- building a network of contact points, organizing case conferences,
- developing and organizing training on recovery-based rehabilitation for people with mental disorders in cooperation between the two organizations,
- telemedicine, making digital mental health available
- presence of resources represented by self-help groups
- running a working group to promote improvements based on practical experience homelessness and mental disorder.

Conclusions: extra-institutional teamwork multiplies the resources for people experiencing homelessness and mental disorder.

Keywords: mental disorder, homelessness, community psychiatric care, peer support, collaboration

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP0046

Relations between the Arabic BFI-2 and HEXACO-60 scales among Kuwaiti Undergraduates.

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Introduction: Many researchers are likely to use the BFI-2 as a measure of the Big Five personality factors. The HEXACO-60 Honesty-Humility factor has no direct counterpart in the Big Five system; however, it should show modest positive correlations with Big Five Agreeableness.

Objectives: The study aimed to examine the BFI-2 in relation to a similar-length version of the HEXACO-60.

Methods: Participants were 1536 undergraduate students (960 women 576 men) at Kuwait university who completed the personality questionnaires. Participants aged 18–23-years-old mean age = 21.26 ± 1.20. The Arabic versions of HEXACO-60 and the BFI-2 instruments were administered in paper-and-pencil format in research laboratories.

Results: Cronbach's alphas ranged from 0.75 to 0.88 for the BFI-2 Domains and 0.70 to 0.75 for the HEXACO-60 Domains denoting good internal consistency. Regarding cross-inventory correlations, these were high for the two inventories variants of Openness (0.77), Conscientiousness (0.75), and Extraversion (0.71). BFI-2 Agreeableness correlated 0.56 with HEXACO-60 Agreeableness. The HEXACO-60 Honesty-Humility was weakly related to the BFI-2 scales, showing only modest correlation with Agreeableness (0.48). In addition, the BFI-2 Neuroticism correlated 0.53 with HEXACO-60 Emotionality, −0.33 with HEXACO-60 Extraversion, and −0.30 with HEXACO-60 Agreeableness.

Conclusions: The BFI-2 scales captured well the variance of the HEXACO-60 scales apart from Honesty-Humility. In particular, the BFI-2 accounted for about as much variance in the HEXACO Openness, Conscientiousness, Extraversion, and Agreeableness scales as the HEXACO-60 scales accounted for in the BFI-2 scales of the same names. The results confirm the BFI-2 and HEXACO-60 are heavily overlapping.

Disclosure of Interest: None Declared

EPP0047

Pharmacotherapy and psychotherapy interventions in patients with borderline personality disorder in outpatient clinical practice

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Introduction: Despite the high prevalence of borderline personality disorder (BPD) in the population, the evidence regarding approaches to therapy for BPD is inconsistent. No psychopharmacological medications are approved for the treatment of BPD, yet most patients with BPD are treated with pharmacotherapy. Meanwhile, psychotherapy is the method of choice for the treatment of BPD. Little is known about the clinical practice of BPD treatment in Russia, since most studies have been conducted in Western countries.

Objectives: The aim of the study: analysis of approaches to treatment of BPD in real outpatient clinical practice in Saint-Petersburg, Russia.

Methods: Fifty patients (72% female; n=36; mean age 22.4±4.3) who were treated in an outpatient community care were included in the study. Diagnosis was made according to the ICD-10 criteria (F60.31), as it does in clinical practice in Russia. Research methods included a clinical-catamnestic method.

Results: All examined patients received pharmacotherapy. Twenty-four patients (48.0%) received monotherapy with a selective serotonin reuptake inhibitor antidepressant. The remaining patients (52.0%) received two or more psychotropic medications simultaneously. The most frequent combination of psychopharmacotherapeutic agents was a combination of an antidepressant and a mood stabilizer. Analysis of therapy revealed that antipsychotics (always of the second generation) as well as mood stabilizers were prescribed to target emotional instability and impulsivity as symptoms of BPD, as well as increased self-harming behavior in order to reduce impulsivity. Despite the assumption that the simultaneous prescription of several medications to patients with BPD was due to the presence of a comorbid psychiatric diagnosis, this was not confirmed ($p>0.05$). Most of the patients (n=42; 84.0%) received individual and group psychotherapy (cognitive-behavioral with elements of dialectical-behavioral therapy). It was found that patients who received psychotherapy had a faster response to pharmacotherapy ($p<0.05$).

Conclusions: An analysis of approaches to the treatment of BPD in outpatient clinical practice in Saint-Petersburg, Russia, showed a predominance of medication-assisted psychopharmacotherapy (selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers) over the frequency of prescription of psychotherapeutic care. In none of the cases was a first-line psychotherapy method (with proven efficacy for BPD) used. An assessment of the availability of psychotherapeutic care for patients with BPD is required. An earlier initiation of psychotherapeutic care after the BPD diagnosis is recommended, which may lead to an increase in the effectiveness of psychiatric care for patients with BPD in outpatient clinical practice.

Disclosure of Interest: None Declared