

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

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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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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