

psychological challenge, including leaving one's professional life and organizing/enjoying the newly available free time. The literature about retirement identifies different stages and patterns of transition/adaptation associated with time spent in retirement.

Objectives To analyze the association between time spent in retirement and subjective measures of mental health, depressive symptomatology, loneliness and satisfaction with life.

Methods Quantitative cross-sectional study with 641 participants ($M=74,86$). The instruments included: sociodemographic questionnaire; mental health inventory (MHI-5); geriatric depression scale (GDS); UCLA loneliness scale; satisfaction with life scale (SWLS).

Results Statistically significant differences in all the health and well-being variables addressed were found between subgroups of time spent in retirement (MHI-5: $P=0.001$; GDS: $P<0.001$; UCLA: $P=0.038$; SWLS: $P=0.022$). Mental health and satisfaction with life increases in the first year after retirement, but during the second year, they decrease to the levels found in pre-retirement. Loneliness and depressive symptomatology follow an inverted pattern. With the passing of years, loneliness and depression tend to increase; mental health and satisfaction with life tend to decrease.

Conclusions The results provide support to the hypotheses of honeymoon and disenchantment phases in the recently retired and to the existence of different patterns of transition/adaptation associated with time spent in retirement. They also highlight the relevance of devising intervention strategies that enable individuals to maintain the satisfaction levels with life and mental health achieved during the first phase of retirement.

Keywords Retirement; Mental health; Well-being

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

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EW0685

MINDing the gap: Service users' perspectives of the differences in mental health care between statutory and non-statutory organisations

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Introduction In the UK, almost 50% of illness diagnosed among working age adults is mental distress, depression and chronic anxiety being the two most prevalent illnesses. However, only 24% of those diagnosed receive appropriate interventions within the National Health Service (NHS). In light of this, third sector organisations, such as MIND, are left to fill the gap in providing therapeutic care. This paper reports on an evaluative study of what Mind offers as opposed to statutory services from a service user perspective.

Aim An exploration of the differences in mental health care between statutory and non-statutory organisations.

Objectives To identify how service users experienced MIND's counselling service. To establish the benefits and disadvantages of mental health care within statutory and non-statutory services. To identify the impact of mental health care from non-statutory services.

Method This qualitative research project, adopted a case study approach. Using one to one narrative interviews, data from 12 participants, five males and seven females were collected. Following transcription, each narrative was analysed individually, with thematic analysis being used across all 12 interviews.

Results Six themes were identified; mindful of the gap; easing like Sunday morning; magic moments; love is in the air; lighting up a future and changing the status quo.

Conclusion Mind plays a significant role in enabling those with psychological problems to move towards building a better future.

Findings suggest statutory services can learn important lessons from non-statutory organisations not least how best to provide cohesive, collaborative and compassionate mental health care for those in distress.

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EW0686

Acculturation strategies and severity of depression among Vietnamese migrants

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Aims Migration with its long-term changes and the resulting task to adjust to the new environment has been associated with an increased risk for mental health problems. This study aims to gain further insight on the relationship between the four acculturation strategies (integration, assimilation, separation, marginalization) and severity of depression.

Methods A total of $n=79$ first generation Vietnamese outpatients from a psychiatric outpatient clinic for Vietnamese migrants in Germany were investigated regarding self-reported depressive symptoms (patient health questionnaire-9) and acculturation (Stephenson multigroup acculturation scale; SMAS).

Results Patients with an integration acculturation strategy reported lower severity of depression compared to marginalized patients, who reported the highest severity of depression.

Conclusion The results implicate that the integration of both the mainstream society and the ethnic society might serve as a resource, whereas the rejection of both societies might increase the risk of depression.

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EW0687

Relationship between migration-stressors and self-reported symptoms of depression in an outpatient sample of Vietnamese migrants in Germany

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Introduction Vietnamese migrants under the influence of migration-related stressors (MRS) represent a vulnerable group within the mental health care system in Germany.

Aims First study examining the relationship between the quantity of experienced MRS and the severity of self-reported symptoms of depression in a Vietnamese outpatient-sample.

Methods 137 first-generation Vietnamese migrants diagnosed with depression were asked to complete the BDI-II and 24 questions about stressful experiences related to the migration process. Linear regression models were performed to examine the influence of the MRS-quantity on BDI-II total score and on BDI-II subscales (Buckley et al., 2001).

Results A higher number of experienced MRS was found to be related to a higher BDI-II total score, as well as to a higher score on the cognitive subscale in particular. Regarding the cognitive

depression-dimension the BDI-II items pessimism, past failure, guilt feelings, punishment feelings and suicidal thoughts were positively related to the MRS-quantity.

Discussion and conclusion A dose-response-relationship was found, with a higher number of MRS being related to a higher severity level of self-reported depressiveness as well as to a higher level of cognitive depression-symptoms in particular. The increase in suicidal ideations in the light of MRS-exposure is in line with findings from other migrant populations. Therapeutic interventions may focus (more) on depressive cognitions as a result of recurring MRS-experiences. Special attention should be placed on suicidal thoughts being boosted by MRS.

Keywords Migration related stressors; Depression; BDI-II; Vietnamese migrants; Suicidality

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EW0688

Impact of socioeconomic position and distance on mental health care utilization by incident users of antidepressants. A Danish nationwide follow-up study

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Introduction Equal access to health care treatment is a highly prioritized goal in most OECD countries. Timely access has become a priority too; in Denmark now with a 4-week deadline from referral to diagnosis. When mental health services become more centralized and allocation of patients to treatment further away from home become more common, it could have a negative impact on the goal of equal access.

Objective To determine the impact of socioeconomic position (SEP) and distance to provider on outpatient mental health care utilization among incident users of antidepressants.

Method A nationwide, Danish, register based, follow-up study on frequencies of contacts to out-patient psychiatric services, psychologist consultations supported by public funding and therapeutic talks by general practice.

Preliminary results Outpatient-psychiatric services were reached more often by patients in low SEP measured by income, but their frequencies of visits were less. Contacts to psychologists were less than half for patients in low SEP and less frequent too. Mental health service by GP showed low SEP associated with low contact. No difference in use of emergency or inpatient psychiatric services was found. Distance to provider showed interaction with SEP and contact to psychologist and frequencies of contact to outpatient psychiatrists. When distance increased by 5 km, contact to psychologist fell by 11% among lowest income group and frequencies of visits to outpatient psychiatrist fell by 5%.

Preliminary conclusion Lower SEP is associated with lower mental health care utilization. Increased distance to provider increases inequity in mental health service utilization.

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

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EW0689

Prevalence and associated risk factors of psychotic symptoms in homeless people in France

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Introduction Homeless people are more likely to have higher prevalence of psychotic disorders than general population. However, we know less about the prevalence of psychotic symptoms in this group.

Objectives To estimate the lifetime and current prevalence of psychotic symptoms and their correlates among homeless people living in the Paris metropolitan area.

Methods We analysed data from 839 homeless randomly selected for the "Samenta" survey that studied mental health and addiction problems in this population. The mini-international neuropsychiatric interview was used to assess psychotic symptoms. Separate multivariate logistic regression analyses were conducted to estimate the associations of sociodemographic characteristics (age, gender, education level and migrant status), early life experiences (sexual abuse, physical and psychological violence, substance use) and psychiatric disorders.

Results The lifetime prevalence of psychotic symptoms was 35.4% (95% CI=28.1–43.5) and the prevalence of current symptoms was 14.0% (95% CI=9.8–19.6) with no significant difference between migrant and native groups, after exclusion of subjects with a diagnosis of psychotic disorder (n = 145). In multi-adjusted models, childhood sexual abuse was associated with an increased risk of lifetime or current psychotic symptoms (OR > 4, P < 0.05). Early life psychological violence was strongly associated with the risk of lifetime psychotic symptoms in natives (OR = 6.33; 95% CI = 2.10–19.0), whereas alcohol misuse in adolescence was related to lifetime or current psychotic symptoms in migrants (OR = 3.34; 95% CI = 1.20–9.37).

Conclusion Homeless people are at higher risk of psychotic symptoms compared to the general population in France. Our findings are consistent with the hypothesis that childhood abuse is an important risk factor of the psychosis continuum.

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

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EW0690

The Italian admission experience survey: A factor analytic study on a sample of 156 acutely hospitalized psychiatric patients

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Introduction The admission experience survey (AES) is a reliable tool for measuring perceived coercion in mental hospital