Conclusions: Combining PSW and TxM is effective with positive clinical outcomes for acute care patients. Incorporating the two interventions into routine psychiatric care for patients after discharge is highly recommended.

Disclosure of Interest: None Declared

O0036

The Family as Part of the Client's System in the Wards Psychiatric Hospitals : A Comparative Study Evaluating the Implementation of a Family-Centered Care Model

R. Shor[1]* and A. Shalev[2]

[1]The School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Jerusalem and [2]Faculty of Social Work, Ashkelon Academic College, Ashkelon, Israel
*Corresponding author.
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Introduction: Family caregivers can be a valuable source of knowledge and help in treating persons with mental illness during a psychiatric hospitalization and in ensuring a continuity of service between family caregivers and professionals after the discharge form a psychiatric hospital. Therefore, a family care model has been developed in order to provide professional staff members in psychiatric wards guidelines for how to collaborate with family caregivers during each stage of the hospitalization of their family member with mental illness.
Objectives: To examine the impact of implementing the Family Care model in psychiatric hospitals in Israel on the family caregivers and on the continuity of care between the hospitalization and the community.
Methods: A comparative study was conducted implementing an AB design with an intervention and control groups. Seventy five persons participated in the control group and 93 in the intervention group. Questionnaires were delivered to family caregivers during the hospitalization and after the discharge from hospitalization, about the quality of collaboration of the family caregivers with the professionals during the hospitalization, about the family caregivers health and mental health, about their knowledge and ability to handle situations related to the family member with SMI and about the continuity of services between the hospitalization and the community
Results: The findings indicate that in the intervention group comparing to the control group there was: A lower level of anxiety of the family caregivers after the discharge of their family member from the psychiatric hospital, a higher level of evaluation of the caregivers' knowledge how to respond to the needs of the family members with mental illness, a higher level of evaluation of the quality of collaboration between the caregivers and the professional staff during the psychiatric hospitalization and a more frequent contact a between the persons with mental illness and the mental health services as well as a greater compliance with treatment after the discharge from the psychiatric hospital.
Conclusions: The Family-Centered care model expands the traditional boundaries of the definition of the patient in psychiatric hospitals to include the family caregivers. This model could help prevent the development of problems for the family caregivers and it could help improve the continuation of services in the community. Therefore, the findings support the implementation of this model in psychiatric hospitals.

Disclosure of Interest: None Declared

O0037

The improvement of healthy habits in patients with severe mental disorders: the LIFESTYLE trial

V. Sollo*, M. Di Vincenzo, M. Carbone, A. Rosa, R. Toricco, L. Tretola, M. Luciano, G. Sampogna and A. Fiorillo

Psichiatry, Università della Campania Luigi vanvitelli, Naples, Italy
*Corresponding author.
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Introduction: The impact of unhealthy lifestyle behaviors is significant in the general population, being associated with chronic physical conditions, reduced life expectancy and increased healthcare costs. This impact is higher in patients with severe mental disorders (SMD). In fact, SMD patients present higher rates of obesity, metabolic syndrome, diabetes, and cardiovascular diseases compared to the general population. The relationship between physical and mental health is multifactorial and includes side effects of many psychotropic drugs, sedentary behaviors, reduction of physical exercise, smoking, and substance abuse. Finally, illness-related factors, including cognitive impairment, reduced psychosocial functioning, social isolation, and self-stigma, can significantly impact on patients' physical health.
Objectives: This study, coordinated by the Department of Psychiatry of the University of Campania "L. Vanvitelli", aims to test the efficacy of a lifestyle group intervention, compared to a brief psycho-educational intervention, in improving healthy habits in a real-world sample of patients with SMD.
Methods: 401 patients were recruited and randomly allocated to receive the experimental or the control intervention. Inclusion criteria were age between 18 and 65 years; primary diagnosis of schizophrenia, schizoaffective disorder, delusional disorder, other psychotic disorders, major depressive disorder, or bipolar disorder according to the DSM-5; BMI$\geq$ 25. At baseline and 6 months post-randomization all patients were administered: SCID-5, BPRS, MATRICS, MCCB, IPAQ and a questionnaire on lifestyle behaviors developed by the Italian National Institute of Health.
Results: 206 patients were allocated to the experimental group and 195 in the control one, of which 43.3% had a main diagnosis of bipolar disorder, 29.9% of psychosis and 26.9% of major depression. Patients were mainly female (57%), with a mean age of 45.6$\pm$11.8 years and with an educational level of 11.7$\pm$2.9 years. All patients were treated with at least one psychotropic drug. About 29.4% of patients reported performing physical activity regularly, while only 3.7% performed at least 75 min of vigorous physical activity per week. Patients practicing physical activity report higher levels of perceived satisfaction with the quality of life compared with non-active patients ($p < 0.005$). A general improvement in dietary patterns from T0 to T1 was found in patients receiving the experimental intervention. We found an increased weekly intake of fish ($p < .001$), vegetables ($p < .05$) and fresh fruit ($p < .01$). Moreover, we also found a reduction of junk food ($p < .05$) and of weekly consumption of cereals ($p < .01$).

Conclusions: Our findings show that patients with SMD can improve their lifestyle behaviors with appropriate support. There is the need to implement similar interventions clinical practice to reduce the mortality gap in patients with SMD.

Disclosure of Interest: None Declared

O0038

The relationship of the child's externalizing and internalizing symptoms with the parent's maladaptive schemas and attachment style

L. Lestyán* and B. Szabó

ELTE Eötvös Loránd University PPK Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary
*Corresponding author.
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Introduction: According to recent studies, there is a relationship between the parent-child attachment style and the child's externalizing and internalizing problems. However, the parent's maladaptive schemas were not examined in this relationship before.
Objectives: We aimed to examine the relationship between parents' maladaptive schemas, well-being, their attachment to their child, and the parent's perception of the child's symptoms.
Methods: In our cross-sectional, non-clinical study, 442 parents of children between the ages of 22 and 57 completed the Young Schema Questionnaire (YSQ), Experiences in Close Relationships Questionnaire (ECR), Strength and Difficulties Questionnaire (SDQ) and WHO Well-being Questionnaire (WBI-5). We conducted four mediator analyses. We chose the emotional deprivation schema subscale as the independent variable and attachment anxiety and attachment avoidance subscales as mediators, while the models differed in the dependent variables. We chose the SDQ externalizing symptoms, internalizing symptoms, prosociality subscale, and WHO well-being questionnaire as dependent variables.
Results: The mediation analyses proved to be significant. Emotional deprivation had significant effect on the parent's attachment anxiety ($a_1 = 0.01$, $p < .001$), avoidance ($a_2 = 0.32$, $p = .002$) and on the parent's well-being ($c_1 = -0.12$, $p < .001$), while emotional deprivation was not associated with externalizing symptoms ($c_2 = 0.002$, $p = .25$), internalizing symptoms ($c_3 = 0.001$, $p = .53$) and prosociality ($c_4 = 0.01$, $p = .26$). However, the indirect effects of emotional deprivation through attachment anxiety were significant in case of internalizing symptoms ($a_1b_5 = 0.03$ [0.02 – 0.05), prosociality ($a_1b_8 = -0.004$ [-0.01 – -0.0002]) and well-being ($a_1b_1 = -0.017$ [-0.03 – -0.005]). Furthermore, the indirect effects of emotional deprivation through attachment avoidance were significant in case of internalizing symptoms ($a_2b_6 = 0.009$ [0.002 – 0.02]) and prosociality ($a_2b_8 = -0.007$ [-0.01 – -0.0002]). While the indirect effects of emotional deprivation through attachment anxiety ($a_1b_3 = 0.007$ [-0.001– 0,02]) and avoidance ($a_2b_4 = 0.0001$ [-0.006 – 0.006]) on externalizing symptoms were not significant. The indirect effects of emotional deprivation through attachment avoidance on the parent's well-being were not significant ($a_2b_2 = -0.002$ [-0.01 – 0.006]).
Conclusions: Our results - taking into account the limitations - suggest that there is a relationship between the parent's emotional deprivation schema and the child's internalizing symptoms, prosociality, and the parent's well-being through the parent-child attachment pattern. Attachment style and maladaptive schema have no effect on externalizing symptoms. These results may also have practical implications.

Disclosure of Interest: None Declared

O0039

Supported employment: the fundamental adjuvant in the treatment of mental illness

J. R. P. Correia[1]*, H. J. Gomes[2], R. A. Moreira[2], A. M. Fraga[3], S. Neves[4] and J. R. Gomes[2]

[1]Departamento de Psiquiatria e Saúde Mental, Unidade Local de Saúde do Nordeste, Bragança; [2]Departamento de Psiquiatria e Saúde Mental, Unidade Local de Saúde do Nordeste, Bragança, Portugal; [3]Departamento de Psiquiatria e Saúde Mental, Hospital de Cascais, Cascais and [4]Centro Hospitalar de Tâmega e Sousa, Penafiel, Portugal
*Corresponding author.
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Introduction: Recent scientific evidence confirms that employability is extremely important in mental health care. Employment promotes a healthy lifestyle and unemployment leads to a global deterioration in health. This principle is transversal to all areas of health, applying equally to people with mental illness, including serious mental illness such as schizophrenia and bipolar affective disorder.
Objectives: Highlight the importance of employability in the treatment and rehabilitation process of people with mental illness.
Methods: PubMed database searched using the terms "supported employment" and "mental health" and "policies".
Results: Parallel to conventional psychiatric treatments, employment generates self-confidence, promotes social responsibility, a sense of belonging and, consequently, integration in the community. From an economic point of view, it brings financial autonomy to the sick person, allowing the financing of their own accommodation, the payment of proposed treatments and the enjoyment of structures and leisure activities that until then would be impossible. It is also known that patients who are employed are less likely to resort to psychiatric emergency services and have a lower rate of readmissions to psychiatric hospitals, reflecting a better ability to manage the disease. Overall, employability increases the sick person's quality of life, not only being an effective short-term treatment, but also one of the only interventions that reduce dependence on the health system in the long term.
Conclusions: The treatment plan should aim for more than the suppression of symptoms.
Knowing that employment generates positive outcomes, gets that as fundamental parameter for the treatment and for the rehabilitation of the person with mental illness, and it must therefore become essential that mental health services help patients to find satisfactory jobs and that protect your needs.
Thus, mental health policies should defend a new mental health treatment paradigm and emphasize employment as an imperative measure in the treatment and psychosocial rehabilitation of the sick person, including supported employment as an essential part of treatment.

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