

Introduction: Recovery is much broader than experiencing remission of symptoms. It is understood as the experience of a subjectively significant and satisfying life, even if some symptoms of mental illness persist. The recovery process from borderline personality disorder (BPD) is complex and includes recognizing the need for change and developing greater self-acceptance.

Objectives: Provide an overview of personal recovery from BPD.

Methods: The authors did a non-systematic review in pubmed with the words: "borderline personality disorder" and "Recovery".

Results: BPD is a serious mental disorder characterized by a pattern of instability in interpersonal relationships, self-image and affections, marked by impulsiveness and (para) suicidal behaviors. Unemployment and difficulties in obtaining and maintaining employment are highly prevalent on BPD and add social exclusion and deterioration of physical and mental health. Recent long-term follow-up studies offer a optimistic scenario, indicating high rates of clinical remission (not equivalent to full recovery). Most psychotherapies, such as dialectical behavioral therapy (DBT) or mentalization-based therapy, have proven their effectiveness in treating emotional dysregulation, impulsivity and interpersonal difficulties. Teams working with people with BPD should develop comprehensive multidisciplinary care plans. The care plan should identify long-term goals that should be realistic, and linked to the short-term treatment aims and develop a crisis plan that identifies potential triggers that could lead to a crisis.

Conclusions: Cognitive rehabilitation and psychoeducational interventions can be effective in individuals with BPD. These interventions can be easily implemented in mental health settings and offer benefits for improving overall functioning, which often remains affected after clinical remission in long-term follow-up.

Keywords: recovery; Borderline personality disorder

EPP1131

Successful discharge from a mental health halfway house: A personalized process with integrated approaches

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Introduction: In Taiwan, residents of mental health halfway houses (MHHH) receive psychiatric rehabilitation services, aiming for independent living and community integration. Research is yet to investigate how MHHH may effectively assist residents' discharge in this cultural context.

Objectives: To examine the processes of assessment, preparation, assistance, and appraisal of discharge from MHHH staff's perspectives.

Methods: Semi-structured in-depth interviews were conducted with 11 halfway house staff members. Verbatim transcripts were analyzed with dimensional analysis procedures of the grounded theory methodology.

Results: Successful discharge is a personalized process with integrated approaches addressing three essential factors: (a) regular community involvement, (b) the residents' capacity to work, and (c) the family's acceptance and support. Staff supported individual residents' community involvement by attending to residents' personal interests, resource availability, financial concerns, and

transportation. Moreover, staff provided rehabilitation trainings to develop work capacity. However, residents' motivation and functioning as well as job opportunities might affect their employment. Finally, in Taiwan, residents were rarely discharged without their family members' consent because residents tended to co-reside with their family after discharge or rely on family support while living separately. Staff worked to engage families, which was influenced by family relationship quality, past traumatic events, financial concerns, capacity to assist the resident, and/or the resident's ability to assist with family affairs.

Conclusions: To achieve successful discharges, MHHH staff need to assist each resident by developing an integrated plan to enhance conditions of the aforementioned factors, including strategies for different familial situations to garner family support in this cultural context.

Keywords: psychiatric rehabilitation; mental health halfway house; discharge

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Assessment of the effectiveness of psychosocial rehabilitation in schizophrenia patients using biological markers

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Introduction: An important aspect of rehabilitation programmes is assessment of their effectiveness, which is carried out mainly through clinical and psycho-pathological examinations, psychometric and psychological scales and questionnaires. The use of biological markers of the schizophrenic process to assess the effectiveness of rehabilitation assistance is of considerable interest.

Objectives: To compare the clinical and socio-psychological characteristics of schizophrenia patients receiving psychosocial treatment in various forms of psychiatric care with the level of immune system activation reflecting the activity and severity of the pathological process in brain.

Methods: 77 schizophrenia patients in remission of varying quality were examined, of which 52 patients (the 1st group) participated in a long-term comprehensive rehabilitation programme (3.7±2.5 years) in non-profit organization, and 25 patients (the 2nd group) received medical and rehabilitation assistance in the psychiatric day hospital (duration of treatment no more than 60 days). PANSS, HDRS, SAS-SR, SF-36, BRS scales were used. The activity of the pathological process was evaluated by the level of inflammatory markers.

Results: Both patient groups showed a similar increase in the level of inflammatory and autoimmune markers compared to control (p<0,01). The 1st group compared to the 2nd one had a significantly higher level (p<0,05) of social functioning, stress resistance, awareness of the disease, motivation, comprehensiveness, as well as less the severity of psychopathological symptoms.

Conclusions: The results indicate the effectiveness of a long-term comprehensive rehabilitation programme to stabilize clinical