priceless value for children if used in moderation but also it could have a tremendous negative impact on their lives.

Objectives Highlighting the positive and negative percussions of media on children's behavior.

Summary The first 2 years of life are considered a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, and interacting with parents and others, which encourages learning and healthy physical and social development. As kids get older, too much media time can interfere with their activities such as being physically active, reading, doing homework, playing with friends, and spending time with family. So, while using media in moderation could be very beneficial for education, entertainment, and communication with others of different cultures, it could be very dangerous in encouraging risky behavior as substance abuse, violence, and unhealthy eating habits.

Conclusion Because it is always a matter of quality time and not the quantity of time spent by our children using different types of media, it is so important for caregivers to monitor media content and set viewing and interacting limits for their children and share them in their healthy interests to ensure that our children will not be left on their own in an unknown and potentially risky media world.

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A systematic review of the prevalence and incidence of neuropsychiatric conditions in populations with traumatic brain injury

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Introduction The relationship between traumatic brain injury and neuropsychiatric conditions has a strong clinical link. Despite significant clinical presentations, there has been a limited focus on quantifying the association between traumatic brain injury and psychiatric disorders.

Objectives To conduct a systematic review to determine the prevalence and incidence of neuropsychiatric conditions in patients with traumatic brain injury.

Aims To determine the association between traumatic brain injury and psychiatric illness.

Methods A systematic search was made of Medline, PsycINFO, EMBASE and article bibliographies. Search terms for rates of psychosis, mood disorders, anxiety conditions, organic personality disorder, neuropsychiatric disorders, neuro-behavioural disorders, aggression, dementia and frontal lobe disorder were utilised. We followed MOOSE criteria and did not apply temporal limits.

Results There were 845 relevant searches in total. After exclusion of duplicates, case reports, case series reports, letters, reviews, commentaries, systematic reviews, and editorials there were 143 relevant abstracts identified. This was further reduced to a review of 48 full text papers. We identified prevalence rates of depression between 6.9–62.5%, mania of 9–12.5%, PTSD 1.9–50%, aggression 28.4–57%, anxiety disorders 6–63% (including GAD 8–9%, agorapho-

bia 2–6%, panic disorder 9%, social phobia 1%) insomnia 11–29%, personality change of 33.3%, dementia 8.16% and substance use 3–8%.

Conclusions We have identified significant rates of neuropsychiatric morbidity in patients with traumatic brain injury. We have particularly identified limited research studies into psychosis, mania, dementia and personality disorders in this patient group. The review further emphasises the importance of identifying neuropsychiatric comorbidities in post-traumatic brain injury and the importance of addressing these comorbidities.

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One risk factor of depression disorder in Chinese women

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Background The prevalence of major depressive disorder (MDD) is higher in those with the unemployed and those with low social status. Most of the available data comes from studies in developed countries, and these findings may not extrapolate to developing countries. However, the extent of unemployed status cause MDD is unclear. This study seeks to determine whether depressive disorder is associated with unemployment and to further investigate the relationship between occupation, and social class in Han Chinese women with MDD.

Method Data came from Oxford and VCU Experimental Research on Genetic Epidemiology (CONVERGE) study of MDD (6017 cases, age between 30 and 60; 5983 controls, age between 40 and 60). DSM-IV depressive and anxiety disorders were assessed using the World Mental Health Composite International Diagnostic Interview. All subjects were interviewed using a computerized assessment system. All interviewers were trained by the CONVERGE team for a minimum of one week. The interview includes assessment of psychopathology, demographic and personal characteristics, and psychosocial functioning.

Results The odds ratio (OR) between employment and MDD is 0.69. An OR of less than one is protective. Lower social class is not associated with an increase in the number of episodes, or with increased rates of comorbidity with anxiety disorders.

Conclusion This study suggests that in Han Chinese women, employment is positive protect factor to MDD. Lower social status and unemployment increases the risk and severity of MDD. In China, lower socioeconomic position is associated with increased rates of MDD, as it is elsewhere in the world.

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Ethics and psychiatry

EV669

Involuntary hospitalization in a mental health unit in 2014

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Objectives Deliver a detailed analysis of the mental distortions, which led to involuntary hospitalization in a mental health unit in 2014 and their gender distribution.

Method We analyze the total number of hospitalizations in our mental health hospital unit. From the patient registry, we extract the type of hospitalizations (voluntary or involuntary), the diagnosis and the gender.

Results In our analysis, we find a total of 315 hospitalizations. One hundred and fifty-nine (50.48%) of them are voluntary, 150 (47.62%) are involuntary and 6 (1.90%) are a result of a judicial order. From the total involuntary hospitalizations, 81 patients were diagnosed as psychotics disorders (60%), 34 (25.18%) affective disorders, 11 (8.14%) personality disorders, 3 (2.22%) adaptive disorders, 2 (1.48%) mental retardation and 2 (1.48%) autism spectrum disorders.

Conclusions According to article 763 of Spanish Procedural Law (Ley 1/2000 de Enjuiciamiento Civil) from the 7th of January: "The hospitalization of a person due to mental disorders who is not in a condition to decide for himself/herself, even should he/she be a subject to parental authority or guardianship, shall require court authorization, which shall be obtained from the court of the place of residence of the person affected by such hospitalization." For this reason the involuntary admission is considered as an exceptional and necessary measure, which is limited in time.

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Ethical aspects of involuntary outpatient treatment

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Introduction Involuntary outpatient treatment (IOT) is a type of non-voluntary treatment applied in the community, which tries to ensure the therapeutic compliance of patients that have a severe mental illness.

In Spain, a specific legal regulation about this matter does not exist; however, it is a fact in clinical practice. The application of IOT is not without controversy, with advocates, who consider it a way of achieving therapeutic compliance, and detractors, who think it is an infringement of the fundamental rights of a person.

Objectives/methodology An evaluation of the knowledge on IOT in Spain. Analyze the four ethical principles found in this treatment.

Results The protection of the patient is encompassed in the principle of beneficence. And how could we combine this with the principle of autonomy? The answer should be individualized and based on a determined disorder. Starting with non-maleficence, we ask if IOT would provoke a rejection so that the patient would distance himself further from the therapeutic environment. As for the principle of justice, the high cost by patients that do not comply with the treatment would be diminished if we are able to have them follow the treatment with higher effectiveness. This would allow a greater number of patients to access these resources.

Conclusions The proposal of IOT should be preceded by a deliberative process. This process should include a psychiatric diagnosis that includes not only psychiatric aspects, but psychological, familial and social as well. This would compel us to create a personalized design of the therapeutic needs of each patient.