

	OR	%95 CI	p	OR*	%95 CI	p
No subclinical psychotic expression at T <sub>1</sub>	ref			ref		
Low impact PS at T <sub>1</sub>	12.3	(4.3-34.8)	<.001	11.2	(3.7-34.0)	<.001
High impact PS at T <sub>1</sub>	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 <sub>1</sub> or T <sub>2</sub>	ref			ref		
Alcohol abuse T <sub>1</sub> (+), T <sub>2</sub> (+)	3.3	(1.4-7.7)	<.01	4.8	(1.8-12.6)	<.01
No cannabis use at T <sub>2</sub>	ref			ref		
Cannabis use ≥ 3 times per week	39.5	(3.4-452.6)	<.01	37.7	(2.9-493.6)	<.01
Number of stressful life events	β = 7.82	(0.01-0.02)	<.001	β* = 7.75	(0.01-0.02)	<.001

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

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#### EW409

### Perceived stigma in patients affected by psychosis: Is there an impact on relapse?



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**Introduction** The World Health Organization (WHO) considers stigma of mental illness as a crucial problem (WHO, 2001). Stigma contributes to the onset (Morgan et al., 2010) and the outcome of people affected by schizophrenia (Himan, 2015).

**Objectives** To evaluate the perception of patients affected by psychotic disorders of being stigmatized by the community.

**Aims** To compare the perception of stigma among subgroups of patients at different stage of their disorder.

**Methods** Thirty-five patients affected by a first-episode of psychosis (FEP) and 96 patients affected by chronic psychosis were recruited. The Devaluation of Consumers Scale (DCS) and the Devaluation of Consumer Families Scale (DCFS) were administered to assess the perceived public stigma (Struening et al., 2001). The Positive And Negative Schizophrenic Symptoms Scale (PANSS) (Kay et al., 1987) and the Global Assessment of Functioning (GAF) (Goldman et al., 1992) were administered to assess psychotic symptoms and global level of functioning.

recent onset of psychosis (Mann–Whitney's  $U = 910.500$ ,  $P = 0.017$ ). DCS and DCFS correlated with increased voluntary admissions ( $Rho = 0.355$ ,  $P = 0.002$ ;  $Rho = 0.257$ ,  $P = 0.029$ ) and DCS with increased compulsory admissions ( $Rho = 0.349$ ,  $P = 0.003$ ). Only among chronic patients, DCS factor 2 was related to global level of functioning ( $Rho = 0.217$ ,  $P = 0.041$ ).

**Conclusions** Patients affected by chronic psychotic disorders perceived a more pessimistic attitude of the community towards their participation in social and community life and this is related to increased admissions and disability.

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

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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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