

Index of Symptom Checklist (SCL-90-R), Pittsburgh Sleep Quality Index (PSQI), HRQL (Short-Form 36). Several clinical and socio-demographic data were also recorded.

Results: HRQL was significantly reduced in obesity as compared to healthy controls. The obesity group exhibited greater psychopathology and suffered greater disturbed sleep quality than did controls. In particular, psychopathological distress was positively correlated with global PSQI scores.

Conclusions: Obesity is associated with psychopathological distress, poor subjective sleep quality and reduced perceived health status. Recognition of sleep disturbances in obese patients is also relevant to management, because effective strategies to improve sleep in this patient group might also lead to vast improvements in their psychopathological distress and perceived health status.

References:

[1]. Marchesini G, Bellini M, Natale S, et al. Psychiatric distress and health-related quality of life in obesity. *Diabetes Nutr Metab*. 2003 Jun;16(3):145–54.

[2]. Simon GE, Von Korff M, Saunders K, et al. Association between obesity and psychiatric disorders in the US adult population. *Arch Gen Psychiatry*. 2006 Jul;63(7):824–30.

P0212

Hidden victim of incestuous father: Case report

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Due to the societal attitude against incestuous relationship, its prohibition became universal throughout the world. It is related to the cultural obstacles for it implies violation of moral and moral comprehension about interfamilial relations. However, the incest is mostly unreported, hardly detected and recognized because the child-hidden victim of incest, shame and fear is suffering in silence. Therefore, probability of prevention, support and treatment of the victim is decreased while severe psychological consequences are increased. It is known that, in certain cases, when the mother get to know about incestuous relationship between her daughter and the father, due to various interests and dependence-related reasons, the child is forced not to report on it. As those crimes mostly occur in "private circle" of the family, with no witnesses, even if reported, the perpetrator is usually released due to a lack of evidence, which will be illustrated in this case report. Sexual taboos, especially present in undeveloped countries, contribute to the expansion of societal moral crisis and sexual delinquency, as well as to the alienation and isolation of its victims. Our future should be marked with more efforts invested in raising public awareness about the presence of this problem in our country and a comprehensive care for children where multidisciplinary approach is required.

P0213

Factors influencing attitudes of deinstitutionalized patients' neighbours

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Objective: The purpose of this study was to assess the factors that influence attitudes of people neighbouring to residential care facilities that host chronic psychiatric patients formerly hospitalized in a psychiatric hospital, 2 years after their deinstitutionalization.

Methods: One member of at least 30 households neighbouring to 8 community-based psychiatric facilities (hostels and sheltered apartments) was interviewed by a group of specially trained social workers. The structured interview used was compiled specifically for the needs of this study.

Results: Less than 25% of our sample had adequate knowledge of the term 'deinstitutionalization' and in particular people with higher education and that have been visited by a psychiatric resident. Nevertheless, their attitudes were in general positive. In a regression analysis, attitude towards deinstitutionalization was found to be positively correlated with having visited a psychiatric facility, years of education, and living near 4 out of the 8 psychiatric hostels [R-squared=0.20]. Female neighbours were generally more favourable, but this effect was only marginally significant. Attitude towards the psychiatric patient was best predicted by years of education, having visited a psychiatric hostel and living near 2 out of the 8 psychiatric hostels [R-squared=.21]. Age was generally negatively correlated with attitudes towards the patient [r=-0.23]. There were also significant differences among the attitudes of the various hostel neighbourhoods.

Conclusions: Apart from education, age, and gender the most important factors in influencing attitudes towards deinstitutionalization and patients are local. Choice of favourable locations for psychiatric facilities and cultivation of a positive neighbourhood climate are important.

P0214

Deinstitutionalization increases conflicts but also job satisfaction of a psychiatric hospital's staff

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Objective: The study of the impact of deinstitutionalization on a Psychiatric Hospital staff's perceptions regarding the sources of conflict at work, the presence of injustice, and their job satisfaction.

Material and Methods: A questionnaire specially made for the purpose of this study was anonymously completed by the working staff two years before and two years after the closing of the chronic wards of their hospital.

Results: The staff felt that there are more conflicts between nursing staff and patients as well as between colleagues themselves. The lack of staff was the greatest cause for conflict reported [t(346) = 2.735, p < 0.01], as was before the deinstitutionalization, while female gender, younger age [r = -0.117] and closer contact with patients were correlated with perception of more conflicts. The opinions about justice in the work environment were not significantly influenced by the deinstitutionalization, but by younger age [r = 0.150] and the female gender, as well. Finally, the staff reported higher levels of general satisfaction from their work [t(343) = 2.923, p < 0.01] and especially that they felt safer in their new workplaces, than in the chronic wards of their hospital [t(349) = 1.976, p < 0.05]. This effect was independent of gender, age or job type [F(5, 231) = 2.361, p < 0.05].

Conclusions: This follow-up study verifies the previously found effects of the staff's demographic characteristics on perceptions of conflicts, justice and job satisfaction. The relocation of patients to community-based psychiatric facilities, which are smaller, with less staff and more responsibilities has created more opportunities for