EW0226

True and variable response inconsistency as indicators of psychological distress in the normative sample and mental disorders

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Introduction　Despite a long psychological discussion on the inconsistency and fragmentation in self-appraisals as factors of neuroses and personality disorders (Horney, 1991, Lynch, 2014) classical psychodiagnostic considers response inconsistency as an indicator of protocol invalidity only.

Objectives　Using MMPI-2 True and Variable Response Inconsistency scales (TRIN, VRIN), we suggest that the inconsistency (within normative range) is related to poorer psychological well-being in the normative sample and is higher in affective disorders.

Aim　To study the relationship between response inconsistency and psychological well-being.

Methods　In total, 1443 healthy controls and 190 patients with mental illnesses (50 with affective disorders, 21 with addictions, 73 with schizophrenia and schizotypal disorder, 46 with adjustment disorder) who scored within normative range on all the validity scales of the Russian version of MMPI-2 participated in the study.

Results　In the normative sample, TRIN and VRIN correlated with social and emotional alienation as well as conative lack of ego mastery ($r = .27$–$.33$) and were higher in affective disorders ($P < .05$) and in patients having symptoms of personality disorders (as appraised by their doctors). In patients with affective disorders and adjustment disorders, they were related to higher likelihood of invalidity due to mental illness.

Conclusions　Response incoherence within normative range is a sign of poorer well-being in the normative sample (in the form of fatigue, apathy, feelings of excessive strain, lack of understanding from others and injustice). In line with psychological theories of self-fragmentation, incoherence is related to affective disorders (and poorer adjustment to them) and symptoms of personality disorders.

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

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EW0227

Illness representation as a factor of quality of life in youth with mental illnesses

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Introduction　Cognitive perspective considers beliefs as key factors of compliance and adjustment in mental disorders (Beck, 2011) that are especially important in youth. In psychosis illness, representation is related to CBT efficacy.

Objectives　We suggest that in different mental disorders different illness-related beliefs are important for quality of life domains.

Aim　To reveal relationships between illness representation and quality of life in mental disorders controlling for psychopathological symptoms.

Methods　One hundred and eighteen male patients 17 – 27 years old : 33 with mood disorders, 26 with personality disorders, 27 with schizotypal disorder and 32 with schizophrenia recovering after first episode of psychosis filled Illness Perception Questionnaire, Symptom Checklist 90-R, Quality of Life and Enjoyment Questionnaire (version for mental illnesses).

Results　After statistical control for psychopathological symptoms, in personality disorders feeling of personal and treatment control ($\beta = .43$–$.52$, $P < .01$) as well as belief in longer ($\beta = .42$, $P < .05$) but not cyclic ($\beta = -.65$, $P < .05$) illness duration predicted satisfaction with health while belief in longer duration and less consequences correlated with better satisfaction with leisure time ($\beta = .87$, $P < .01$). In mood disorders, feeling of treatment control ($\beta = .32$, $P < .05$) and belief in shorter illness duration ($\beta = -.37$, $P < .05$) were related to better satisfaction in emotional sphere.

Conclusions　Beliefs about illness duration, consequences and control could be important in assessment and CBT for youth with personality disorders while treatment control and illness duration are important in work with youth with mood disorders.

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

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Attitudes towards help seeking behaviour and professional psychiatric help in Slovenia

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Introduction　Knowledge about signs and treatment of mental illnesses is often not enough to seek professional help. Hence, it is important to gain understanding of other determinants, i.e. attitudes, stigma, which influence help-seeking behaviour.

Objectives　Based on Ajzen's theory of planned behaviour, we aimed at collecting data of determinants known to be related to behavioural action, in our case help seeking.

Aims　To examine how attitudes, stigma and normative believes influence help seeking behaviour and whether these determinants differ in relation to demographic data and mental health indicators of the respondents' region.

Methods　A representative sample of adult Slovene population ($n = 594$) was recruited via an on-line invitation. They were asked to (i) provide basic demographic data (region, age, gender, mental health history...) and (ii) to complete the inventory of attitudes toward seeking mental health services. The inventory variables (attitudes, knowledge and stigma) were linked to demographic data and mental health indicators in Slovenia.

Results　The respondents dispose of good knowledge of where and when to seek help either for themselves or others. However, the readiness to seek help was significantly lower, in particular so in men, younger, single persons and respondents from regions with lower mental health indicators. Accordingly, stigma was significantly higher pronounced in the same groups. More than 50% of respondents have already experienced mental distress, however only 25% have sought help.

Conclusions　Reasons for this "help seeking gap" should be further scrutinized. Future interventions shall be focused on changing attitudes and destigmatization mental health issues.