

very clear, useful and of high standing. Each question has been rated with an average of 4.35 related to the overall content.

Conclusions: The present survey confirms that a short online training programme focused on professional sport coaches is well received by participants and can provide them with useful information on how to engage patients with severe mental disorders. The next step of the EASMH project foresees the implementation of several local pilot actions with the active involvement of patients with severe mental disorders.

Disclosure of Interest: None Declared

EPP0380

Implementing Individual Placement and Support (IPS) program of supported employment in Finland: Experiences on integrating the program in psychiatric care

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Introduction: Mental health problems increase the risk for long-term sick leaves, early transitions to disability pensions and unstable career paths. Individual Placement and Support (IPS) is an evidence-based program integrated into psychiatric care aiming to support individuals with serious mental illness in finding employment. One key element in the implementation of the program is that the program is adequately integrated into the psychiatric care. However, knowledge on implementation challenges as well as best practices experienced by the practitioners, especially from the perspective of professionals in psychiatric care, is limited.

Objectives: The Finnish Individual Placement and Support Evaluation Study (2020-2023) aims at investigating the implementation, feasibility as well as perceived benefits and outcomes of IPS program. The present study focuses on experiences on implementation of the program in the psychiatric care.

Methods: Both quantitative and qualitative data from different stakeholders have been and will be collected. The data collection will be finished at the end of 2022. For the present study, data among professionals (psychiatric nurses and psychiatrists) in the psychiatric care has been and will be collected using questionnaires (n=58) and individual interviews (n=17). Among IPS employment specialist delivering the program, the data have been / will be collected using focus group interviews (6 focus groups, n=29) and workshops.

Results: The preliminary findings of the study show that the key elements in successful implementation of the IPS program into the psychiatric care are sufficient information about the program among professionals in the psychiatric care, adequate flow of information between IPS employment specialists and psychiatric care (including regular meetings) and facilities promoting the co-operation (including physical space and common information system). Majority of professionals in psychiatric care reported that the client-related communication with the IPS employment specialist had been active (81%) and adequate (76%).

Conclusions: Successful implementation and integration of the IPS program into psychiatric care requires seamless cooperation and communication between mental health professionals and IPS employment specialists, especially in cases when the IPS

employment specialists do not have access to patient information due to confidentiality legislation.

Disclosure of Interest: None Declared

EPP0381

The patterns of rehabilitation service use and personal recovery among persons with psychiatric disability

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Introduction: Rehabilitation services are supposed to facilitate recovery. However, there is no concrete evidence in Taiwan.

Objectives: This study examined the patterns of rehabilitation service use and the association between the pattern of use and personal recovery.

Methods: Thirty-two community psychiatric rehabilitation centers in Taiwan agreed to participate in this study. A sample of 592 participants filled out the questionnaires. Eight kinds of rehabilitation services were included: Independent living and self-care training, interpersonal and social skills training, daily life arrangement and community life rehabilitation, physical activities, symptom management training, occupational therapy, sheltered workshops, and vocational training. Recovery was measured by the Stage of Recovery Scale. Cluster analysis was utilized to classify service use patterns among the participants. ANOVA was used to examine the association between the pattern of use and recovery.

Results: The results revealed five patterns of use: (1) Overall middle level with emphasis on work, (2) independent living plus occupational rehabilitation, (3) independent living plus vocational rehabilitation, (4) overall low-level of use, and (5) overall high-level of use. The differences among the five groups of participants in each kind of rehabilitation service were significant ($\eta^2=19.2\%$). The recovery status of overall high users was significantly better than middle-level and low users. The recovery status of low-level users was significantly worse than the other four groups.

Conclusions: The findings imply that greater rehabilitation service use is conducive to recovery. Comprehensive use of various types of service or the combination of independent living and other types seem to facilitate recovery.

Disclosure of Interest: None Declared

EPP0382

Impacts of Individual Placement and Support (IPS) program of supported employment on employment and psychosocial well-being among individuals with severe mental illness

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Introduction: Mental health problems increase the risk for unstable career paths and often lead to early transition to disability

pensions. Individual Placement and Support (IPS) is an evidence-based program integrated into psychiatric care helping individuals with serious mental illness to find competitive employment. It comprises personalized job search as well as individual in-work support for both the employee and the employer.

Objectives: The Finnish Individual Placement and Support Evaluation Study (2020-2023) aims at investigating the implementation, feasibility as well as perceived benefits and outcomes of the IPS program implemented for the first time broadly in Finland. The present study focuses on the changes observed among program participants in employment status and psychosocial well-being during the 6- and 12-months follow-ups.

Methods: Both quantitative and qualitative data from different stakeholders have been and will be collected. The data collection will be finished at the end of 2022. The presentation focuses on findings from interviews ($n=31$) and from questionnaire data collected among program participants at baseline and at 6- and 12-months follow-ups. The total sample will comprise approximately 300 program participants (18–64 years of age) diagnosed with a severe mental illness.

Results: Findings on changes in employment status as well as in psychosocial well-being (self-rated health and work ability, mental distress, positive mental health, self-esteem, satisfaction with life, social inclusion, and perceived social support) will be discussed at the congress. The preliminary findings of the study show that about half of the program participants have succeeded in getting employed at least once during the follow-up. However, becoming employed does not always result in increased psychosocial well-being. Work-related stress, meaningless or unsuitable job, problems at the workplace community or fear of being stigmatized may contribute toward decreased psychosocial well-being.

Conclusions: Meaningful work can play an important role in the process of recovery from mental illness. However, individuals with severe mental health problems need support with the working life related concerns and stress especially at the beginning of employment.

Disclosure of Interest: None Declared

EPP0383

A further step towards early and systematic psychoeducation for caregivers with the BREF program

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Introduction: Despite international and national guidelines advocating psychoeducation for caregivers (PEC) as one of the most effective treatments for patients living with a severe mental disorder (SMD), such programs remain scarce. Only 3% of the 4.5 million French caregivers in psychiatry have benefited from PEC and less than 10% know family associations (i.e., peer-led organizations supporting family members, caregivers, and loved ones of individuals living with a SMD). Worryingly, PEC is provided on average 10 years after the disease onset in France. Recognizing this major shortage in mental health organization, Rey et al. together with the Unafam family association created a short psychoeducational program called “BREF”. BREF means “brief” in French and can be provided early and systematically to caregivers of individuals with a SMD.

Objectives: The aim of the present study was to assess the impact of the BREF program on depressive symptoms and burden of caregivers who benefited from the program.

Methods: This is a retrospective, multicenter, open, uncontrolled study. 303 caregivers of persons living with a SMD benefited from the BREF program and were included in the present study. Depressive symptoms (assessed using the Center for Epidemiologic Studies Depression Scale, CES-D) and caregiver burden (assessed using the Zarit Burden Interview, ZBI) were measured before the BREF program, after the third session and during the 3-month telephone callback. Quantitative data on caregivers’ satisfaction were collected at the 3-month telephone callback.

Results: The 303 caregivers included belonged to 216 families. Caregivers were mostly female (65.9%), they were mainly parents (66.8%) and spouses (17.3%). 20% of the included caregivers didn’t know the diagnosis of their relative and 69% had been caring for their relative for less than 5 years. As compared to baseline, we report a significant reduction in depressive symptoms and caregiver’s burden after the third session of the BREF program ($p<0.001$) and at the 3-month telephone callback ($p<0.05$) (Fig. 1-2). The proportion of caregivers with a probable depression ($CES-D\geq 20$) was significantly lower after the third session of the BREF program ($p=0.02$) (Fig. 3). At 3 months, high levels of satisfaction were observed, with 98.4% of caregivers being satisfied or very satisfied with the BREF program. Caregivers deemed that the BREF program was very useful with a mean score of 9/10 (± 1.5). 73% of the included caregivers attended the 3 sessions of the BREF program.

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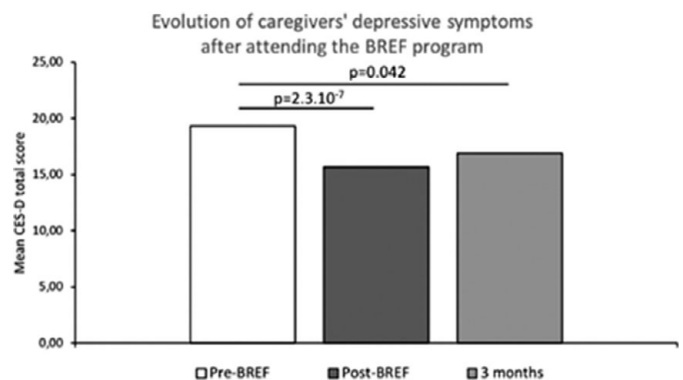


Image 2:

