and sharing everyday experiences, as resources for personal development and mental health care. It is an open and heterogeneous group, in which participants interact among them aiming mutual help. Each group session lasts 1 h 30, and each session is divided into three phases: sharing experiences with cultural elements considered meaningful to the goals of the group; sharing everyday experiences; sharing what was significant from that session, according to the participants. One of the premises is that taking care of our mental health belongs to the scope of the human being and it is not restricted to patients. Daily experiences are significant resources for mental health promotion and for the construction of a helping communitarian network among participants, bonded through the sharing of their quotidian. The CMHG represents a mental health promotion intervention able to complement other kinds of available treatments.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1343

EV1014

Discrimination and mental health among lesbian, gay and bisexual adults

M.A. Dos Santos

Universidade de Coimbra e Universidade Nova de Lisboa/IHMT, Faculdade de Medicina, Coimbra e Lisboa, Portugal

Introduction Mental health care is indispensable, has an essential role in development, but mental health issues are a major public health concern worldwide. Sexual minorities, lesbian, gay and bisexual, suffer from prejudice and it determines health inequities, especially for their mental health.

Objective To show the relation between discrimination and mental health issues in lesbian, gay and bisexual (LGB) people and to increase understanding of this serious neglected public health problem.

Methods The search was conducted using Science Direct and Scopus, using the following keywords: "discrimination" and "mental health" and "lesbian" and "gay" and "bisexual". Using the review of literature, documents in English (articles, official documents, editorial, reviews, clinical trials).

Discussion Numerous studies have identified highest risk behavior, as illicit drug use, sexual risk-taking behaviors and mental health issues among LGB people. Some previous studies propose that health and risk disparities between heterosexual and LGB identifying or behaving people are due to minority stress—that is, that the stigma, discrimination, and violence experienced, leading to stress, thus predisposing illness, disease (worse mental and physical health outcomes) and potentially substance use, which may be used to relieve or escape stress.

Conclusion Health professionals and healthcare organizations must cover these unmet mental health needs if they move to more integrated, coordinated models of care. Health educators should attend to the unique needs of each sexual orientation group when presenting sexual health information and health care providers should undergo diversity and sensitivity training to work more effectively with those groups.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1344

EV1015

Pre- and postnatal psychosocial intervention concepts

G. Egloff^{1,*}, D. Djordjevic²

¹ Heidelberg University, Psychoanalytic Practice, Mannheim, Germany

- ² University Hospital, Children's Clinic, Nis, Serbia
- * Corresponding author.

Psychiatry, psychoanalysis and infant mental health research of the last decades have led to intervention concepts for pre- and postnatal stages of human development. Such concepts reach from how parents-to-be can be prepared for parenthood to how to intervene in support of relation and attachment in infants, toddlers and older children. Especially the postnatal relation of infant and parents has been examined extensively, as have parental competencies. The expression of intuitive parental competencies (according to Papousek and Papousek) may be compromised by diverse factors, thus putting the infant's psychic development at risk in general. Early intervention concepts may help out to some extent. In German-speaking countries, there are intervention programs focusing on bonding as there are on handling, processing of and coping with trauma, on promoting secure attachment between infant and parents, on relational issues, on bodily contact, on understanding the infant's signals, including those of the preterm infant, as well as on educational practices. From prenatal period onwards up to kindergarten age there are structured interventions, including the involvement of parents and parents-to-be. Yet, some factors of psychic development and of pathology may not necessarily be reached by these. Whereas concepts on an individual level of personality education do exist, nevertheless there might have to be collective measures. There seems to be a need to augment the agenda as there is good reason to assume that in the last decades there has been a motion toward new social deprivation stemming from societal depravation processes, which might potentiate future deprivation.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1345

EV1016

The impact of emotional acknowledgement and self-esteem on resilience to family dysfunction

C. Fontaine*, C. Connor, S. Channa, C. Palmer, M. Birchwood University of Warwick, Warwick Medical School, Coventry, United Kingdom

* Corresponding author.

Introduction Family dysfunction can test the resilience of adolescents, specifically those from single parent families and those attending schools in more socio-economically challenged areas. Objectives To determine what factors are associated with resilience for those from single parent families or attend schools in more socio-economically challenged areas.

Aims To examine the role of emotional regulation and selfesteem as putative resilience factors in the context of single parents status and socioeconomic disadvantage.

Methods Secondary school pupils from single and dual parent families aged 13 to 15 answered questionnaires at three time points on: emotional regulation, self-esteem, depression and anxiety. A total of 434 pupils took part at time 1, 574 at time 2, and 467 at time 3. The secondary schools were categorised into more and less disadvantaged schools.

Results Positive self-esteem [F(1.205) = 54.568, P = 0.000; F(1.157) = 35.582, P = 0.000] and emotional regulation [F(1.205) = 46.925, P = 0.000; F(1.157) = 16.583, P = 0.000] were both associated with resilience against depression in adolescents from single parent families. Positive self-esteem [F(1,75) = 102.629, P = 0.000; F(1.355) = 60.555, P = 0.000] and emotional regulation [F(1.60) = 34.813, P = 0.000; F(1.73) = 36.891, P = 0.000] were both associated with resilience against depression in adolescents attending more socio-economically challenged areas.

Conclusions This research suggests that adolescent resilience against depression may be promoted by improving self-esteem and