tion, self-esteem and support, were chosen by the participants and discussed at each weekly session.

Results　　In the discussion groups, the students were able to exercise care based on the exchange of knowledge with the patients who use the service. The ties established in each session enabled the identification of the specific needs of each individual, such as the desire to learn how to improve one's self-esteem, and the active participation of the patients.

Conclusions　　The experiences assisted the students in developing the role of the nurse as an educator. The group actions underscored the importance of the skill of health education among nurses.

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

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EV0637

Specialist clinic dedicated to chronic mental illness and metabolic monitoring

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Introduction　　People with serious mental illness exhibit higher morbidity and mortality rates of chronic disease than the general population. A significant proportion of premature deaths has been related to modifiable cardiovascular risk factors and may be related to medications taken for mental illness.

Objectives　　Establish a clinic for a cohort of patients with chronic mental illness dedicated to monitoring physical health focusing on modifiable risk factors.

Methods　　Patients with chronic mental illness taking psychotropic medications long term were invited to attend clinic. The following areas were examined: History focusing on current mental state, cardiovascular history assessing diet, exercise, personal and family history of cardiovascular disease, Exam including waist circumference, BP, pulse, ECG and calculation of BMI. Laboratory tests including HbA1c, Lipid profile, and other tests as appropriate such as serum lithium. Examination for tardive dyskinesia (Abnormal Involuntary Movement Scale (AIMS)), outcomes, (Health of the Nation outcome scale (HoNos)) and quality of life (WHOQOL-Bref) were performed also performed as additional indicators of global health.

Results　　Sample consisting of 47 patients. Mean age 56.1 (SD: 13.6) males 27 (60%). Mean years of illness 23.1(SD:12.2). Mean HoNos 2.7 (SD 2.5). Four cases prolonged QTc, 5 HbA1c > 6% (2 no prior record of elevation); 18 abnormal lipid profiles, (12 no prior record of elevation); 4 blood pressure readings ≥ 140/90, 3 no prior diagnosis of hypertension; 18 BMI > 25.

Conclusions　　This is a newly established clinic. Preliminary results have highlighted modifiable risk factors some of which may represent new diagnoses. Close liaison with General Practice is of importance.

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

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EV0638

Quality of life in people with chronic mental illness

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Introduction　　An association between chronic mental illness and significantly reduced quality of life in relation to the general population is speculated in the literature internationally.

Objectives　　To investigate the quality of life of people with chronic mental illness taking psychotropic medication living in the community and attending the Mental Health Services of Sligo town.

Methods　　Review of data including demographics, diagnoses and World Health Organisation Quality of Life Bref scale (WHOQOL-Bref) scores from consecutive patients attending specialist outpatient clinics dedicated to the care of people with chronic mental illness. Raw scores for each WHOQOL-Bref domain were converted to transforme scores in the range 0–100 for ease of comparison with other validated instruments tools.

Results　　Total number of patients: 47. Mean age: 56.1 (SD: 13.6), males: 27 (60%). Mean years of illness: 23.1 (SD: 12.2). Primary psychiatric diagnosis: psychotic disorders 26 (57.8%), mood disorders 16 (35.6%), others 3 (6.6%). WHOQOL-BREF Domain transformed scores: physical health mean: 68.1, SD: 19.92, psychological health mean: 68.2, SD: 19.62, social relationships: 66.2, SD: 21.44, environment: 76.8, SD: 19.5.

Conclusions　　Quality of life is a complex multidimensional entity and its assessment relies on subjective reporting and analysis as supported by validated instrument tools. Our results suggest that quality of life is reasonably high among this cohort of patients, contrasting much of the current literature in similar populations. The mean score for social relationships was lower than other domains. This may suggest that a lack of socialisation may be associated with chronic mental illness and identifies a clinical focus for improvement of quality of life.

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

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Correlation between resilience with aggression and hostility in university students

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Resilience as a capacity to withstand stress and calamity is one of the important components of mental health and aggressive is a negative behaviour that can threaten human health. So, the purpose of this study was to investigate the correlation between resilience with aggression and hostility in university students. The research method is correlation, 155 university students were selected by convenience sampling method and responded to Corner & Davidson resilience questionnaires and Boos & Perry aggression and hostility questionnaire. The data were analysed by correlation formula. The results showed that there is a significant and negative correlation between resilience with aggression and hostility, which means when the score of resilience is high, people's aggression and hostility decreases. Therefore, it is recommended to increase the resilience of people by specific teaching programs to reduce the basis of aggression and hostility.

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

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