

years a number of studies confirms the trend of mental pathology of growth with an increase in the number of clinical forms of psychotic register, including behavioral disorders in children. In turn, this is due to the increasing number of emergency situations (antiterrorist operations on the territory of Ukraine) for the last time. Ukraine now is an urgent need to establish a system of psychosocial rehabilitation of children with impaired mental development. International Charity Fund “Alexander Feldman Fund” in the Ecopark established the center for psychosocial rehabilitation of children and adolescents with psychological, emotional and behavioral disorders. The center created the conditions for the restoration of a bio-psycho-social harmony of the child in the conditions of modern urban-deformed medium. The aim of the center is to restore the level of social functioning and quality of life of children with ADHD, children with autism, cerebral palsy, Down syndrome and other neuropsychiatric disorders. The Center based on ecotherapy, also used animal therapy, garden therapy, play therapy, art therapy (studio for painting, sculpting). Individual and group work included various elements of cognitive-behavioral, rational, analytical child, relaxation, and other methods of psychotherapy.

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#### EV1186

### Is social frustration typical of multiple sclerosis patients?

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**Introduction** Psychological problems of multiple sclerosis patients are often studied in context of distress and depression or quality of life concept. However, analysis of social frustration still has not been an object of research interest. Whereas ignoring patients' feelings of frustration and social worry may worsen the prognosis of treatment.

**Objectives and aims** To study if the social frustration prevalent among multiple sclerosis patients.

**Methods** We studied 104 multiple sclerosis patients during inpatient treatment in neurological unit. Male and female patients aged between 19 and 64 years were diagnosed relapsing-remitting multiple sclerosis (RRMS) and secondary progressive multiple sclerosis (SPMS). Psychological indicators of social frustration were assessed by using “The level of social frustration” questionnaire.

**Results** Lack of social frustration was revealed only in 5% of multiple sclerosis patients. The most frequent area of social frustration in the patients was the sphere of health and labor activity (45%). The second area of social frustration was dissatisfaction with the socio-economic status (37%), the third – the social status (26%). Both male and female patients were equally dissatisfied with their physical condition. Men were more frustrated with their material condition, women – with their inability to work. Some differences were also defined in clinical groups. RRMS patients were more frustrated in need for their status in the society, SPMS patients with their psychological and emotional state.

**Conclusions** The directions of typical social frustration in multiple sclerosis patients, associations with clinical and gender factors may be considered in system of treatment and rehabilitation.

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

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#### EV1187

### Building a psychosocial rehabilitation unit: The experience of centro hospitalar entre Douro e Vouga

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**Introduction** In Portugal, the National Mental Health Plan sought to reform the mental health care system, decentralizing mental health care by promoting community based services. Guidelines point to treatment of Psychotic Disorders with collaborative, person directed and individualized approaches.

**Objective** The authors propose to describe the development of a new psychosocial rehabilitation unit in a recently created psychiatric department.

**Methods** The CHEDV's psychiatry department (2009) serves a population of around 340,000. The Psychosocial Rehabilitation Unit (2015) aims to ensure a multidisciplinary and integrated response to users with major psychiatric disorders. The Psychosocial Rehabilitation Unit structures 4 axes of response: detection and initial approach of the disease, intervention in crisis, psychosocial rehabilitation and management of difficult patients.

**Results** CHEDV's psychosocial rehabilitation unit is responsible for the care of about 25 patients daily. Treatment activities range from specialized consultations, home visits, medication management and crisis telephone to social skills training, psycho-education, neurocognitive rehabilitation, occupational workshops and social intervention/orientation. The unit bases its work on constant communication within the team but also with all other carers of the patient (in or out of hospital).

**Conclusions** Bringing to the population a set of previously unavailable responses is the most blatant success of this unit that is helping people getting a better and closer care. To improve our work we aim at integrating the quantitative and qualitative psychometric evaluation of the patients. The lack of resources, necessity of further training, insufficient funding, and low political priority remain as the main barriers to community based mental health care.

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#### EV1188

### Early signs of crisis in the perception of users and their family

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The identification of the early signs of crisis is globally considered one of the fundamental elements in the illness management practice of the psychiatric user. For this reason the mental health center of the city of Ravenna wanted to offer a personalized questionnaire to a 15 random-selected users and their families, with the aim of evaluating and analyzing the alarm signals in the participant's perception. The questionnaire has been created on the basis of other tests in the literature. It is divided in two parts, a “symptomatic”, related to the early signs of crisis, and an “environmental”, focalized on the potentially stressing situations for the individual. The administration took place within the individual and the family talks at the center. This project was implemented not only as a psycho-educational activity for the users and their family's, but also to amplify the knowledge of the staff on these signs. The results have shown how often there are points of difference in the perceptions of the early signs of crisis