

Conclusions Good cognitive insight act as protective factor and reduce the impact of elevated BP on cognition. Cognitive insight may be a predictor of elevated BP.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2089>

EW0220

Fatigue and return-to-work in cancer patients: Association with work ability and quality of life

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Introduction Fatigue is a common and debilitating problem in cancer survivors. Research show that this symptom endures even in disease-free patients affecting quality of life. Returning to work is physically and emotionally demanding for this population and fatigue levels seems to predict the time taken to return to work and the ability of the worker.

Objective Our main objective was to explore the direct effect of the fatigue on work ability and quality of life of professionally active cancer survivors. Aims Fatigue levels, work ability and overall quality of life of survivors group were compared with a sample of individuals without cancer history. Relationship between fatigue symptoms and work ability and quality of life were examined within of the survivors group.

Methods This cross-sectional study included 57 cancer survivors and 57 controls ($n = 114$) and data was collected from two Central Hospitals of Portugal. Participants completed the Functional Assessment of Chronic Illness Therapy-Fatigue, the Work Ability Index and the Functional Assessment of Cancer Therapy-General.

Results Cancer survivors reported higher levels of fatigue than controls and worse work ability and quality of life ($P < .001$). Controlling the effect of the age and gender, fatigue of the cancer survivors group influenced negatively their overall quality of life ($\beta = -.315$, $P = .013$, $R^2 = .143$) but not their work ability.

Conclusions Although the fatigue has not affected directly the work ability of the cancer survivors, two years or more after the conclusion of the treatments, this symptom has a significant effect on the quality of life.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2090>

EW0221

Paediatric mental health training to school teachers in London, UK

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Introduction The British National Foundation for Educational Research poll found that two thirds of school teachers feel they lack the appropriate training to help identify mental health issues in pupils.¹ I contacted 10 schools in London and teachers gave similar responses to the above poll, stating teachers did not feel confident identifying or managing common mental health issues in children and adolescents aged 5–18.

Aim To deliver mental health training in a user friendly way to teachers and enable them to identify common mental health issues in young people.

Objectives Address underlying concerns teachers have regarding pupils mental health. Discuss strategies to manage common mental health issues.

Method I delivered a 2-hour training workshop to 25 teachers in two different schools in London, June 2016. The training included a lecture on emotional/behavioural and communication disorders in children. There was interactive discussion with teachers, discussing various scenarios, such as children becoming tearful, showing limited eye contact and displaying aggressive behaviour. We discussed how teachers were dealing with this and how better they could manage the situation.

Results I got excellent feedback from teachers, 100% of teachers found the training very useful and would like to have more training of this kind in the future. A multidisciplinary approach is needed to improve the management of mental health in young people.

Conclusions There is a gap in the knowledge teachers have on mental health within the young people and the stigma of mental health makes it more difficult for teachers to address these issues.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

¹ National Foundation for Education Research, <http://www.gov.uk/government/uploads/DFE-June2015>.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2091>

EW0222

Psychological characteristics of emotion control in physicians and teachers

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Introduction Emotional control can play positive role in professional growth. Are there any negative effects of emotional control on the professional activity of physicians and teachers?

Objectives and aims To reveal the specifics of emotional control in groups of physicians and teachers with different self-reported health levels.

Methods The study involved 160 physicians and 179 school teachers. Gender ratio and mean age in both groups were similar. The instruments used: SF-36 health survey and Ban on the emotional expression questionnaire.

Results In general, physicians, and teachers more often than control group controlled the expression of their emotions. Physicians in comparison with teachers were more likely to restrict both positive (joy) and negative emotions (sadness, anger). Teachers with a high level of health by SF-36 had a minimal ban on the expression of sadness ($P < 0.01$). The maximum level of the ban on the expression of anger ($P < 0.001$) and fear ($P < 0.05$) and an aggregated ban of emotional expression was revealed in teachers with average level of health by SF-36 ($P < 0.001$). Expression of joy in teachers was not directly related to the self-reported health level ($P > 0.05$). Physicians who showed the maximum ban on the emotion expressions reported only the low health level by SF-36 ($P < 0.05$). It was more related to the ban on joy, and less to the ban on anger.

Conclusions The revealed models of emotional expression control can strengthen both professional and everyday stresses in physicians and teachers. Different prevention programs are needed for these groups of professionals.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2092>