

EPV0590**Seeing voices? The importance of raising awareness on Deaf Mental Health**M. Conde Moreno^{1*}, F. Ramalheira¹ and M. Couto Bártolo²¹Centro hospitalar Psiquiátrico de Lisboa, Lisboa and ²Interna formação Geral, Torres Vedras, Portugal

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Introduction: Data regarding mental health problems in the prelingual deaf population is scarce. There is evidence that factors related to minority stress can contribute to mental illness in that population. In psychiatry, communication is key, however, most clinicians are not trained to communicate with the Deaf. Moreover, psychiatrists are often not aware of particularities in the psychopathology of these patients.

Objectives: We aim to review important aspects of psychiatric evaluation of prelingual Deaf patients.

Methods: Non-systematic review of recent literature regarding Deaf mental health and mental illness.

Results: Data regarding prevalence of mental illness in the Deaf population is mostly obtained from small studies and suggest an increased burden of mental illness and significant barriers to mental health care. Psychiatry research regarding Deaf patients is about 40 years behind research on the hearing population. While communicating with a Deaf patient, clinicians should consider the preferred communication modality. Sign-language interpreters should have specific mental health training, although that is not the case for many countries. Clinicians should keep communication simple, use short sentences, concrete examples and visual aids. The mental status examination will have particularities, such as: 1) facial expressions have a specific role in sign languages and may not relate to affect; 2) There is a need to distinguish between language dysfluency and thought disorder 3) voice hallucinations may manifest as somatic or visual hallucinations; the occurrence of pure auditory hallucination in the prelingual Deaf is controversial. 4) the Deaf have little access to health information and are likely to demonstrate poor literacy on mental health matters.

Conclusions: More studies regarding the mental health issues of the Deaf population should be conducted. Raising awareness among clinicians about the needs of Deaf population is an important step to improve their access to help and treatment.

Disclosure of Interest: None Declared

EPV0591**Brief intervention for a metabolic syndrome in psychiatric outpatients with severe/persistent mental illness: A prospective study**

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Introduction: Metabolic syndrome and other cardiovascular risk factors are highly prevalent in people with mental severe illness

(Sun & Jang, 2020). Metabolic disorders in people with schizophrenia increase their risk of developing cardiovascular disease, consequently reducing their life expectancy by approximately 10 to 25 years (Heald et al., 2017). In part these cardio-metabolic risk factors are attributable to unhealthy lifestyle, including poor diet and sedentary behaviour. Lifestyle interventions (diet, increased physical activity) are the first-line treatments to decrease that risk.

Objectives: Our objective is to carry out a prospective study on the application of a program of healthy habits in outpatients unit

Methods: Patients with mental severe illness were recruited at a mental health center in the Hospital Clinic of Valencia. Inclusion criteria: age from 18 to 65 years and diagnosis of severe/persistent mental illness. Exclusion criteria: acute illness, were not understanding Spanish, not be able to read and understand questionnaires. We included following data: sociodemographic data and aspects of the health behaviors, anthropometric measurements and analytical with hemogram and biochemistry pre and post-intervention. All subjects gave informed consent for participation in the study.

Results: We included 12 patients, but only 9 completed the full program. Average baseline data suggests that participants were at increased health risk when entering the program. At the end of the program, differences were observed: a reduction in glucose profile, a reduction of an average of 3.33 kg from the initial weight and a reduction of 10 points in blood pressure.

Conclusions: This real world pilot trial evaluate of a health promotion intervention targeting physical activity and healthy eating in mental health care using a specific programme.

Disclosure of Interest: None Declared

EPV0592**Development and testing of a Shared decision making Experience in mENtal hEalth (SERENE) measure**

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Introduction: Shared decision making (SDM) is a health communication approach focusing on patient-clinician interactions around treatment decisions, with the goals of improving clinical and functional outcomes and providing personalized care. Moreover, decision making may need to be negotiated between, and communicated to, multiple health and social care practitioners, as well as patients and their social networks (SNs). The skills for sharing and discussing personal information with patients, and their SNs, can be hard to embed in mental health services. Compared to physical health, SDM in mental health is characterized by inconsistent definitions, models, and measurement, and evidence for the effectiveness of SDM interventions is inconclusive. Therefore, there is a need to define what is considered an effective SDM approach in mental healthcare, and to determine the core elements and steps required for its successful implementation in mental health populations.

Objectives: To better understand the concept and role of patients' social networks in treatment decision-making in mental health.

Methods: A two-phase process (compliant with the International Patient Decision Aid Standards) will be used to develop the first polyadic SDM measure of patient experience to support a wide