

Table 1. Model of logistic regression analysis of educational, ACE total score and ISMI total score with the severity of motivation for treatment.

Predictor	B	SE	p	Exp (B)	95% confidence interval for EXP(B)
Secondary education	1,120	0,699	0,109	3,065	0,778-12,074
Higher education	1,972	0,775	,011	7,189	1,574-32,834
ISMI total score	-0,435	0,773	0,574	0,647	0,142-2,946
ACEQ total score	0,346	0,147	0,019	1,414	1,060-1,886

After post data analysis (table 2), a cut-off point was established for the ACEQ total score of 4 points, corresponding to an increased chances of high patient's treatment motivation.

Table 2. Results of the test ROC analysis for ACEQ total score and the severity of motivation for treatment.

Cutpoint	Sensitivity (%)	Specificity (%)	Youden's index	AUC
3	64.71%	53.57%	0.183	0.689
4	50%	75%	0.250	0.689
5	38.24%	85.71%	0.239	0.689

Conclusions: ACEs may likely be a source of posttraumatic growth in adulthood in patients with mental illness specially if their count amounts to 4 or more variants. The role of social and psychological characteristics of patients with mental disorders in the psychology of the treatment process should be considered systemically, rather than discretely.

Disclosure of Interest: None Declared

EPV0881

Exploring participant's experiences in a multifamily therapy group on schizophrenia : a qualitative approach

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Introduction: Prevention of relapse in schizophrenia is a major public health issue. A recent network meta-analysis investigating interventions for relapse prevention in schizophrenia found that the efficacy of family psychoeducation and systemic integrated interventions were superior to treatment as usual at 12 months (Bighelli I, Leucht S et al. *Lancet Psychiatry* 2021). Other studies also found that multi-family therapies (MFT) were superior to treatment as usual and family psychoeducation in preventing relapses at 2 and 4 years (McFarlane WR, Lukens EP et al. *Archives of General Psychiatry*.1995). Considering this, we developed in

our community center an MFT program based on systemic approach and psychoeducation.

Objectives: Investigate the subjective experience of participants of an MFT group focusing on schizophrenia.

Methods: A qualitative study was designed to explore personal experience of participants using the Interpretative Phenomenological Analysis (IPA) method in order to analyse participant's feedback during semi-directive interviews. By using IPA, participants are experts of their experience. Eight participants took part in this study: 4 patients and 4 parents.

Results: Within all participant's feedback around 10 different themes emerged. We identified three major themes which we have described as: "Affiliation to the group", "Framework of Discovery", "Benefits of MFT".

According to "Affiliation to the group", all participants report movements of adhesion or rejection towards the group. This theme has been subdivided into two sub-themes: "Temporality", and "Identification/differentiation". These sub-themes revealed inter-individuals' differences.

According to "Framework of discovery", the MFT group has been identified as a secure place allowing self and other's discovery place. This theme has been divided into two sub-themes: "discovering skills" and "improving oneself and relatives' understanding". Participants experience taking a step back and decentering oneself from usual personal position.

According to "Benefits of MFT", participants report the feeling of belonging to a group, the impact on self-esteem, on mentalization skills, and on the reflexion on family members' experience of the disease.

Conclusions: This study is, to our knowledge, the first qualitative study examining the subjective experience of members who participated in a psychoeducational and systemic MFT group focusing on schizophrenia. It provides insight into the families' experience, both from the patient's and from each family member's perspective. Results highlight that participants seized the MFT group as a learning space at several levels: personal, intra-family and inter-family.

These data could enlighten professionals working with families on the potential apprehensions of participants, their representations of the group and what process MFT could initiate.

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EPV0883

Clinical and Psychosocial Impact of Psychoeducational Groups for Psychosis

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Introduction: Individuals with mental health disorders often lack access to appropriate care, including psychosocial rehabilitation programs, which are considered essential for their recovery. In 2019, as part of the intervention by the *Community and Mental*

Health Service, at Hospital de Magalhães Lemos, we initiated a psychoeducational group for patients with psychotic spectrum disorders, with the purpose of providing our patients with comprehensive information about their condition and effective management strategies. Our 8-week program consisted of 16 sessions, including icebreaker activities, discussion of certain themes, sharing of experiences and practice of stress management techniques.

Objectives: The aim of this study was to assess and quantify the impact of our 2023 program.

Methods: Out of a total of 20 patients interviewed for our program in 2023, 16 began the program and 12 completed it. The program's evaluation was based on several assessment tools, including a sociodemographic questionnaire, a knowledge assessment questionnaire, the *Positive and Negative Syndrome Scale (PANSS)*, the *Insight and Treatment Attitudes Questionnaire (ITAC)*, the *World Health Organization Quality of Life (WHOQOL)*, and the *Medication Adherence Rating Scale (MARS)*. We also created a health agenda to organize an individual plan of care.

Results: Our findings indicated an improvement in insight and attitudes towards treatment by 8.6%, an enhancement in treatment adherence by 5%, and an increase in knowledge by 11.9%. In terms of quality of life, we observed a slight improvement in the psychological domain by 0.6% and in the social domain by 1.2%. Regarding the impact on psychotic symptomatology, there was an average decrease in 4 points in the negative subscale and in 3 points in the general psychopathology subscale, whereas the positive subscale remained unchanged. None of the patients required hospitalization during this period.

Conclusions: Our study revealed some improvement in nearly all the evaluated parameters. There was an improvement of the therapeutic relationship, which we believe has contributed to lower scores in the negative symptoms and general psychopathology subscale. As for the study limitations, we acknowledge that we will need to expand our sample through additional programs in the next years, to include it in early intervention psychosis programs and to re-evaluate our patients' outcomes after a more extended follow-up period, particularly if they continue to participate in our monthly mutual support group. Additionally, we must consider potential study biases, including the subjectivity of PANSS evaluations and the influence of other confounding factors, such as changes in treatment regimens during the program.

Disclosure of Interest: None Declared

EPV0884

Long-Term Trends in Psychiatric Day Hospitalization: A Retrospective Study in Algarve, Portugal

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Introduction: Current healthcare policies encourage the investment in transition units between hospitalization and outpatient care. Psychiatry day hospitals (DH) serve as partial hospitalization structures that facilitate this transition. The DH at the Faro Unit of

the Centro Hospitalar Universitário do Algarve (CHUA), began its activity in 2008, is situated in southern Portugal and provides support to the entire eastern Algarve region (approximately 300,000 people). Its focus is on rehabilitating individuals with severe mental illnesses necessitating multidisciplinary care, with personalized therapeutic plans.

Objectives: We aimed to categorize patients based on diagnoses (primary psychotic disorder, depressive disorder, and others) according to the International Classification of Diseases (ICD-11) and to characterize and compare sociodemographic and clinical data among these three groups.

Methods: A retrospective study spanning from May 2008 to June 2023 was conducted. We assessed sociodemographic, clinical, and epidemiological data of patients undergoing treatment at CHUA Faro Unit's DH.

Results: Over this period, 541 treatment cycles were carried out to 433 distinct patients, between 18 and 78 years old. Of the total treatments, 38% were for Primary Psychotic Disorder (PPD), 24% for Depressive Disorder (DD) and among the others (39%) the diagnosis of Bipolar Affective Disorder and Personality Disorder predominated. Statistically significant differences were identified among these three groups. The PPD group exhibited a male predominance, whereas DD and others were largely female. Patients in the PPD group were significantly younger (average age of 36 in PPD, 40 in others, and 48 in DD), more likely to be single, and a majority were unemployed (with several patients retired due to disability). No significant differences were noted regarding drop-outs, expulsions, or the duration of DH treatment. These results are preliminary, and additional relevant data are being collected and processed.

Conclusions: The diagnostic group's consideration revealed differences in the social, demographic, and clinical characteristics of patients. These findings offer insights into patient details, enabling the future adaptation of intervention strategies in a more personalized manner.

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EPV0886

The effectiveness of computerized cognitive training on cognitive functions and mental health in people with schizophrenia

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Introduction: People with schizophrenia have multiple and persistent cognitive deficits. These defects have a deep impact on people's psycho-social functions. Although computerized cognitive training has positive results in some people, the effect of these treatment programs in schizophrenia is not clear.

Objectives: The purpose of this study was to investigate the effectiveness of computerized cognitive exercises on the components affecting the mental health and cognitive functions of schizophrenic patients.