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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.

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EV1119

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

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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.

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EV1120

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

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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.

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EV1121

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

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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

development of intimate relationships that may help patients leaving an unhelpful isolation condition.

Increase the awareness of different sexual and affection aspects: physiological, anatomic and reproductive, relational and communicative, emotional, social and cultural, playful and pleasant ones. The 18 meetings interventions were done using a psychoeducational model; an active leading group manner (role plays and simulations) was used in order to ease the exchange of views between patients and the group leader.

We did a first round of meetings with ten patients who participated actively; we also submitted to them a questionnaire – before and after the intervention – in which we collected knowledge and opinions about different themes (contraceptives, risk awareness, affective relationships etc.).

From a qualitative analysis of the results we saw a knowledge-improvement about the dealt themes, and also, in some cases, we identified a modification in some problematic behaviours. The sample it's still too small for statistical analysis.

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EV1122

Emotional management training in residential mental health services

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A core element for the treatment of psychiatric patients in mental health services is the Psychosocial Rehabilitation. In this work we mainly refer to a training whose targets are fundamental components of the Emotional Intelligence (EI), which is, according to the original Salovey and Mayer's definition (1990), "a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and in others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one's life".

The purpose of this study is to evaluate the efficacy of Emotional Management Training and to compare our emotional management assessment to standardized emotional intelligence assessment instruments.

Twenty adult inpatients (from 18 to 55 years of age) were enrolled: ten subjects were assigned to a one year lasting emotional management training (clinical target group) and ten subjects were assigned to a clinical control group; furthermore twenty subjects were selected and assigned to a non-clinical control group. Outcome measures were: emotional management assessment, Schutte Emotional Intelligence Scale (SEIS) and Toronto Alexithymia Scale (TAS-20).

Emotional management assessment outcomes confirm the efficacy of emotional management training. Preliminary results also confirm the effectiveness of the assessment compared to standardized emotional intelligence scales.

Emotional management training improves psychiatric patient competence in terms of: emotions definition and acknowledgement, self-emotion identification, self-emotion sharing, management of stressing situation and intense emotions.

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Research methodology

EV1124

Does clinical change always means the same? Comparison of different perspectives

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Introduction In psychiatric practice, the assessment of change from pre- to post-treatment is a key approach for monitoring treatment effects and for the prediction of treatment outcomes. The Health of the Nation Outcome Scales (HoNOS) as a clinician-rated measure and the Brief Symptom Inventory (BSI) as a self-report measure are tools (that are) often incorporated in outcome monitoring. Their usefulness, however, has been questioned by two important issues: their psychometric properties and their lack of concordance.

Aims and objectives The aim of the study is to evaluate the responsiveness of HoNOS and BSI as well as their interactions to predict clinical meaningful change according to the Global Clinical Impression (CGI) as quasi-gold standard for treatment outcome.

Methods A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders was assessed with Brief Symptom Inventory (BSI) at admission and discharge. The HoNOS and the CGI were rated by the responsible clinicians at admission and discharge. Ordinal logistic regressions will be conducted using the CGI categories as ordered categorical outcome. HoNOS and BSI scores as well as their interaction terms will be used as independent variables.

Results and conclusion Complete data of admission and discharge is available from approximately 600 cases. Graphical presentations will illustrate the resulting associations.

Keywords Clinical Global Impression; Health of the Nation Outcome Scales; Brief Symptom Inventory; Outcome monitoring; Ordinal regression

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EV1125

Descriptive study of the treatment of delusional disorder. Survey study DELIRANDA

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Introduction We currently lack clinical guidelines for the treatment of Delusional Disorder (DD) F-22, the low prevalence of the disease coupled with no awareness of illness and poor adherence to prescribed treatment make it difficult to study. The limited evidence available for the treatment is based mainly on clinical series. *Objectives* This study evaluates the knowledge and preferences in the treatment of the DD, in order to improve clinical practice and gain information of the DD to conduct clinical studies of effectiveness of the different treatments.

Material and methods A self-administered survey was conducted on a sample of 80 psychiatrists proceeding on a wide array of mental health care services. Participants provided socio-