

are as follows: to evaluate manifestations of stigma in mental health care from the point of view of different experts; to discuss influence of stigma on different levels of mental health care; to identify consequences of stigma to mental health care reform. A qualitative experts' research was implemented in order to reveal professional discourse around stigmatization of mental health and consequences of this phenomenon to mental health care reform. Research data reveal the strong prevalence of stigma on all levels mental health care. Individuals with psychosocial disabilities tend to choose medication instead of psychotherapy. Under influence of stigma, they prefer rapid daily consumption of medication as a substitute to active participation in the process of treatment. Politicians are influenced by stigmatizing attitudes in the society towards individuals with psychosocial disabilities, the persisting pressure to isolate them in closed facilities. Under influence of stigma, the process of reform lingers or obtains a shape reverse to a modern transformation.

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e-Poster viewing: Migration and mental health of immigrants

EV0665

Dissociative amnesia with fugue vs. Shenjing Shuairuo: A clinical case report. Are DSM-5 distress cultural considerations truly transcultural relevant?

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Introduction We present the case report of a 21-year-old Chinese female, who was brought to the emergency department. We open the debate between the operative criteria established by DSM-5 of the clinical entity dissociative amnesia and Shenjing Shuairuo - the Chinese "culture-bound syndrome".

Objectives To expose the relevance of the cultural formulation in the clinical evaluation of patients with a different non-Western culture in Psychiatry.

Aims The Shenjing Shuairuo syndrome ("nervous system weakness") was originally described in China, it has a gradual onset, usually after a stressful event. It involves a minimum 3 of 5 symptoms group: weakness, emotions, excitement, neurological pain and sleep. This complex group of symptoms overlap with dissociative syndrome such as dissociative amnesia.

Methods/results The cultural formulation interview (CFI) was used for the diagnostic and subsequent treatment of dissociative amnesia with fugue in a different culture patient who met the clinical criteria of this two divergent clinic entities.

Conclusions In our clinical practice, we will deal with different culture patients, who could present common clinical entities or with the so-called "culture-bound syndromes". The cultural formulation of the clinical cases will help the clinicians to diagnose and have better treatment's options in clinical manifestations do not correspond to the conventional entities included in mostly Western-based nomenclatures.

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EV0666

Syrian refugees in Canada: Clinical experience in mental health care

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War is the most serious of all threats to health (World Health Organization, 1982) and can have severe and lasting impacts on mental health. Forced displacement and migration generate risks to mental well-being, which can result in psychiatric illness. Yet, the majority of refugees do not develop psychopathology. Rather, they demonstrate resilience in the face of tremendous adversity. The influx of Syrian refugees to Canada poses challenges to the health care system. We will present our experience to date in the Ottawa region, including a multisector collaborative effort to provide settlement and health services to newly arriving refugees from the Middle East and elsewhere. The workshop will be brought to life by engaging with clinical cases and public health scenarios that present real world clinical challenges to the provision of mental health care for refugees.

Objectives (1) Understand the predicament of refugees including risks to mental health, coping strategies and mental health consequences, (2) know the evidence for the emergence of mental illness in refugees and the effectiveness of multi-level interventions, (3) become familiar with published guidelines and gain a working knowledge of assessment and management of psychiatric conditions in refugee populations and cultural idioms of distress. How will the participants receive feedback about their learning? Participants will have direct feedback through answers to questions. The authors welcome subsequent communication by email. Presenters can give attendants handouts on pertinent and concise information linked to the workshop.

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Psychoeducation trauma intervention for refugee women survivors of intimate partner violence

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For intimate partner violence survivors, groups are helpful in that they reduce the sense of isolation, which accompanies trauma survivors as well as provides a sense of belongingness. Judith Herman states that survivors of gender-based violence in particular, suffer from the secrecy, shame and stigma that are predictable social consequences of this form of violation. Moreover, intimate partner violence increases when women are isolated from their families, communities and peers. For refugee women, the shame associated with migration trauma, along with having an undocumented status is prevalent and keeps them from seeking services. The psychoeducation 8 session intervention helps this vulnerable population understand the physiological response stress, trauma and post traumatic stress disorder. Once symptoms have been identified, sessions enable women to reduce the symptoms by utilizing methods of self-care. Cultural specific material for Latina undocumented IPV survivors in New York City with integration of breath work, sensorimotor, music and easy movements will be highlighted to demonstrate intervention.

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