

## EPV1681

## Tone of mood in new mother and attachment to her partner

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**Introduction:** Mood in puerperium is a subject of great interest since it can undergo variations in such a significant period of a woman's life as motherhood. It is equally true that the presence of a partner with a secure attachment style can constitute a stable base for a woman to lean and to rely, while it is more likely to hypothesize cracks in mood in absence of effective support in the relational context.

**Objectives:** The aim of this research is to analyse the trend of puerperal mood in women in the period immediately following the delivery and after a few months. The study also examines the attachment styles of the partners of these women and the relationship between mood in women and the attachment of their partners.

**Methods:** The study was conducted on a sample of women and their partners.

The women were administered 2 administrations of the Edinburgh Peripartum Depression Scale (EPDS): the first within 24 hours of delivery and the second four months after delivery.

The Relationship Questionnaire (RQ) was administered to the male partners immediately after the event of delivery.

The data were analyzed from a statistical point of view, with analysis of variance (ANOVA) and post hoc tests.

**Results:** A 2-way ANOVA with repeated measures was performed using the different attachment styles as emerged from the RQ (secure attachment and insecure attachment) in the partner group as the independent variable and the EPDS scores in the 2 times (EPDS1, EPDS2) of the women themselves as the dependent variable. The ANOVA described the main effect of Time as significant ( $F(1, 14) = 5.79$ ;  $p < .05$ ). The post hoc (LSD - Least Significant Difference test) highlights how there is a significant decrease in the EPDS score of women in the before-after comparison ( $M = 8.71$  vs  $M = 4.93$ ;  $p = .005$ ) considering, as an independent variable, the secure attachment group of partners. While this decrease is not significant in the group of partners with insecure attachment.

**Conclusions:** The initial data of this study suggest that security in the attachment style of the partner can favor an increase in the mood of the woman after a delivery. In particular, the research data tend to highlight a significant improvement in the mood of women 4 months after giving birth. The proximity of a partner with secure attachment therefore seems to favor a good mood in the woman in puerperium.

**Disclosure of Interest:** None Declared

## EPV1678

## Wisdom psychotherapy in adjustment disorders. Results of a randomized controlled study

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**Introduction:** Wisdom is a capacity which is needed to cope with difficult situations in life. Wisdom can be trained like other capacities. Wisdom psychotherapy has been developed as a method of cognitive behavior therapy to help patients who are stuck in negative life experiences, or confronted with unsolvable dilemmas.

**Objectives:** Test the efficacy of wisdom psychotherapy in patients with adjustment disorders.

**Methods:** patients with adjustment disorders ( $>18$  on the ADN8 scale) were randomly assigned to group wisdom therapy (WT:  $N=114$ ), or group behavioral activation therapy (BA:  $N=109$ ). Additionally a matched group of patients was build, which were not included in any study procedures but underwent routine treatment only (RT:  $N=114$ ). Wisdom was measured with the Multidimensional Wisdom Competency Scale (MWC15).

**Results:** There was an increase on the MWC15 of 5.3 in the wisdom group as compared to 0.4 in the activation group and 0.2 in the routine group. This is statically significant in the pre-post comparison and in the time/group interaction ( $F(4,42)$ ,  $p=0.13$ ). The ADN8 score, the SCL90 GSI, the BDI score decreased, with a trend for more side effects in the wisdom than the activity group.

**Conclusions:** The results confirm that wisdom psychotherapy can make a difference in the improvement of wisdom capacities. Wisdom therapy, different from other psychotherapies, does not aim at increasing hedonic or symptom free wellbeing but rather eudaimonic wellbeing in order to teach patients to live a decent and successful life.

**Disclosure of Interest:** None Declared

## EPV1681

## Evaluation of the Psychosocial Treatment of Psychosis

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**Introduction:** Some people with a diagnosis of psychosis wish to minimize or avoid medications. A literature exists that intensive psychosocial treatment can mitigate psychotic symptoms with little or no medication being used.

**Objectives:** We provided services to people who wishers to reduce or avoid medications within the context of a private psychiatric practice and wanted to assess their outcomes. We wondered what factors led to success.

**Methods:** We report on a series of 62 patients, age 18 years or older, who engaged in psychotherapy, medication, and lifestyle management over at least six months, aiming to minimize or eliminate medication. An additional 217 patients who consulted us did not continue for six months. An anonymous, matched comparison group of 62 patients of the same age, socioeconomic status, diagnosis, and severity of illness was generated from electronic health records at another clinic where LMM also worked. We used the Brief Psychiatric Rating Scale, the Positive and Negative Symptom Scale, the MADRS depression scales, and the Clinical Global

Inventory. Narrative interviews generated qualitative data. We compared patients who met their goals to those who did not.

**Results:** Forty-one people eliminated medication. Another 16 managed well on low-dose medications. Five patients had psychotic episodes that led them to return to higher levels of medication. This group functioned at higher levels than the comparison population with much lower doses of medications. The five readmissions to hospital were significantly lower than the number of readmissions in the comparison and the control groups. The cost for one year of care was higher for our people; the costs over subsequent years were less related to fewer hospitalizations, crises, and diminished suicidality.

**Conclusions:** The results suggest the need for individualized client-centered psychosocial approaches that build upon the person's previous successes, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves. In this dialogical approach to psychosis, lived experience is granted full ontological reality, which appears to facilitate recovery. Lifestyle management and embeddedness in a community facilitate recovery.

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## EPV1682

### Correlations between Psychopathological Symptoms and Self-stigmatization of Patients with Bipolar Affective Disorder at the Initial Stage of the Disease

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**Introduction:** It was demonstrated in the number of studies that patients with bipolar affective disorder (BD) at the initial stage of the disease are characterized by the high level of self-stigmatization (Latalova K., Kamaradova D., Prasko J., 2014; Solokhina T.A., Oshevsky D.S., Barkhatova A.N., et al., 2023). However, relationship of patients' self-stigmatization with their psychopathological symptoms wasn't analyzed, what determined the theoretical and practical significance of our study.

**Objectives:** To reveal correlations between psychopathological symptoms and self-stigmatization of patients with BD at the initial stage of the disease and to work out the integrated approach to their psychosocial treatment.

**Methods:** Questionnaire for assessing the phenomenon of self-stigmatization of mentally ill people (Mikhailova et al., 2005), SCL-90-R were used. A group of 17 patients (12 women and 5 men) with diagnosis of bipolar affective disorder (BD, F31.xxx according to ICD-10) was examined. The average age of the patients was 25.52±4.55 years. The duration of the disorder varied within 0.5 -3 years.

**Results:** Patients with BD demonstrated high overall level of self-stigmatization (1.22±0.73 points). This parameter was significantly higher than average values. As a result of correlation analysis, multiple dependable ( $p<0.01$ ) moderate relationships between SCL-90-R indicators and parameters of several scales of the self-stigmatization questionnaire were established. So, perception of changes associated with the disease as irreversible, depriving opportunities in various spheres of life (scales «Overestimation of self-realization», «Overestimation of internal activity») led to somatization of patients and the formation of hypochondriac experiences (SOM,  $r=0.58$  and  $r=0.54$ ,

respectively). In turn, this reduces self-esteem and causes an increase in the overall level of experienced distress (GSI,  $r=0.61$  and  $r=0.53$ , respectively). Self-doubt, the expectation of a negative attitude towards oneself (the scale «De-identification from others in the social sphere») leads to increased anxiety (ANX,  $r=0.64$ ), hostility (HOS,  $r=0.53$ ), vulnerability in communication and restriction of social contacts (INT,  $r=0.51$ ).

**Conclusions:** The obtained results permitted to work out proposals on psychosocial treatment of patients with BD at the initial stage of the disease. It is necessary to carry out psychoeducation programs as well as trainings aimed at forming a positive self-perception, activating personal resources, increasing communicative competence and maintaining social interaction.

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## EPV1683

### Fake Therapists: How Short Courses Lead to Long-Term Mental Health Issues

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**Introduction:** In Kyrgyzstan and other Central Asian countries, there has been a surge in advertisements for psychological services from underqualified practitioners. These individuals, often with only short-term training, market themselves as professionals while the cost of their services has risen dramatically. Vulnerable populations may be exploited financially without receiving effective care, leading to worsened outcomes.

**Objectives:** This paper explores how the rise in underqualified practitioners and unchecked price increases for psychological services in Kyrgyzstan lead to harmful mental health outcomes. It also compares the regulatory frameworks in neighboring countries, highlighting Kazakhstan's more structured approach.

**Methods:** This study utilizes a comparative analysis of the regulatory frameworks for psychological services in Kyrgyzstan, Tajikistan, Uzbekistan, and Kazakhstan. Data is sourced from governmental reports, academic studies, and analyses of online advertisements for psychological services. The focus is on licensing systems, training requirements, and the impact of rising consultation prices.

**Results:** Kyrgyzstan, Tajikistan, and Uzbekistan lack adequate regulatory systems for licensing psychologists. The surge in online advertisements by underqualified practitioners has flooded the market, with many offering their services at increasingly inflated rates. These individuals often charge exorbitant prices while lacking the proper training, exacerbating mental health challenges for vulnerable populations. In contrast, Kazakhstan has introduced a structured National Qualifications Framework (SQF), which ensures that psychological services are provided by properly trained and certified professionals.

**Conclusions:** The unchecked rise of advertisements by unqualified therapists and the unlimited escalation of consultation fees in Kyrgyzstan and neighboring countries pose serious risks to public mental health. Without proper licensing and price regulation, individuals seeking help may face harmful consequences. Adopting a regulatory system similar to Kazakhstan's, with strict licensing and certification requirements, would help ensure that psychological services are both safe and affordable. Such reforms are