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Introduction Self-stigma plays a powerful role in attitudes toward mental illness and seeking psychological services. Assessing stigma from the perspective of people with mood disorders is important as they were ranked as major causes of disability.

Objectives To determine the extent and the impact of stigma experience in Saudi patients with mood disorder and compare them between depression and bipolar disorder patients. To test if stigma is a universal experience and has similar psychosocial impact across cultures.

Aim It's a part of multicenter international study comparing its results to the universal experiences inthe perspectives of individuals with mood disorder.

Methodology We randomly interviewed 94 individuals with mood disorder at King Khalid University Hospital using valid reliable tool, Inventory of Stigmatizing Experiences (ISE), which has two components: Stigma Experiences Scale (SES) and Stigma Impact Scale (SIS).

Results ISE was validated in a population of Saudi patients with mood disorder. There were no significant differences in stigma between patients with bipolar or depressive disorder on SES or SIS. However, over 50% of all respondents tried to hide their mental illness from the others, and to avoid situations that might lead them to be stigmatized. In comparison with the Canadian population, Saudi participants scored lower on both SES and SIS, which may be due to cultural differences.

Conclusion Stigma associated with mood disorder is serious and pervasive. It's important first to understand how patients perceive stigma in order to conduct successful anti-stigma programs. The ISE is a highly reliable instrument among cultures.

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

EW160

Social skills training group with Turkish immigrants: Results of a pilot study

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Introduction Social skills training (SST) is an element of cognitive-behavioral therapy, which focuses to improve verbal-nonverbal behaviors involved in social interactions.

Aims-objectives To assess the effectiveness of a standardised 8–sessions-SST-group therapy (Hinsch&Pfingsten) in Türkish Immigrants who have anxiety/depressive disorders.

Method German-Turkish transations-backtranslations of contents and materials of the standardised 8–sessions-SST-group therapy were performed. These weekly eight group sessions applied by two Turkish-psychotherapists to 8 voluntary Turkish-Immigrants (F/M = 4/4, age = 50 ± 5.4), who were in treatment for anxiety/depressive disorders in our transcultural outpatient-clinic in Hannover, Germany. Symtom-Checklist-90 (SCL-90) and Insecurity Questionnaire (I-Q) administered before and after the treatment programm. Seven patients completed pre-post scales.

Results Table 1 presents the scale scores. There was no significant improvement in global-symptom-severity and insecurity-profiles after the SST. One of the psychotherapists and one of the patients were interviewed to discuss qualitatively possible reasons of that.

Psychoherapist I think patients were not comfortable with many pencil-paper homeworks. Daily-life-examples were too close to German culture. Therefore it's crucial to culturally modify the sessions.

Patient I found the sessions-homeworks strict and different from my thinking style and culture.

Conclusions Qualitative data of this study stated that no improvement may be caused by eurocentristic nature of the psychotherapeutic approach. Berry (2006) suggested that such interventions may generate/exacerbate acculturative-stress and may not be beneficial for the patient. Further studies should investigate effectiveness of culturally-modified SST in Turkish immigrants.

Table 1 Scale scores before and after the SST.

	Pre ($n = 7$)	Post ($n = 7$)	Wilcoxon-Signed-Ranks-Test
SCL-90-Global-Symptom-Index	2.76 ± 0.5, min–max = 1.84–3.21	2.73 ± 0.8, min–max = 1.50–3.63	Z = −0.507, P > 0.1
I-Q	203 ± 44.6, min–max = 137–264	216.7 ± 44.8, min–max = 128–265	Z = −1.183, P > 0.1

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

EW162

Immigrants in emergency rooms: The role of culture in the diagnostic process and diagnostic certainty

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Introduction Transnationalism provides a serious challenge in mental health care, especially due to the crucial role of communication. Emergency room interactions offer an opportunity to analyze the role of cultural competency among providers and how they relate to immigrants in the clinical encounter.

Objectives This study addresses three aims: to assess the level of provider-perceived accuracy of diagnoses; to evaluate the use of restraints; and to compare diagnoses rates between patients of diverse racial/ethnic groups.

Methods We examined patients' race/ethnicity and their relation to service use and perceived certainty of mental health diagnoses. Three hundred and forty-seven migrants and 67 natives as well as their providers were interviewed in psychiatry emergency rooms in Barcelona (Spain).

Results The perceived certainty of clinical diagnosis is lower for Asians (OR = 0.2, 95% CI [0.07–0.63]), and higher when the clinician feels comfortable with the patient (OR = 5.41, 95% CI [2.53–11.58]). The probability of restraints is higher for Maghreb patients compared to native born (OR = 3.56, 95% CI [1.03–12.26]). The probability of compulsory admission is lower for Latinos compared to native born (OR = 0.26, 95% CI [0.08–0.88]). The probability of receiving a diagnosis of psychosis is lower when the clinician can communicate in the patient's language (OR = 0.37, CI 95% [0.16–0.83]).