

accordance with the study's aim, visual and motor functions had different impact on symptom dimensions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2143>

EW0274

Spanish adaptation of the recovery enhancing environments (REE) measure: Preliminary results

P. Penas^{1,*}, J.J. Uriarte², P. Ridgway³, M.C. Moreno², I. Iraurgi¹

¹ University of Deusto, Department of Personality, Assessment and Psychological Treatment, Bilbao, Spain

² Osakidetza, Mental Health Services Organization of Bizkaia, Bilbao, Spain

³ Independent Scholar, Research Consultant, Wichita, USA

* Corresponding author.

Introduction During the last decades, the recovery from severe mental illness has shifted from a focus on reducing symptoms to a more holistic approach of emphasizing consumer-centered goals and subjective wellness (Anthony, 1993). The implementation of this controversial new model it has not had an easy path. In that sense, Ridgway (2004, 2011) developed the Recovery Enhancing Environments (REE), an instrument to gather information on personal mental health recovery and the elements that people feel are important to their recovery; staff activities and an organizational climate that encourages resilience.

Objective To present the preliminary results of the Spanish adaptation.

Method English to Spanish translation of REE was carried out. The REE interview and Euro-Qol5d, HoNOS, EEAG and CGI scales were completed by 312 patients in Mental Health Services organization of Bizkaia (Spain), 189 men and 123 women (age = 48.89). The interviewers of the REE were service users trained and hired for this task.

Results The alpha de Cronbach was .98, and for its dimensions: program performance indicators (.97), organizational climate (.92) and recovery markers (.93). The concurrent validity with others scales have resulted in correlations coefficients superiors to $r = .35$ ($P < .001$).

Discussion As the different indicators are adequate and the instrument has a similar structure to other theoretical studies, it can be concluded that Spanish REE is an appropriate measure to fill the gap between the knowledge in the recovery model and what services can do to support this model. All of this information gathered from people who receive mental health services.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2144>

EW0275

How is evaluated mental health recovery?

P. Penas^{1,*}, M.C. Moreno², J.J. Uriarte², P. Ridgway³, I. Iraurgi¹

¹ University of Deusto, Department of Personality- Assessment and Psychological Treatment, Bilbao, Spain

² Osakidetza, Mental Health Services Organization of Bizkaia, Bilbao, Spain

³ Independent Scholar, Research Consultant, Wichita, USA

* Corresponding author.

Introduction There is an increasingly recognition of the concept of recovery in the treatment of mental illness. Recovery defined as living a fulfilling, rewarding life, even in the ongoing presence of a mental illness. Consequently, a number of instruments have been designed to assess recovery-oriented outcomes.

Objective The objective of the study was to conduct a systematic revision of the instruments used to assess recovery with appropriate psychometric properties.

Method A systematic review of the literature has been realized. The adequacy of the instruments utilization, the content validity and psychometrics properties were gathered and analyzed.

Results/discussion After a systematic review, it has been obtained 25 different instruments for measuring personal recovery and 17 for assessing the orientation of recovery in mental health services. As a consequence of the lack of consensus that exists in the conceptualization of recovery; several instruments have been developed and used to assess the different recovery domains. But it is essential to select scales that match with the recovery model and assess adequately the individual's recovery, and also, the recovery orientation of services. Moreover, those instruments should have appropriate psychometric properties and should be suitable to be introduced in routinely clinical settings.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2145>

e-Poster walk: Substance related and addictive disorders—part 1

EW0276

Clinical variants of psychopathological disorders in users of synthetic cannabinoids (spices)

N. Bokhan^{1,2,*}, G.Y. Selivanov^{3,4}

¹ Mental Health Research Institute, Tomsk National Research Medical Center of Russian Academy of Sciences, Administration, Tomsk, Russia

² Siberian State Medical University, Psychiatry, Addiction Psychiatry and Psychotherapy Department, Tomsk, Russia

³ Siberian State Medical University, Tomsk, Russia

⁴ Seversk Clinical Hospital, Psychiatry Department, Seversk, Russia

* Corresponding author.

Introduction The problem of mental health of synthetic (“designer”) drug or “spice” users draws the increasing attention of experts of various areas in psychiatry, addiction psychiatry and psychotherapy.

Research objective To classify and describe the psychotic states arising after the use of “spice”; to define the personality changes and probable consequences of the use observed in patients in the conditions of a hospital.

Material and methods One hundred and one patients (93 men and 8 women; mean age 27.8 ± 7.6 years) with dependence on “spice” revealed between 2014 and 2015 were examined. History taking, clinical-psychopathological investigation and experimental psychological testing were used.

Results and discussion As a result of research the patients were divided into 5 groups according to criteria of ICD-10:

- group 1: acute intoxication with delirium ($n = 16$; 15.84%);
- group 2: residual and late-onset psychotic disorders like flashbacks ($n = 9$; 8.92%);
- group 3: withdrawal state with delirium ($n = 32$; 31.68%);
- group 4: psychotic disorder, mainly hallucinatory ($n = 30$; 29.70%);
- group 5: paranoid schizophrenia ($n = 14$; 13.86%).

The use of synthetic cannabinoids (“spice”) can initiate transient psychotic episodes, serve as the contributing factor of development of paranoid schizophrenia, continuous type of the course, leads to “accentuation” of schizoid, paranoid and psychopathic traits of the personality. It is proposed to make up a question of the possibility