

Results we noted that distribution of depression according to gender has statistically significant differences. In the men group the number of depressive individuals is 5 (11.1%; $P < 0.01$). In the women group the number is 28 (37.8%; $P < 0.01$). Also it was stated, that marital status does not influence the distribution of depressive symptomatology level ($P > 0.05$). Distribution of anxiety symptoms significantly differs by gender. In the group of men anxiety observed in 1 patients (2.2%; $P < 0.05$), whilst in the group of women – in 13 patients (17.6%; $P < 0.05$). Gender proved to be irrelevant in the occurrence of somatoform disorders ($P > 0.05$); it is also not dependent on marital status ($P > 0.05$).

Conclusion Staff employed into hard working social environment experience a range of negative psychological effects such as depressed mood, fatigue, and insomnia. Lack of leisure and lack of time for walking cause dissatisfaction with life, which contributes to the development of depression, anxiety and somatoform disorders.

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

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EV0634

Aspects of recovery and resilience—factors enabling an independent and fulfilling life

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Introduction The concept “recovery” takes the position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life. To sustain recovery different variables and interdependent factors are needed, f.e. psychological resilience and empowerment. Actually, there are few studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis and a longitudinal section.

Objective The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016. Persons with mental retardation and patients who have spent more than 30 years in a long-term care institution will be excluded.

Methods Randomised controlled trial based on a mixed-methods-design and a longitudinal course (5 follow-ups within 24 months after the first interview).

Aims Investigate factors for independent living on different levels (like micro, meso, macro) with focus on recovery and resilience by patients with severe chronic psychiatric disorders.

Results First results of a pilot study and focus groups will be presented.

Conclusion Results of investigation should be used in different subject areas like identification of factors enabling independent living and creation of effective therapy interventions for patients with severe chronic psychiatric disorders who have lived in a long-term care institution.

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

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The effects of a brief educational programme added to community mental health treatment to improve patient activation and attendance: A randomized controlled trial

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Introduction Though interest grows in improving patient activation in general medical health services, there is little evidence from randomised controlled trials in mental health settings of how to achieve this.

Objective We aimed to evaluate the effects of a brief pre-treatment peer-co-led educational intervention added to mental health treatment. The intervention was developed and carried out in cooperation with user representatives, peer educators and health professionals, and aimed at activating and preparing patients to participate in own treatment.

Aims To assess the 4 months and 12 months effects on patient activation measure-13 (PAM-13) and attendance.

Methods Patients from two community mental health centres were randomised to a control group (CG, $n = 26$) receiving treatment as usual, or an intervention group (IG, $n = 26$), consisting of four-hour group pre-treatment educational seminar (peer-support and encouragement to adopt an active role) followed by treatment as usual.

Results At 4 months follow-up only the IG improved significant on PAM-13. Preliminary results at 12 months on PAM-13 and attendance will be presented.

Conclusion Brief pre-treatment education improves patient activation at 4 months and could potentially have an effect on attendance at 12 months follow-up.

Practice implications Pre-treatment education co-led in cooperation with user representatives, peer educators and health professionals is a rational and easy way to activate and engage outpatients in their own health care process.

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Health education in caring for an individual with psychic suffering: An experience report

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Introduction Integral nursing for an individual with a mental disorder requires care, management and educational skills to improve the quality of life of the patient.

Objectives Describes a health education experience in caring for an individual with psychic suffering.

Methods Activities were developed at a psychosocial care center in the city of João Pessoa, Brazil, with students in the third year of nursing school. Three sessions were held on the topic “self-efficacy in the use of psychoactive drugs”. Related factors, such as motiva-