

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1902>

EV919

Understanding discrepancies in the prediction of mental health, substance use and dual disorders. Implications from a multi-site international study

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Introduction The use of valid and practical screening scales might ease the burden for greatly needed universal testing for mental health, substance use and dual disorders, but do they work well with all populations? Do they miss correct identification of certain groups?

Objective To understand discrepancies in diagnostic prediction using the AC-OK screen in conjunction with other standardized assessment scales.

Methods Two hundred and twenty-six Latino participants were recruited from primary care and community clinics in Madrid, Barcelona and Boston and assessed with standardized mental health and substance abuse measures including the AC-OK screen and with a Computerized adaptive test for mental health (CAT-MH). A measure of frequency of discrepancies and an adjusted and unadjusted comparison of results and demographic characteristics or respondents were made for mental health, substance abuse or for discrepancies in both categories.

Results 35.4% of cases were discrepant in mental health (AC-OK-Mental Health vs. Patient Health Questionnaire-9, Generalized Anxiety Disorder 7 or PTSD Checklist) and 14.2% in substance abuse (AC-OK-substance abuse vs. drug abuse screening test or Alcohol use disorders identification test). When CAT-MH scale was incorporated, discrepant results were found in 24.3% and 14.2%, respectively. No association was found between substance abuse discrepancies and patient demographics. In logit regressions being from Barcelona, of younger age and male were significant predictors of discrepancies.

Conclusions Discrepancies were observed in the diagnostic prediction, with differences detected for site and sociodemographic characteristics of participants suggesting the importance of testing screeners for site and population differences. Evidence for the misclassification of young males is discussed. Caution is warranted in the implementation of screeners for at risk populations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1904>

EV920

Emotional regulation of mothers bringing up children with burn injury

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Introduction Burn injuries occupy 11th place in the list of causes of infant mortality and 5th in the list of the most common non-fatal childhood injuries (WHO, 2014). The situation of getting a burn injury, prolonged hospitalization, painful medical procedures, the threat of a child's life results in mother's unusual and heavy emotional experience. Adequate processing of this experience will be an important factor in her future mental health. The study involved 35 mothers hospitalized with their children because of burn trauma.

Objectives The aim of the study was to describe the characteristics of emotional regulation and emotional response of mothers bringing up children with burn injury.

Goals (1) Describe the phenomena of emotional regulation, found in mothers whose children have experienced a burn injury; (2) determine factors that cause appearance of special emotional phenomena among these mothers.

Methods Clinical interview, Beck Depression Inventory, State Trait Anxiety Inventor, Cognitive Emotion Regulation Questionnaire (CERQ).

Results A significant numbers of mothers shows a high level of anxiety and depression, which may be predictive of the development of PTSD. The main cognitive strategies of emotion regulation – self-blame and disasterization are maladaptive. An important role played by unconscious strategy of emotion regulation, basically – situation selection and attentional deployment, as well as the social regulation of emotions: the availability of a good support from family members with adaptive strategies of emotional regulation, adequate reactions of other mothers in hospital associated with less emotional distress above mothers. There is no correlation between the severity of burn injury and the emotional response of the mother.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1905>

EV921

Preventing attachment disorder (AD): Attachment-focused dyadic group therapy with borderline personality disorder – and former AD – mothers

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Children with mothers with Borderline Personality Disorder (BPD) have a high risk of developing attachment difficulties, and this risk is like to grow when their mothers experienced severe neglect and/or abuse in their childhood and early adolescence. Our objective was to clinically assess and lend support to a small group of young mothers at risk. We recruited mothers aged 18–25, with 1–12 month-old children. None was married, had a stable residence and sexual partner, and most were unemployed. All had early diagnosis of AD, had at present BPD, and had received extended global and residential psychiatric treatment in our Therapeutic Community (SIRIO Project) along their adolescence. We conducted six consecutive 4h weekly sessions, which were attended by mothers with their babies in the familiar setting of the Community. The explicit aim proposed to them was: “to come to be listened and accompanied and to share their motherhood experiences” with members of our multidisciplinary team (nurse, social worker, therapeutic educator, psychologist and psychiatrist), who were known to them. Fears, somatizations, more-or-less concealed rejection of her baby, apathy, sadness, suspiciousness, jealousy, relational difficulties with their couples and family figures... were common findings that were addressed in the sessions.

Main conclusion Minor but positive changes occurred in the dyadic mother-baby relationship. This was more patent concerning breastfeeding, relationships with their couple and extended fam-