

EV1115

Voluntary and involuntary admission to a subacute psychiatric hospitalization unit

O. Orejas*, P. Flores Martínez, C. Macías Castellví, M.T. Campillo Sanz, M. Vallvé Elias, A. Casals Arnau, C. Masferrer Herrera

Neuropsychiatry and Addictions Institute INAD, Parc de salut Mar, Psychiatry Hospitalization, Barcelona, Spain

* Corresponding author.

Introduction Involuntary admissions continue to be a controversial topic in psychiatry. However, it is well known that psychosocial rehabilitation treatment is more successful when the patient is involved in it improving awareness and adherence to treatment.

Objectives This study examined admissions patterns, including voluntary, involuntary, and partly voluntary admissions to a subacute psychiatric hospital.

Methods This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Patients's basic sociodemographic and clinical data were collected and compiled in a database. Descriptive statistics were performed using SPSS Software.

Results A total of 88 patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Among 88 patients, 44 (50%) had voluntary admissions, 16 (18.2%) had involuntary admissions, 27 (30.7%) had partly voluntary admissions and just one patient (1.1%) had partly involuntary admissions. Seventy-one (80.1%) patients had voluntary admissions at discharge, and only one of them escape from hospital and did not finish the treatment.

Conclusions In the short term involuntary hospitalization has benefits, however also can have adverse long-term consequences for the patient-therapist allegiance, breaking the psychotherapeutic relationship and making the patient abandon treatment. It's important to reassess the condition of admission and work with the patient the need to engage in treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2100>

EV1116

Analysis of the elapsed time since a patients' disease is diagnosed till they come to a rehabilitation center

M. Palomo Monge^{1,*}, D.C. Sandra², A.L. María Fernanda³, T.G. María Fernanda¹, G.M. David¹, S.D.L.P. Silvia³, D.D. Arántzazu⁴, O.B. Rubén¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain

² Centro de Rehabilitación Psicosocial y Laboral, Psicología, 45600 Spain

³ Hospital Nuestra Señora del Prado, Family Medicine, 45600 Spain

⁴ Hospital General de Ávila, Psychiatry, Avila, Spain

* Corresponding author.

Introduction The elapsed time since a patients' disease is diagnosed till these patients come to rehabilitation centers is usually long. In this study in our sanitary area, we have checked the average length of time since the patient is diagnosed till they come to the rehabilitation center.

Objectives To calculate and analyze the years of evolution of the disease in patients who come to the rehabilitation center in the Talavera area during year 2014. Classify them by sex.

Methods Retrospective cross-sectional descriptive study. We carried out a register of all the patients who come to the Psychosocial and labor Rehabilitation center in 2014. Classified them by sex, and the time lapsed since they were diagnosed until 2014.

Results From all 135 patients: 92 men (68.15%) and 43 women (31.85%). Less than 2 years of evolution: 1 patient (1%) 1 men, 0 women; between 2 and 5 years of evolution: 7 patients (5%) 5 men, 2 women; between 6 and 10 years evolution: 13 patients (10%) 7 men, 6 women; more than 10 years: 114 patients (84%).

Conclusions It is evident that the number of patients increases proportionally to the number of years since the diagnosis. The majority of patients who come to the center (84%) were diagnosed more than 10 years ago. This leads us to wonder why the patients in our sanitary area with recent diagnosis of diseases such as schizophrenia do not come to the mentioned centers earlier.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2101>

EV1117

The social cognition individualized activities lab: Implementation of a new remediation intervention for social cognition

D. Palumbo*, A. Mucci, G. Piegari, M. Chieffi, A. Mazza, R. Giugliano, F. De Riso, V. D'Alise, S. Galderisi

University of Naples SUN, Department of Psychiatry, Naples, Italy

* Corresponding author.

Introduction People with schizophrenia exhibit deficits in neurocognitive and social cognitive (SC) processes which limit their social reintegration. SC was found to mediate in part the impact of neurocognitive dysfunctions on real-life functioning.

Objective The purpose of this study was to implement a new intervention for patients with schizophrenia, the Social Cognition Individualized Activities Lab (So.C.I.A.L.) which trains both social cognition and neurocognitive functions.

Aims To determine the efficacy of the So.C.I.A.L. in improving SC by a comparison with a validated cognitive remediation (CR) intervention: the Social Skills And Neurocognitive Individualized Training (SSANIT).

Methods Nine stabilized patients accepted to participate in this pilot study. Five were randomized to So.C.I.A.L. and 4 to SSANIT. The two programs were matched for the overall treatment duration (20 weeks), as well as frequency and duration of the sessions. Both interventions included individual sessions of neurocognitive individualized training; So.C.I.A.L. included group sessions on Emotion Recognition and Theory of Mind, while SSANIT group sessions of Social Skills Individualized Training.

Results No group difference was found for changes in neurocognition, while a significant group effect was observed for changes in SC, due to improvement only in the So.C.I.A.L. group.

Conclusions The study results showed a specific effect of the So.C.I.A.L. on SC, beyond the effect on neurocognition. Further studies are needed to assess the impact of So.C.I.A.L. on real-life functioning in a larger group of subjects.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2102>

EV1118

Advantages and obstacles for community based approach using case management method in the work with users that have psychotic disorders – Case study

G. Racetovic^{1,*}, S. Popovic², B. Rosic², S. Grujic Timarac³

¹ Public Health Institution Health Center, Community Mental Health Center, Prijedor, Bosnia and Herzegovina

² Public Health Institution Health Center, Health Center, Prijedor, Bosnia and Herzegovina

³ Public Health Institution Hospital, Psychiatry Department, Prijedor, Bosnia and Herzegovina

* Corresponding author.

Introduction Case management (CM) is accepted as the most recommended approach for the treatment of people with severe mental illnesses (SMI) in Community Mental Health Centers (CMHC) in whole Bosnia and Herzegovina (BH) in the last 3 years.

Objective All team members of CMHC Prijedor are certificated case managers. Part of our daily activities is work with and for the users included in CM (mostly with schizophrenia or similar disorders) using multidisciplinary approach to find best possible solutions of both treatment and rehabilitation for users that we are in charge. In this moment CMHC cares for 12 mostly younger users involved in the CM.

Aims To show advantages as well as obstacles of the CM.

Methods Case study of young user with schizoaffective disorder included in the CM in the last 2 years.

Results Improvements in user's daily activities and using of the remaining capacities with confrontation of partial or entire poor responses of most other community services.

Conclusions CM has many advantages for the user involved in it, mostly medical and psychological (adequate treatment followed by users wishes, avoidance of hospitalization, improving existing or building new skills, use of remaining capacities, planned activities, minimize of the psychopharmacological treatment, social skills and more new contacts with people, etc.). But, still are existing the obstacles in the community mostly considering employment and social care as an part of the stigmatization of the people with SMI.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2103>

EV1119

Crisis in the psychiatric patient: A structured illness-management-oriented group intervention

G. Fucci, N. Ratti*, R. Gattamorta, R. Godoli, S. Randi, M.P. Riccipetitoni

AUSL Romagna, Dipartimento di Salute Mentale, DSMDP, Ravenna, Italy

* Corresponding author.

Introduction Crisis prevention and management of the psychiatric patient have obtained a central role in the policies of Mental Health Services. In this context, Mental Health Centre of Ravenna has launched a "Crisis Center", a rehabilitation group project applied to three types of users: users in an early stage of crisis, users in a post-critical stage and users at high risk of crisis. Intervention was based on the Illness Management and Recovery practice, an evidence-based program which consists in social skills training activities, emotions management, symptom management, coping skills training, psycho-education and, more generally, supporting users in their personal recovery process.

Objective Objectives of this project is to prevent crisis and hospitalization and to provide an alternative to institutionalization for mental health users.

Aims The aims of this study was to analyze and show effects and results of the project, in its first three years of life.

Methods Through the database "Infoclin", we analyzed data of 94 users who took part in the project between January 2012 and December 2014.

Results Analysis showed, primarily, that out of 94 users, 64 (68%) have not needed hospitalization in the following two years after intervention. Furthermore, out of 39 users with a history of one or

more hospitalizations at time of entry, 22 (56.4%) have not needed hospitalization in the next two years.

Conclusions Despite the low number of users analyzed, it is believed that this study should be considered a further evidence of the positive effects of the IMR practice within mental health services.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2104>

EV1120

The post-traumatic growth: The wisdom of the mind, its clinical and neuropsychanalytic vicissitudes

I. Rozentsvit

Object Relations Institute for Psychotherapy and Psychoanalysis, Parent-Child Development Program, Fresh Meadows, USA

The purpose of this symposium is to bring awareness about and to promote knowledge of the phenomenon of posttraumatic growth (PTG) and its neurobiological mechanisms. The other purpose is to explore neuro-psycho-education as an important tool in understanding trauma and in promoting PTG.

The idea of PTG was pioneered by Calhoun and Tedeschi (1999), who addressed positive psychological change (as they compared it with the "mind's wisdom"), which occurs in some individuals after trauma. PTG happens in the context of and despite of processing traumatic pain and loss. This phenomenon includes five main factors: relating to others with greater compassion; finding new possibilities, personal strength, spiritual change, and a deeper appreciation of life.

Both neuropsychanalysis and neuro-psycho-education offer us the knowledge of neurobiology and its mechanisms of "action" (such as neuroplasticity, neurointegration, mind-body integration, connectomes, 'triune brain', 'bottom up processing' and 'top-down regulation', etc.) and help modern mental health practitioners to understand their clients from "inside out": to read the cues of their underlying (and not verbalized) patterns of being; to access their undisclosed, untold, emotional-relational history; to understand how this history shapes the present; to appreciate one's unique personal growth, even in the aftermath of trauma, and to understand mindfulness and mentalization as two powerful healing processes which play significant role in PTG.

Both neuropsychanalysis and neuro-psycho-education also help clinicians to be in touch with and to regulate our own emotions and somatic responses to a "difficult client", while maintaining "benevolent curiosity" and empathic stance.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2105>

EV1121

Sexuality and affectivity: Two themes in a psychosocial intervention for psychotics inpatients

A. Vaccaro*, C. Zoppellaro, V. Fusco

Comunità TESEO, Crest, Milan, Italy

* Corresponding author.

The aim of this project is about valuing these themes, not only in order to increase physiological genres knowledge or the responsible use of contraceptives, but is mainly about growing sexual psychosocial features awareness. Treating these themes in a psychoeducational intervention means: minimize sexually-transmitted diseases, prevent psychotic patients from quitting psychopharmacological treatment and favour the birth and the