

Young people with Asperger's syndrome and/or ADHD face major challenges in their lives affecting their quality of life and general well-being.

The aim of this study was to investigate factors that associate with positive mental health (flourishing) among young adults with neuropsychiatric disorders.

The sample consisted of 188 young adults with diagnosis of Asperger's syndrome (AS) (F84.5) and/or ADHD/ADD (F90). They participated in the one-year "My Way" rehabilitation programme organized and funded by the social insurance institution of Finland. Baseline questionnaires included measures on positive mental health (SWEMWBS), provisions of social relationships (SPS), social competence (MASC) and questions about functional capacity and leisure time activities. Information on diagnosis was received from doctors' statements.

Of the study participants, 35% had a comorbid mood, anxiety or stress-related disorder (F30–F40). Among those, 14% had low, 79% moderate and 7% high positive mental health (flourishing). Higher rate of physical activity was associated with flourishing. Furthermore, flourishing was associated with high level of provisions of social relationships, social competence as well as good general functional capacity. No association was found with engagement in employment or education, or having the diagnosis of AS, ADHD/ADD or a comorbid psychiatric disorder (F30–F40).

People with psychiatric disorders experience high positive mental health, too. Social relations, social competence and general functional capacity play an important role in mental well-being of young adults with neuropsychiatric disorders. Supporting them may help in reaching also other goals set for the rehabilitation, such as capacity to work or study.

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EV1011

Resilience, pain and quality of life in people with physical disabilities: A systematic review

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Introduction More than a thousand million people live with a certain type of disability over the world (more than a 15% of the population worldwide). In Spain, 2.5 millions of people suffer from a physical disability. Disability can be understood as an interaction of the individual's health condition (disease, illness. . .) and his/her environmental and personal factors. Resilience could be included as a powerful personal factor, which would play a major role in the individual's quality of life. Resilience can be defined as a universal basic capacity to prevent, minimize or overcome life's adversities, even reaching a change in the life of the individual.

Aim To determine the association among resilience, pain and quality of life in people with physical disabilities.

Materials and methods An electronic search of several databases (Psycinfo, Medline, Pubmed. . .) was performed using the terms resilience, physical disability, and physical illness among others.

Results – Pain and resilience show an important relationship. Factors as acceptance, pain beliefs and self-efficacy are directly related with a lower pain interference.

– Resilience and quality of life show a strong positive relationship.

Conclusion Several factors are related to resilience in people with physical disabilities. Resilience seems to be an important capacity that helps individual with physical disabilities overcome adversities. Further analyses are required.

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EV1012

The therapeutic handling of a mental health promotion group: The therapist role in the Communitarian Mental Health Group

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Within the mental health promotion field, communitarian and group-based interventions are significant and viable approaches. One of the features of group studies is the therapeutic group handling, provided by the group therapist, which influences the therapeutic potential and development of the group. The communitarian Mental Health Group (CMHG) is an innovative intervention for promoting mental health, developed and researched for 18 years, in Brazil. The activity's goal is to promote the attitudes of attention and understanding over day-by-day experiences, as resources of mental health promotion. This research goal was to investigate and understand the therapeutic group handling provided by the CMHG's therapist and its connections to this specific group's characteristics. The corpus was built by the transcriptions of six groups. To each group session, all the therapist's interventions were analyzed in the context in which they happened. Later, those sessions were horizontally analyzed, as a mean to identify common aspects of the CMHG's therapeutic handling, which resulted in the elaboration of three main categories: framing–includes interventions which the therapist organizes the setting; providing keys–includes interventions which the therapist provides key concepts and encourages the participants to adopt certain attitudes, so that they can understand and interact with the assignment; Understanding the gesture–includes the interventions which the therapist stresses the gestures underlying the participant's communication. This research pointed that the therapeutic handling of CMHG is different from traditional models, and that it is related to its theoretical and methodological approach.

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EV1013

The Communitarian Mental Health Group: Promoting mental health through daily experiences in Brazil

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In Brazil, the mental health field has been the scenario of many transformations, among them, the recognition of community and group-based interventions as significant approaches concerning mental health promotion. These approaches regard the interpersonal relationships as a resource to individual's mental health care and the construction of a helping network. This study aimed to present and describe the Communitarian Mental Health Group (CMHG), an innovative intervention developed and studied in Brazil for 18 years. To accomplish that, a study of previous researches about this intervention was conducted, including the analysis of a book published in 2014. The activity goal is to promote mental health through the attitudes of paying attention, understanding

and sharing everyday experiences, as resources for personal development and mental health care. It is an open and heterogeneous group, in which participants interact among them aiming mutual help. Each group session lasts 1 h 30, and each session is divided into three phases: sharing experiences with cultural elements considered meaningful to the goals of the group; sharing everyday experiences; sharing what was significant from that session, according to the participants. One of the premises is that taking care of our mental health belongs to the scope of the human being and it is not restricted to patients. Daily experiences are significant resources for mental health promotion and for the construction of a helping communitarian network among participants, bonded through the sharing of their quotidian. The CMHG represents a mental health promotion intervention able to complement other kinds of available treatments.

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EV1014

Discrimination and mental health among lesbian, gay and bisexual adults

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Introduction Mental health care is indispensable, has an essential role in development, but mental health issues are a major public health concern worldwide. Sexual minorities, lesbian, gay and bisexual, suffer from prejudice and it determines health inequities, especially for their mental health.

Objective To show the relation between discrimination and mental health issues in lesbian, gay and bisexual (LGB) people and to increase understanding of this serious neglected public health problem.

Methods The search was conducted using Science Direct and Scopus, using the following keywords: “discrimination” and “mental health” and “lesbian” and “gay” and “bisexual”. Using the review of literature, documents in English (articles, official documents, editorial, reviews, clinical trials).

Discussion Numerous studies have identified highest risk behavior, as illicit drug use, sexual risk-taking behaviors and mental health issues among LGB people. Some previous studies propose that health and risk disparities between heterosexual and LGB identifying or behaving people are due to minority stress—that is, that the stigma, discrimination, and violence experienced, leading to stress, thus predisposing illness, disease (worse mental and physical health outcomes) and potentially substance use, which may be used to relieve or escape stress.

Conclusion Health professionals and healthcare organizations must cover these unmet mental health needs if they move to more integrated, coordinated models of care. Health educators should attend to the unique needs of each sexual orientation group when presenting sexual health information and health care providers should undergo diversity and sensitivity training to work more effectively with those groups.

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EV1015

Pre- and postnatal psychosocial intervention concepts

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Psychiatry, psychoanalysis and infant mental health research of the last decades have led to intervention concepts for pre- and postnatal stages of human development. Such concepts reach from how parents-to-be can be prepared for parenthood to how to intervene in support of relation and attachment in infants, toddlers and older children. Especially the postnatal relation of infant and parents has been examined extensively, as have parental competencies. The expression of intuitive parental competencies (according to Papousek and Papousek) may be compromised by diverse factors, thus putting the infant's psychic development at risk in general. Early intervention concepts may help out to some extent. In German-speaking countries, there are intervention programs focusing on bonding as there are on handling, processing of and coping with trauma, on promoting secure attachment between infant and parents, on relational issues, on bodily contact, on understanding the infant's signals, including those of the preterm infant, as well as on educational practices. From prenatal period onwards up to kindergarten age there are structured interventions, including the involvement of parents and parents-to-be. Yet, some factors of psychic development and of pathology may not necessarily be reached by these. Whereas concepts on an individual level of personality education do exist, nevertheless there might have to be collective measures. There seems to be a need to augment the agenda as there is good reason to assume that in the last decades there has been a motion toward new social deprivation stemming from societal deprivation processes, which might potentiate future deprivation.

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EV1016

The impact of emotional acknowledgement and self-esteem on resilience to family dysfunction

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Introduction Family dysfunction can test the resilience of adolescents, specifically those from single parent families and those attending schools in more socio-economically challenged areas.

Objectives To determine what factors are associated with resilience for those from single parent families or attend schools in more socio-economically challenged areas.

Aims To examine the role of emotional regulation and self-esteem as putative resilience factors in the context of single parents status and socioeconomic disadvantage.

Methods Secondary school pupils from single and dual parent families aged 13 to 15 answered questionnaires at three time points on: emotional regulation, self-esteem, depression and anxiety. A total of 434 pupils took part at time 1, 574 at time 2, and 467 at time 3. The secondary schools were categorised into more and less disadvantaged schools.

Results Positive self-esteem [$F(1.205) = 54.568, P = 0.000; F(1.157) = 35.582, P = 0.000$] and emotional regulation [$F(1.205) = 46.925, P = 0.000; F(1.157) = 16.583, P = 0.000$] were both associated with resilience against depression in adolescents from single parent families. Positive self-esteem [$F(1.75) = 102.629, P = 0.000; F(1.355) = 60.555, P = 0.000$] and emotional regulation [$F(1.60) = 34.813, P = 0.000; F(1.73) = 36.891, P = 0.000$] were both associated with resilience against depression in adolescents attending more socio-economically challenged areas.

Conclusions This research suggests that adolescent resilience against depression may be promoted by improving self-esteem and