

from the patient's medical records. Multivariate logistic regression was used to examine correlates of help-seeking behaviour among patients with probable insomnia.

Results 275 cases of probable insomnia were identified. Among this group of patients, 38.9% had never sought help for their sleep problems. Participants who were single were less likely to seek help as compared to those who were widowed/separated/divorced (OR= 0.319, $P=0.023$). Having a comorbid psychiatric condition was independently associated with increased odds of help seeking (OR= 1.952, $P=0.027$). Participants who perceived greater daytime impairment due to sleep problems were more likely to seek help (OR= 1.465, $P=0.007$).

Conclusions The majority of psychiatry patients with sleep problems sought professional help, though there remained a substantial group that did not do so. There is a need to educate and create awareness of potential sleep problems among psychiatric patients, and to inform them of the availability of treatment.

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Did we have in history a chronomusicotherapy?

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Andalusian music is the name of the classical music in Morocco. It grown in Andalusia, but we still find it just in Morocco and some other countries of North Africa. A music that related with soufisme and Marestans: hospitals at that era. A music which is also called "al-Ala" means the machine. It has 24 "Naoubas": rythme as much the hours of the day and each Naoubas can be played in just an hour in the day.

It was played for patients in Marestans. This music was played by all the factions of the great Morocco (actual Morocco and Spain) society: including Muslims, Christians and Jews, with a variety of instruments this music did imposed itself, and still one of landmarks of Morocco.

We will talk about the specificities and also the particularities of this kind of chronomusicotherapy.

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Mental health in republic of moldova: The way from in-patient to community-based care services

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Introduction The history of mental health in Moldova has been centered on psychiatric institutions. Current reform goals are centered on the reduction in psychiatric hospital beds, shifting the focus towards outpatient therapy, where community mental health centers have a central role in coordinating recovery and social reintegration.

Objectives to collect different data according guidance for establishing a situational analyses about Moldova.

Methodology we elaborated a guidance with outline: the historical perspective:

- a. back a 5–10 years events/developments; epidemiologic data;
- b. the service delivery system;

- c. mental health system: laws/regulations, role of the government as well as civil organizations, mechanisms for data collection, monitoring of performance, costs, quality of care and outcomes;
- d. opportunities, barriers, and needed changes/innovations needed to address these.

Results The current focus is on moving from a relatively centralized system towards a more community-based approach to psychiatric care and community supports, as well as deinstitutionalization and integration of mental health care with primary care. Besides over reliance on institutionalization, the Moldovan mental health care system faces other challenges, including access to care, workforce limitations, and stigma.

Conclusion Looking forward, success in these efforts will require continued strong political will to bring domestic law, policies and practices into line with international standards in the field of human rights for persons with disabilities. By supporting deinstitutionalization and improving the accessibility of mainstream services, more people will have the opportunity for social inclusion and the ability to contribute to the communities' social and economic growth.

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Adapting the assertive community treatment (ACT) for the needs of different communities: A comparative case study of KUINA ACT Japan and Mt. Sinai ACT Canada

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In this workshop, we will present the assertive community treatment (ACT) model in both Japan and Toronto, Canada. We will compare the adaptations of ACT models in both teams in order to serve their target populations efficiently and effectively.

We will also compare the demographic data, clinical data and the outcomes of both ACT teams by analysing the hospitalisation days, number of emergency admission and the number of admissions into hospitals. We will also highlight differences in the mental health systems in Japan and Canada in an attempt to formulate guidelines to ensure the effectiveness of ACT Teams in both countries. We would also like to open up discussion with the audiences and incorporate their ideas and suggestions in an attempt to formulate a competent mental health system which would effectively cater to the needs of people suffering severe mental health symptoms to ensure successful integration into the community.

Learning objectives:

- To explore adaptation in implementation of ACT in Japan and Canada;
- to develop a framework or model for assessing issues critical in establishing ACT in different countries;
- to develop guidelines to establish programs which will continuously be revised implementation based on needs, systems and feedback from the field.

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