

(e.g., child psychologists, psychiatrists, teachers, and social workers) might benefit from taking the total number of parental mental health problems into account, regardless of type, when forecasting child mental health and social functions.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0295

“Scan Me!”: a rehabilitation approach at the intersection between digital interventions and mountain-therapy

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Introduction: Mountain-therapy is a therapeutic-rehabilitative approach aimed at secondary prevention, treatment, and rehabilitation of individuals with different pathologies or disabilities. Interventions in this field are based on potentially transformative dimensions of the mountain environment. Activities can include trekking, climbing, hiking, speleology, and winter sports. Benefits associated with these interventions are related to physical health as well as to rehabilitation in the domain of mental health and to the promotion of healthier lifestyles.

Objectives: The pilot project named “Scan Me!” has been developed by mental health services (*Centro Diurno*) of Cuneo (Italy), drawing on their long-standing experience with Mountain-therapy. The aim was to improve the efficacy of mountain-based activities, introducing elements of digitalisation able to actively engage service users and the broader community.

Methods: “Scan Me!” introduces an innovative activity of mapping, communicating, and digitising the mountain environment. The intervention includes: i) participatory identification of thematic areas (e.g. history of a place; local biodiversity; ancient practices); ii) exploration of the identified areas through readings, interviews and research; iii) preparing of messages (texts, pictures, videos) that the group wishes to convey; iv) creation of QR-codes containing the messages; v) positioning of QR-codes along mountain trails during dedicated excursions; vi) setting up of online surveys to get feedback from QR-codes’ users; vii) group discussion of feedbacks and the overall experience. The project includes monitoring and evaluation tools, such as activity forms (filled in with observational data by mental health professionals), self-administered questionnaires for participants, and engagement indicators.

Results: Findings show that the project enhances the therapeutic-rehabilitative value of mountain-based activities, such as increased self-esteem and self-efficacy that follow the completion of a route and relational skills developed within a group. The project shows encouraging results in the planning ability area (identification of themes, setting up of messages, creation and positioning of QR-codes). Being rooted in participants’ interests, the project promotes service users’ knowledge, its sharing with the group and with the general public (mountain visitors). Furthermore, the

project implies group reflection, commitment to a concrete objective, and attunement with the recipients of messages (which needed to be tailored for heterogeneous audiences – e.g.: hikers, students, tourists). Lastly, the project is youth-friendly, allowing services to engage a group they aim, but often struggle, to reach.

Conclusions: The pilot encourages further research to understand the potential of rehabilitation tools at the intersection between nature-based and digital mental health interventions.

Disclosure of Interest: None Declared

EPP0296

Changing our way of working for a greater integration of mental health patients: The evolution of the Zamora’s Assertive Community Treatment over the last 10 years

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Introduction: Since its beginning in the 1970s in Wisconsin, Assertive Community Treatment (ACT), has been adopted by numerous hospitals worldwide. It improves outcomes for people who are most at-risk of psychiatric hospitalization. The main goal is to provide a global attention with a focus on promoting maximum autonomy and facilitating integration into society. In 2012, the Health Care Complex of Zamora, Spain, adopted this pioneering approach to Mental Health. The main efforts were focused on creating a community network for individuals with severe mental disorders. It embraced a biopsychosocial model of intervention aimed at facilitating patient recovery, giving them tools to create a new life project based on their own autonomy.

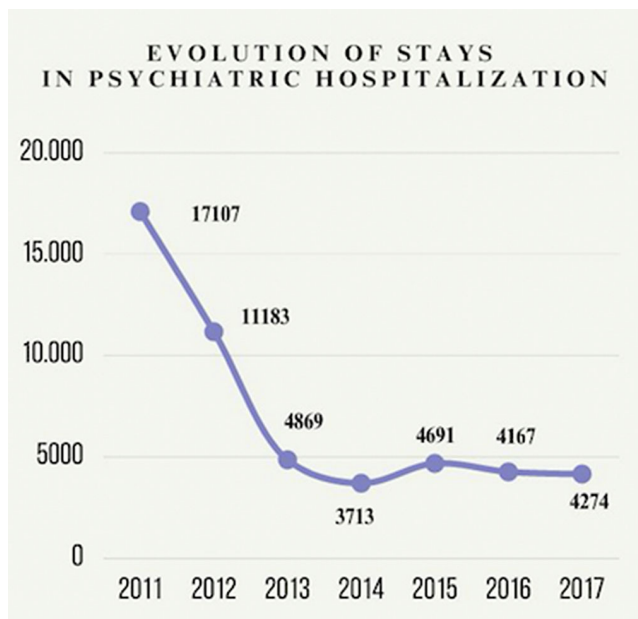
Objectives: The primary objective of this study was to assess the progress of the Assertive Community Treatment (ACT) since its introduction at the Health Care Complex of Zamora, with a specific focus on analyzing the number of hospitalizations as the dependent variable.

Methods: A quantitative analysis about psychiatry number of hospitalizations was conducted using the database of the Zamora’s Psychiatry Hospitalization Unit. SPSS Statistics for Windows was used to calculate statistical values related to number of hospitalization. The dataset covers the period from 2010 to 2017.

Results: The implementation of ACT has resulted in a significant reduction in hospitalizations reaching up to 75% in the Psychiatry Service of Zamora. It has been revealed a decrease from 17107 hospitalizations registered in 2011 to a total reduction to 4869 stances in 2013. A consistent trend in the reduction of hospitalizations has been observed (figure 1). A restructuring of the Hospitalization Unit was performed in order to implement the community model and reduce hospitalizations. Removal of more than 50% of the beds was developed. Besides, there has been

implemented a community subunit with the objective of regaining their autonomy after a psychiatric exacerbation.

Image:



Conclusions: Getting hospitalized in a Psychiatry Unit can have many different socio-laboral consequences. The ACT model has demonstrated a significative reduction in hospitalizations and it has evolved into a support network dedicated the integration of individuals that are usually left behind by society. Moreover, it presents itself as a positive cost-benefit intervention. ACT allows us to envision a future with fewer hospitalization and greater integration of mental health patients into modern society.

It is important to emphasize that the city of Zamora possesses unique characteristics that have facilitated the adaptation of this model. Not only are the rental prices for housing usually affordable, but the city's small size, which easy walking, allows for easy access to Community Mental Health resources and services.

Disclosure of Interest: None Declared

EPP0297

Awareness of the disease and attitude to treatment in patients with various mental disorders at the initial stages of the disease

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Introduction: An important aspect in providing effective psychiatric care and treatment is the formation of an adequate perception of their mental disorder in patients and awareness of the need for treatment, especially at the initial stages of the disease. Patients' misunderstanding of their own psychopathological manifestations

can act as a serious obstacle to their compliance and lead to an increase in the frequency of exacerbations and repeated hospitalizations.

Objectives: To assess the attitude to the disease and treatment in patients with various mental disorders at the initial stages of the disease.

Methods: Clinical and psychopathological, psychological, statistical. The following scales were used: Drug Attitude Inventory (DAI, Hogan T.P. et al., 1983); Insight Scale for Psychosis (ISP, Birchwood M., 1994); Questionnaire "Style of self-regulation of behavior" (SSPM, V.I. Morosanova, 1988) and others. 17 patients with a diagnosis of bipolar disorder (BD, F31.xxx, ICD-10) were examined, the average age of patients was 25.52±4.55 years and 39 patients with a diagnosis of schizophrenia (F20.1xx and F23.1xx, ICD-10), the average age of patients was 29.29±9.71. The duration of the disorder in both groups of patients was 0.5-3 years.

Results: A comparative analysis of the average scores of the scale of attitude to the disease revealed significant differences in the groups ($p \leq 0.01$). Patients with schizophrenia had a lower awareness of their disease (2.31 ± 0.91 points) than patients with bipolar disorder (3.59 ± 0.76 points). Correlation analysis revealed reliable connections ($p \leq 0.01$) between the scales of attitude to the disease and drugs and the self-regulation questionnaire. In patients with schizophrenia, deeper violations were found in the links of self-regulation, such as programming and planning when assessing the presence of a mental disorder and deterioration of their condition due to discontinuation of medication ($r=0.38$ and $r=0.36$, respectively). The low level of self-regulation in general and the rigidity of negative attitudes in awareness of the disease and the need for treatment also have a negative impact on compliance with the medication regimen. No such correlations were found in patients with bipolar disorder: they were more aware of the presence of a mental disorder and the need for treatment, but the degree of compliance with the medication regimen was not high enough.

Conclusions: The treatment of patients with mental disorders requires an integrated approach with the mandatory inclusion of a psychoeducational component in order to form an adequate model of their disease and an understanding of the expected risks when therapy is discontinued. Psychoeducation is especially relevant in the early stages of the disease, both for patients with schizophrenia and with BD.

Disclosure of Interest: None Declared

EPP0298

Assessing the recovery process in a mobile rehabilitation team for people with severe mental disorders by using the Recovery Helm

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Introduction: People with severe mental disorder (SMD) determine the goals and paths of recovery with professional and non-formal supporters such as family and friends. It is crucial that these