

healthcare are an essential part of transforming health systems. Simulation training is one tool by which such training can be delivered, in contrast to traditional teaching methods. However, simulation training can be high-cost and clarity over the impact is required.

Aim To compare simulation training for integrating mental and physical health to role-play and didactic teaching, on their effect on confidence, knowledge, and attitudes of participants.

Methods Participants in simulation training ($n = 24$) and role play plus didactic teaching ($n = 87$) both completed self-report measures of confidence and knowledge in working with mental and physical health needs, as well as the Readiness for interprofessional learning scale (RIPLS) collecting attitudes towards interprofessional collaboration. All participants also completed post-course qualitative feedback form with open questions.

Results T-tests found statistically significant increases in confidence and knowledge following both educational interventions. T-tests showed statistically significant increases in attitudes to interprofessional collaboration (RIPLS) following simulation training, while there were no statistically significant changes after role-play and didactic teaching. Thematic analyses of post-course open questions demonstrated differing learning outcomes.

Conclusions Simulation training appears to have a different and beneficial impact to role play and didactic teaching alone, when training participants on integrating mental and physical health.

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Mental health simulation training in psychiatric skills for police and ambulance service personnel

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Introduction UK healthcare policy has highlighted a shift in mental health services from hospital to community, stressing the importance of training for professions not traditionally associated with healthcare. Recommendations have been made to introduce training for the police force designed with experts. Similarly, the value of further training for ambulance clinicians in assessing mental health, capacity, and understanding legislation has been highlighted.

Aims To investigate the effect of simulation training on the confidence, knowledge, and human factors skills of police and ambulance service personnel in working with people experiencing mental health conditions.

Methods On completion of data collection from 14 training courses, approximately 90 police and 90 ambulance personnel ($n = 180$) will have completed the human factors skills for healthcare instrument, confidence and knowledge self-report measures, and post-course qualitative evaluation forms. A version of the hfshi for non-clinical professions will hopefully be validated following data collection. Results will also be compared by profession.

Results Analyses have not been fully completed, although preliminary statistical analyses demonstrate promising findings, with increases post-course for human factors skills, confidence and knowledge. Furthermore, qualitative feedback initially illustrates valuable learning outcomes and interesting findings from comparisons by professions.

Conclusions Mental health simulation training appears to have a promising impact on the confidence, knowledge, and human factors skills of police and ambulance personnel for working with people experiencing mental health conditions.

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A Proposal of an innovative program for informal caregivers of patients with mood disorders

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Introduction Intervention with informal caregivers (IC) of psychiatric patients is internationally recognized as relevant and a priority. However, the existing responses in this area are still insufficient, especially regarding caregivers of individuals with mood disorders (MD). Mindfulness and compassion focused therapy have proven to be an effective approach in stress reduction and in improving emotional and social well-being of caregivers of patients with other conditions. However, no studies testing these new approaches in IC of patients with MD have been carried out. The objective of this work is to present a research project that aims to develop, implement and empirically test the effectiveness of an innovative group program to help informal caregivers of individuals with mood disorders to cope with the negative impact of the disease and reduce caregiver burdens.

Methods The design of this experimental study to test the program's efficacy is a non-randomised controlled trial (nrct) with 12 months follow-up, with a mixed assessment methodology (quantitative and qualitative analysis). A sample of 60 informal caregivers of individuals with chronic MD will be constituted ($n = 30$ Control group; $n = 30$ Experimental group).

Results We expect the program to promote significant changes in participants in terms of several emotional variables (eg: burden, stress, resilience, compassion and quality of life).

Conclusions Further efforts to continue studying the impact of interventions in caregivers should be carried out, as a way to improve the quality of life of caregivers and their ability to provide informal care to MD patients.

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Help-seeking for sleep problems among psychiatric outpatients

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Introduction Though sleep disturbances are common among psychiatric patients, some patients may trivialize their problem and not discuss it with their doctors. This study thus aimed to assess patient profile that is associated with help seeking for sleep problems among psychiatric patients.

Methods Outpatients from a tertiary psychiatric hospital were recruited for this study ($n = 400$). The pittsburgh sleep quality index was administered to identify cases of probable insomnia, and daytime impairment due to sleep disturbances was recorded. Participants were asked if they have ever consulted a doctor or any health professionals for their sleep problems. Sociodemographic information was recorded and clinical profile was obtained

from the patient's medical records. Multivariate logistic regression was used to examine correlates of help-seeking behaviour among patients with probable insomnia.

Results 275 cases of probable insomnia were identified. Among this group of patients, 38.9% had never sought help for their sleep problems. Participants who were single were less likely to seek help as compared to those who were widowed/separated/divorced (OR= 0.319, $P=0.023$). Having a comorbid psychiatric condition was independently associated with increased odds of help seeking (OR= 1.952, $P=0.027$). Participants who perceived greater daytime impairment due to sleep problems were more likely to seek help (OR= 1.465, $P=0.007$).

Conclusions The majority of psychiatry patients with sleep problems sought professional help, though there remained a substantial group that did not do so. There is a need to educate and create awareness of potential sleep problems among psychiatric patients, and to inform them of the availability of treatment.

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Did we have in history a chronomusicotherapy?

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Andalusian music is the name of the classical music in Morocco. It grown in Andalusia, but we still find it just in Morocco and some other countries of North Africa. A music that related with soufisme and Marestans: hospitals at that era. A music which is also called "al-Ala" means the machine. It has 24 "Naoubas": rythme as much the hours of the day and each Naoubas can be played in just an hour in the day.

It was played for patients in Marestans. This music was played by all the factions of the great Morocco (actual Morocco and Spain) society: including Muslims, Christians and Jews, with a variety of instruments this music did imposed itself, and still one of landmarks of Morocco.

We will talk about the specificities and also the particularities of this kind of chronomusicotherapy.

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Mental health in republic of moldova: The way from in-patient to community-based care services

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Introduction The history of mental health in Moldova has been centered on psychiatric institutions. Current reform goals are centered on the reduction in psychiatric hospital beds, shifting the focus towards outpatient therapy, where community mental health centers have a central role in coordinating recovery and social reintegration.

Objectives to collect different data according guidance for establishing a situational analyses about Moldova.

Methodology we elaborated a guidance with outline: the historical perspective:

- a. back a 5–10 years events/developments; epidemiologic data;
- b. the service delivery system;

- c. mental health system: laws/regulations, role of the government as well as civil organizations, mechanisms for data collection, monitoring of performance, costs, quality of care and outcomes;
- d. opportunities, barriers, and needed changes/innovations needed to address these.

Results The current focus is on moving from a relatively centralized system towards a more community-based approach to psychiatric care and community supports, as well as deinstitutionalization and integration of mental health care with primary care. Besides over reliance on institutionalization, the Moldovan mental health care system faces other challenges, including access to care, workforce limitations, and stigma.

Conclusion Looking forward, success in these efforts will require continued strong political will to bring domestic law, policies and practices into line with international standards in the field of human rights for persons with disabilities. By supporting deinstitutionalization and improving the accessibility of mainstream services, more people will have the opportunity for social inclusion and the ability to contribute to the communities' social and economic growth.

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EV0617

Adapting the assertive community treatment (ACT) for the needs of different communities: A comparative case study of KUINA ACT Japan and Mt. Sinai ACT Canada

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In this workshop, we will present the assertive community treatment (ACT) model in both Japan and Toronto, Canada. We will compare the adaptations of ACT models in both teams in order to serve their target populations efficiently and effectively.

We will also compare the demographic data, clinical data and the outcomes of both ACT teams by analysing the hospitalisation days, number of emergency admission and the number of admissions into hospitals. We will also highlight differences in the mental health systems in Japan and Canada in an attempt to formulate guidelines to ensure the effectiveness of ACT Teams in both countries. We would also like to open up discussion with the audiences and incorporate their ideas and suggestions in an attempt to formulate a competent mental health system which would effectively cater to the needs of people suffering severe mental health symptoms to ensure successful integration into the community.

Learning objectives:

- To explore adaptation in implementation of ACT in Japan and Canada;
- to develop a framework or model for assessing issues critical in establishing ACT in different countries;
- to develop guidelines to establish programs which will continuously be revised implementation based on needs, systems and feedback from the field.

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