

formed the control group. The data was obtained from various national registers.

Results Diseases of the blood and blood forming organs (prevalence in SCZ was 17% versus 10% in controls, $P < 0.001$), endocrine, nutritional and metabolic diseases (45% vs. 27%, $P < 0.001$), diabetes mellitus (7% vs. 3%, $P < 0.001$) and nervous diseases (33% vs. 25%, $P = 0.018$) were more common among individuals with SCZ compared with controls. Diseases of musculoskeletal system and connective tissue were less common in SCZ than among controls (28% vs. 41%, $P < 0.001$).

People with other psychoses than SCZ had statistically significant association with all the diagnostic groups classified in ICD-10 except with neoplasms. Infections and parasitic diseases (prevalence in other psychoses was 44% versus 32% in controls, $P < 0.001$), diseases of the blood and blood forming organs (18% vs. 10%, $P < 0.001$), endocrine, nutritional and metabolic diseases (42% vs. 27%, $P < 0.001$) including diabetes mellitus (9% vs. 3%, $P < 0.001$), nervous diseases (40% vs. 25%, $P < 0.001$), diseases of the eye and adnexa (32% vs. 21%, $P < 0.001$), diseases of the ear and mastoid process (58% vs. 44%, $P < 0.001$), diseases of circulatory (50% vs. 37%, $P < 0.001$), respiratory (70% vs. 60%, $P < 0.001$) and digestive system (77% vs. 68%, $P = 0.004$), diseases of skin and subcutaneous tissue (23% vs. 16%, $P = 0.006$), diseases of musculoskeletal system and connective tissue (51% vs. 40%, $P = 0.004$) and diseases of genitourinary system (41% vs. 31%, $P = 0.003$) were more common among people with other psychoses than SCZ compared with controls.

Discussion A new finding is that not only people with schizophrenia but especially those with other psychoses show a greater occurrence of somatic diseases compared with those without psychosis. The increased occurrence of somatic comorbidity in other psychoses should be noted by medical professional, and further longitudinal studies are warranted to study its possible risk factors during lifespan.

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Market economy and its consequences for mental health

S55

Overview of the EPA guidance paper

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After several decades of Market Faith in Western societies and the most severe financial crash several generations has known, there has not really been a serious re-examination of the role of markets and money in our society. A market economy may be a valuable and effective tool for organizing productive activity. The problem is whether we have become a “market society”. That is, if the economic values have been transplanted to the whole of society – not only economic life – and we have become a monetized society: a society where just about everything is up for sale. That’s to say, a way of life where market relations and market incentives and market values come to dominate all aspects of life. Paradoxically, it is possible that the economic crisis has only increased this trend. Administrations at different levels – European, States, Local... – have demanded tremendous sacrifices from the population intended to save the financial system, but on the way sacrificing a Welfare state that took decades to build. In this presentation, we will review the mental health consequences of the current economic crisis. Also it examines how the change in social values and

sweeping assertion of economic values can affect the way we think about Mental Health and Psychiatric Care.

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S56

Discussant: Ethical challenges

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Europe has undergone considerable economic changes that have an impact on mental health of its citizens; have consequences for the organization of mental health services; and raise ethical issues, such as the distribution of wealth, and equity in access to care. Furthermore, Europe is current undergoing serious economic problems that will produce adverse effects on the mental health of its citizens, among them increase in substance abuse related disorders as well as an increase in suicide.

The consequences that economic changes have on mental health relate to the conditions of the particular country, as countries with better health security nets would be less likely to experience adverse effects. Different policy measures may reduce the impact on mental health not only within the health sector, but other sectors of society have to be engaged in the process.

The symposium will consider these problems from different selected perspectives.

An overview of the impact of economic policies on health services will be followed by a presentation of the important role of international organizations like EPA in outlining the problem and finally a presentation of the initiative Choosing Wisely that focuses on communication between health professionals and patients with recommendations of decisions about the most appropriate care based on the patient’s individual situation.

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S57

Mental health in context. Impact of economic policies on health services

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The impact of economic policies on mental health services – and with some differences also on general health services – will be exemplified by an analysis of the current trend of governments’ withdrawal from funding the mental health services it provided until now and the replacement of the government funded services by privately owned services. The analysis will be made on the background of the current worldwide tendency of commoditification, which posits that health care should be considered a commodity and judged using indicators, which have proven their value in commerce and handling of commodities. The analysis leads to the conclusion that the both tendencies – of commoditification and of increasing involvement of private capital in running health care services are likely to lead to a deterioration of care for people with mental illness.

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