

(2) to evaluate the reliability and cross-cultural applicability of this measure.

**Methods** The SRS was administered to 30 psychiatric patients and their nominated relative/friend. The cross-cultural evaluations were conducted using focus groups of Ethiopian ( $n=30$ ), Australian Indigenous ( $n=100$ ), Iranian ( $n=22$ ), and Indian ( $n=50$ ) participants.

**Results** The SRS demonstrated moderate to high inter-rater reliability and patient-informant concordance. The social ritual domains were found to be valid, well understood and applicable across the sampled cultures [1].

**Conclusions** The concept of social rituals and the SRS instrument were demonstrated to be feasible, reliable and cross-culturally applicable tools for measuring changes in people's appearance and behavior that might be indicative of emerging mental illness.

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

**Reference**

[1] Janca A, Ventouras J. Measurement in psychiatry: novel concepts and instruments. *Advances in Psychiatry* 2005;11:89–93.

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**EV0520**

**Stigmatization of mental health problems in Albania, ways of diminishing it**

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**Background and aim** More recent definitions of stigma focus on the results of stigma – the prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable.

**Methods** During this study, we used Attitudes to Mental Illness Questionnaire (AMIQ), which helped us to understand the differences in the acceptance by the population for 3 different types of diseases: addiction, diabetes and schizophrenia.

**Results** (1) Alban has diabetes. (2) Besnik has schizophrenia.

**Conclusions** (1) The patients with schizophrenia have higher levels of stigma compared diabetic patients or those alcoholics (Tables 1 and 2 and Fig. 1). (2) Statistical processing carried out concluded that have statistically significant differences between gender-stigma ( $P=0.001$ ), age-stigma ( $P=0.0001$ ) and education-stigma ( $P=0.001$ ) (Fig. 2). (3) Health care workers stigma is exactly the same as in general population ( $P=0.01$ ) (Fig. 2).

**Recommendations** – Support recovery and social inclusion and reduce discrimination.

– Do not label or judge people with a mental illness, treat them with respect and dignity as you would anyone else.

– Do not discriminate when they come participation, housing and employment.

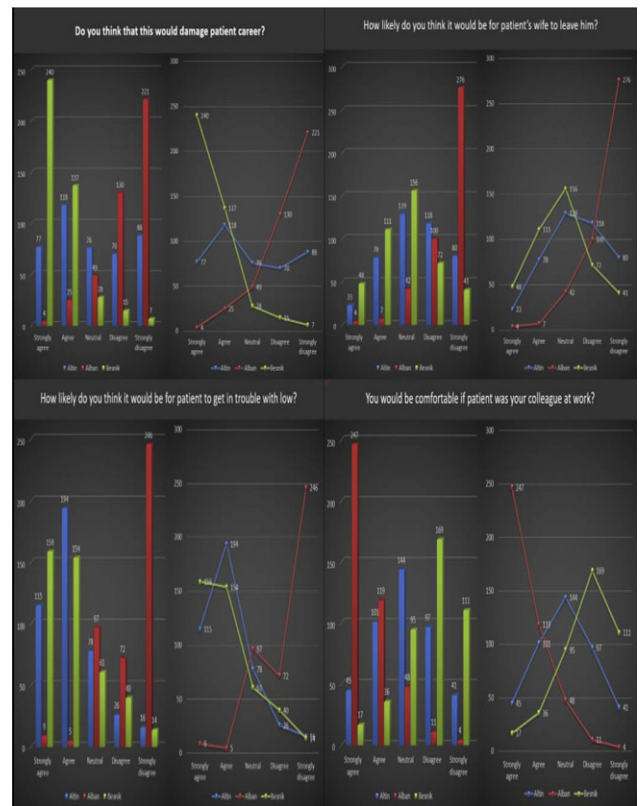


Fig. 1

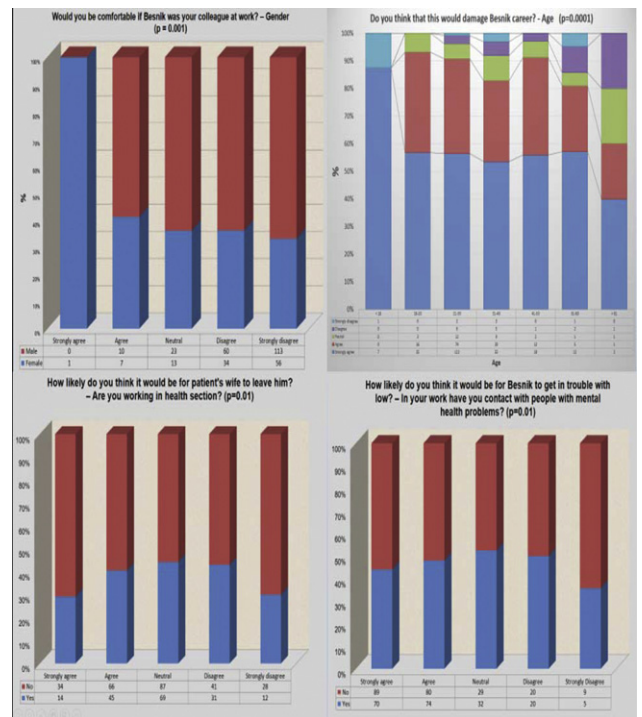


Fig. 2

Table 1

| Questions | Strongly agree | Agree  | Neutral | Disagree | Strongly disagree | SD   |
|-----------|----------------|--------|---------|----------|-------------------|------|
| 1         | 0.93%          | 5.82%  | 11.42%  | 30.3%    | 51.53%            | 0.99 |
| 2         | 57.58%         | 27.74% | 11.19%  | 2.56%    | 0.93%             | 0.88 |
| 3         | 55.01%         | 33.33% | 8.39%   | 3.03%    | 0.24%             | 0.80 |
| 4         | 0.93%          | 1.63%  | 9.79%   | 23.31%   | 64.34%            | 0.83 |
| 5         | 2.1%           | 1.16%  | 22.61%  | 16.78%   | 57.35%            | 1.02 |

Table 2

| Questions | Strongly agree | Agree  | Neutral | Disagree | Strongly disagree | SD   |
|-----------|----------------|--------|---------|----------|-------------------|------|
| 1         | 55.94%         | 31.93% | 6.53%   | 3.49%    | 2.11%             | 0.92 |
| 2         | 3.96%          | 8.39%  | 22.14%  | 39.39%   | 26.12%            | 1.13 |
| 3         | 3.03%          | 9.79%  | 18.18%  | 37.76%   | 31.24%            | 1.11 |
| 4         | 11.19%         | 25.87% | 36.36%  | 16.78%   | 9.8%              | 1.13 |
| 5         | 37.06%         | 35.9%  | 14.2%   | 9.32%    | 3.52%             | 1.13 |

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#### EV0521

### An explorative look at Jerusalem syndrome and its validity?

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**Introduction** The aim of the explorative study poster is to look into the phenomenon of psychotic disorder/manifestations collectively termed as Jerusalem syndrome – a psychotheological condition characterized by temporary psychosis like symptoms upon visiting Jerusalem.

**Aim** The primary aim is to explore the theories pertaining to the possible causes and psychopathology involved in Jerusalem syndrome with a view to contextualize their credibility and weightage against the extant evidence in neurological science. It would also look at the possible treatments used.

**Method** A detailed literature search has been undertaken to identify variety of case reviews and publications about Jerusalem syndrome and case interviews of psychiatrists in Jerusalem: dealing with neurological, psychological explanations of the condition; have been proposed by psychiatrist or psychologist and neurologists as a possible psychopathological manifestation.

**Discussion** The results are synthesized and presented in a tabular form. The discussion expands on the various theories and their relevance with a view to establish the nosological validity of the condition and the viable treatment models available.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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#### EV0522

### Public beliefs and attitudes towards schizophrenia and major depression: Findings from a representative population-based study

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**Introduction** Previous studies have suggested that public beliefs and attitudes toward mental illness may be influenced by country-specific social and cultural factors.

**Objectives** This study aimed to carry out a national survey to assess people's beliefs and stigmatizing attitudes toward schizophrenia and major depression in Taiwan.

**Methods** We randomly recruited participants aged 20–65 ( $n = 1600$ ) in Taiwan, using a computer-assisted telephone interviewing. Participants were presented with a case vignette for major depression and schizophrenia. Questions were asked about causal attributions, emotional reactions, and social distance of individuals afflicted by psychosis or depression.

**Results** In respect of causal attributions, respondents were more concerned with the likelihood of biogenetic explanations for schizophrenia as compared with depression. The same applied to other explanations such as god's willingness and being possessed or haunted. In contrast, psychosocial factors were more likely to be endorsed as a cause of depression than as a cause of schizophrenia. For perceived dangerousness, significantly more respondents considered schizophrenia likely to be violent toward others and to be unpredictable. In terms of emotional reactions, respondents were significantly more likely to express anger or fear for schizophrenia vignette. A similar pattern was shown for the social distance, where respondents were also significantly less likely to express a willingness to contact people suffering from schizophrenia within different social relationships.

**Conclusions** The findings from this study may enhance our knowledge of community beliefs and stigmatizing attitudes towards people with mental disorders in Taiwan and highlight the importance of understanding these issues in context.

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

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#### EV0523

### Protecting the incapable–Interdiction of in-patients in centro hospitalar De São João in the last two years

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**Introduction** The interdiction of citizens is embodied in the Portuguese civil code and is untouched since 1966 regardless of the profound changes in our society. In 2006, Centro Hospitalar de São João (CHSJ) created protective measures for inpatients that are incapable; the procedure encompasses multidisciplinary evaluation of patients and the elaboration of a final report by liaison psychiatrists.

**Objectives** To describe the interdiction proceedings initiated at CHSJ in the last two years, establishing parallels with our socio-demographical and epidemiological reality.

**Methods** Retrospective study of the internal requests for psychiatric consultation concerning interdiction proceedings made in the CHSJ from January 2015 to December 2016.

**Results** During the study period, the liaison psychiatry service received 37 requests for evaluation of patients' decision-making capacity through the internal consultation system. The typology of the patient targeted in the interdiction process is male, more than 70 years old, hospitalized due to infectious intercurrents whose dependency of others enables him to return to his residence. More than a half (51%) of the requests were performed by internal medicine services. Twenty-one reports declaring the