Conclusions: The results point to the need to develop novel evidence-based service delivery models so that the basic mental health needs of the population are met. Two such models are discussed.

P0269

Prevalence and risk factor of psychiatric disorders in primary care immigrants relative to autochtonous patients

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Objectives: To calculate the prevalence of mental disorders (anxiety, depression and psychosis) in the immigrant population compared to autochtonous population in primary care, exploring the predictive value of socioeconomic and demographic factors in the outcome.

Methods: In a cross-sectional, prevalence study, a sample of 200 immigrants and 200 autochtonous individuals attending primary care were evaluated with the Mini International Neuropsychiatric Inventory, the Goldberg Anxiety and Depression Scale, the General Health Questionnaire, and a demographic information sheet.

Results: Immigrants showed higher levels of psychopathology relative to autochtonous patients for most mental disorders. Socioeconomic and demographic factors, particularly those related to the immigrant's living and work condition were positively correlated with psychopathology. Rates of some mental disorders in the immigrant group exceed the expected levels to the extent that the findings may be spurious.

Discussion: Immigrants are at greater risk for developing a mental disorder, however this would in part appear to be a result of socioeconomic and demographic factors. It may be the case that the elevated rates of immigrant psychopathology may in part be a function of error due to the lack of cultural equivalence of the instruments employed. Further study is required to clarify these points.

P0270

Perceived discrimination and psychopathology in a population of migrants

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Background: The relationship between immigration and the secondary development of psychopathology remains unclear. Studies have raised contradictory findings, although it generally found that migrants face a higher level of stress than general population. This stress consists of different factors, of which ''perceived discrimination'' would appear to be the most significant. Clinical experience indicates that there may be an association between the intensity of stress related to perceived discrimination and mental disorders, of which anxiety and affective disorders are the most frequent. This study evaluates the relationship between perceived discrimination and anxiety and affective disorders.

Method: The data was drawn from a multicentric, observational, cross-sectional study comparing psychopathology in migrants relative to the autochthonous population attending primary care health centres in Catalonia (Spain). 150 individuals from each cohort were evaluated with the MINI international Neuropsychiatric Interview and the Perceived Discrimination subscale of the Barcelona Immigration Stress Scale. A first step compared scores on anxiety and affective disorders between the two groups. In the second step, multivariate analyses were carried out to determine if perceived discrimination and sociodemographic factors were correlated with the presence of anxiety and affective disorders.

Results: Immigrant patients were found to have higher levels of both anxiety and affective disorders relative to the autochthonous population. Perceived discrimination was predictive of psychopathology, and also moderated the impact of certain sociodemographic characteristics such as legal status.

P0271

Metabolic syndrome in psychiatric inpatients

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Background/Aims: The metabolic syndrome is associated with an increased cardiovascular comorbidity and mortality. Many epidemiological studies prove an increased prevalence of the metabolic syndrome among psychiatric patients compared to the general population.

Methods: In this on-going naturalistic observational study carried out in an inpatient treatment setting we as yet surveyed the parameters of the metabolic syndrome in 188 psychiatric patients at admission and at discharge. According to the NCEP definition at least three of the five following criteria have to be fulfilled for diagnosing the metabolic syndrome: visceral adipositas (waist circumference: male > 102 cm; female > 88 cm), diabetes mellitus (fasting glucose > 110 mg/dl), arterial hypertonia ($\geq$130 mmHg systol., $\geq$ 85 mmHg diastol.), elevated triglycerides ($\geq$ 150 mg/dl), reduced HDL cholesterol (male< 40 mg/dl; female< 50 mg/dl).

Results: At discharge we found significantly more patients with visceral adipositas (p=0.0001) and elevated triglycerides (p=0.014) compared to the time of admission. A significantly higher percentage of female in comparison to male patients were diagnosed a metabolic syndrome. Higher age was associated with a higher prevalence of the metabolic syndrome (p=0.001, N=186).

Conclusions: Our results demonstrate a deterioration of parameters of the metabolic syndrome in the course of an inpatient treatment. As visceral adipositas constitutes an essential risk factor for metabolic and cardiovascular diseases, an uncomplicated and easily manageable measurement of visceral body fat percentage would be desirable. In a pilot study we are evaluating the informative value of visceral body fat percentage as measured by a body composition analyzer.

P0272

Peculiarities of suicidal behavior of Minsk residents

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Minsk population runs to 1 770 000 residents. Rather high numbers of suicidal activity were typical for Minsk, for instance, 19,7 per 100,000 people in 2003 and 15,7 per 100,000 people in 2004.

Minsk is the largest industrial and cultural center Republic of Belarus, in him live 1 770 000 people. City Minsk haven't a heavy figures of suicidal activity (2003-19,7 cases per 100 000 people, 2004 - 15,7 cases per 100 000 people).

To prevent suicide in Minsk a suicidal activity monitoring was conducted during two years (2005-2006) ; it included registration of all cases of suicide and parasuicide. The monitoring allowed to identify main forms of suicidal behavior, suicide methods, and sex and age-specific characteristics of suicide.

It was revealed that among parasuicides prevailed women (53% of all parasuicides in 2006, 58,4% in 2005), aged 20-39 (64,6% of all parasuicides in 2006, 63% in 2005); main type of parasuicide is medicines poisoning (30% of all in 2006, 33,8% in 2005). It was established that 5 people of those who committed a parasuicide later committed suicide.

Among suicides prevailed men, aged 40-59 year. Main type of suicide was hanging, 85% of all cases.

The monitoring allowed to develop a strategy for prevention of suicidal behavior. The following activities were implemented:

- Implemented control of psychoactive drugs use
- Organized collaboration with mass media

Seminars for general practitioners were conducted with the aim of revelation of psychopathological disorders.

P0273

Do mental health services meet users' needs?

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Objective: Clients' satisfaction with mental health service is one of necessary conditions of good treatment outcomes. The aim of the study was to investigate satisfaction with treatment and it's dependency of users' needs and their subjective quality of life.

Methods: The sample of 174 out-patients with schizophrenic, affective, anxiety, eating and personality disorders were assessed with the Brief Psychiatric Rating Scale (BPRS), the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), Manchester Short Assessment of Quality of Life (MANSA) and the Client's Scale for Assessment of Treatment (CAT).

Results:

1. The mean result of CAT was 8,2 [SD=1,5] and the half of patients assessed their satisfaction with treatment between 7,2 and 9,2 (on 1-10 scale). Persons with eating and personality disorders were the least satisfied with services.
2. The highest numbers of met/ total needs were connected with health and unmet needs with social area. Total unmet needs of persons with schizophrenic, eating, personality and affective disorders were significantly higher than among patients with anxiety disorders.
3. Persons with personality, affective and eating disorders had significantly lowest subjective quality of life.
4. Satisfaction with treatment had negative correlation with unmet needs (mostly health and service needs), intensity of depressive/anxiety symptoms and positive correlation with subjective quality of life.

Conclusions:

1. Social needs were the most often unmet from patients' point of view.
2. The higher unmet needs and more intensive symptoms of depressive/anxiety were, the less patients were satisfied with treatment and the lower they assessed their quality of life.

P0274

The prevalence of posttraumatic stress disorder and its symptoms eight months after the earthquake among Bam survivors: An epidemiological study

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Bam earthquake in December, 2004 was one of the most devastating disasters in the world. It affected a total population of 970000 and decimated over 35000 people. This study aimed to determine the prevalence of full or partial posttraumatic stress disorder (PTSD) and its symptoms in a sample of survivors of Bam earthquake.

This cross-sectional study included 786 people in randomly selected households through cluster sampling eight months after the earthquake. Subjects were assessed by the Composite International Diagnostic Interview (CIDI).

About 98 percent of the respondents were exposed to one or more traumatic life experiences. The most severe traumatic experience in 87.2 percent of the subject was witnessing others injuries or corpses. The lifetime prevalence of PTSD was 59.1 percent. Partial PTSD (having some PTSD symptoms without fulfilling the minimum criteria) and current PTSD had prevalence rates equal to 20.2 and 51.9 percent, respectively. There was not a significant difference between men and women with regard to prevalence of PTSD and its symptoms. "Numbness and avoidance" was the least prevalent and "reexperience" the most prevalent symptom groups.

PTSD is highly prevalent in Bam earthquake survivors that warrant implementing community-based interventions for the disturbed population.

P0275

Associations between individual mental health and the local social environment: A multilevel analysis

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Background/Aims: To derive small-area, or contextual, measures of the local social environment using benefits data from the UK Department of Work and Pensions and to investigate whether (1) the mental health status of individuals is associated with contextual measures of low income, economic inactivity, and disability, after adjusting for personal risk factors for poor mental health, (2) the associations between mental health and context vary significantly between different population sub-groups.

Methods: Data from the Welsh Health Survey 1998 were analysed in multilevel Normal response regression models of 24,975 adults aged under 75 years living in 833 wards in Wales (mean population 3,500). The mental health outcome measure was the Mental Health Inventory (MHI-5). The age-standardised ward-level benefits data available were the means tested Income Support and Income-based Job Seekers Allowance, and the non-means tested Incapacity Benefit, Severe Disablement Allowance, Disability Living Allowance and Attendance Allowance.