

**Table 1** Associations between independent variables and newly onset clinical psychosis at  $T_2$ .

	OR	%95 CI	p	OR*	%95 CI	p
No subclinical psychotic expression at $T_1$	ref			ref		
Low impact PS at $T_1$	12.3	(4.3-34.8)	<.001	11.2	(3.7-34.0)	<.001
High impact PS at $T_1$	34.3	(11.5-101.8)	<.001	32.5	(9.9-106.4)	<.001
No mental disorder in 1st degree relative	ref			ref		
Plausible psychosis in 1st degree relative	10.0	(3.2-30.6)	<.001	12.0	(3.8-37.7)	<.001
No alcohol abuse at $T_1$ or $T_2$	ref			ref		
Alcohol abuse $T_1$ (-), $T_2$ (+)	3.3	(1.4-7.7)	<.01	4.8	(1.8-12.6)	<.01
No cannabis use at $T_2$	ref			ref		
Cannabis use $\geq 3$ times per week	39.5	(3.4-452.6)	<.01	37.7	(2.9-493.6)	<.01
Number of stressful life events	$\beta = 7.82$	(0.01-0.02)	<.001	$\beta^* = 7.75$	(0.01-0.02)	<.001

\* Adjusted for age, sex, education level and health insurance status.

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#### EW410

### Early detection and treatment of mental illness in the workplace – an intervention study

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**Introduction** Conditions of depression and anxiety among employees' leads to increased absenteeism and decreased social and professional function.

**Objectives** To test a collaborative model for contributing to mental health at work at the lowest interference and highest possible availability among Danish workers.

**Aims** To investigate the effect of early detection and treatment in order to interrupt and improve conditions of clinical and sub-clinical levels of mental illness.

**Methods** Self-reporting questionnaires were used for identification of clinical and sub-clinical cases of mental illness and for follow-up. Four questionnaires were distributed to all employees in six medium-large companies in Denmark ( $n = 1292$ ) during a period of 16 months. Employees meeting the screening criteria were assessed diagnostically. Outpatient psychiatric treatment was offered to employees diagnosed with mental illness and preventive CBT-session to those assessed with sub-clinical conditions. Follow-up questionnaires were filled out after 6 and 12 months. Data were analysed using repeated measure mixed effects linear regression.

**Results** Of the 587 (55%) employees that returned the questionnaires, 58 were referred to either outpatient psychiatric treatment ( $n = 38$ ) or preventive treatment ( $n = 20$ ). Levels of psychopathology decreased significantly in both treated groups. Comparing with the

pre-treatment period, a significant positive difference in change in psychopathology was detected for employees in psychiatric treatment. Measured up to healthy controls, the self-perceived level of stress also decreased significantly among employees in psychiatric treatment.

**Conclusions** An integrated collaborative model for early detection and treatment was beneficial in order to interrupt and improve the course of mental health problems among Danish employees.

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

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## Promotion of mental health

#### EW411

### Health-seeking attitudes and existing support services for psychiatric trainees

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**Introduction** Concern for medical doctors' health has been widely recognized over the past ten years. EFPT is aware of the heterogeneity of support set up for doctors in distress, recognizing the need for further cross-Europe research.

**Aims** The EFPT "HELP Project" was designed to investigate psychiatry trainees' perceptions of and attitudes towards health seeking at a Europe-wide scale. Furthermore, it aims to determine what services are available in Europe specifically to support physicians' health.

**Methods** Multinational, cross-sectional survey conducted in 14 European countries between 2013 and 2014. Data collection was accomplished by an anonymous online or hard copy questionnaire. Completion implied consent to participate. Data was analysed using SPSS v20.0.

**Results** Of the respondent trainees, 57.7% were from developed economies; 46.2% under 30 years; 26.9% males. Ninety-eight per cent said they would have surgery in the public sector, versus 42.3% who agree to get treatment there for an eating disorder, depression (28.8%) or addiction (17.3%). Trainees from developing economies were significantly less confident in using public sector help for mental health difficulties. When asked for advice regarding the same problems in their fellow trainees, they said they would recommend public sector help. Specific services for doctors exist in the UK, Spain, The Netherlands and Switzerland, but most trainees said there were no services locally.

**Conclusion** The EFPT believes specialised physician health services are needed to ensure doctors seek help when necessary, while avoiding feeling stigmatised or punished in doing so. The authors plan to create a 'survival guide' for European trainees in distress, with collated information about local services for doctors.

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