

OCD and anxiety disorders, in improving the mental health literacy of PCPs in Hungary.

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EPP668

Associated factors of the quality of therapeutic alliance in people with severe mental illness: A systematic review

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Introduction: Given the high rates of disengagement of psychological and/or psychopharmacological treatment in individuals with severe mental illness (SMI), building a strong therapeutic alliance (TA) in treatment is crucial. Despite the awareness of a favorable role of the TA in mental health care for people with SMI, there is a paucity of research that contributes to the formulation of concrete guidelines for establishing a strong TA.

Objectives: This review aims to systematically synthesize existing literature of associated factors of the TA across six domains: client, mental health professionals (MHPs), clinical, social, care, and other. These include the views of clients with SMI, MHP, and independent raters of the TA.

Methods: Parallel literature searches in PsycInfo, Medline, and PubMed between 2000-2022 identified 2699 possible articles, of which n=53 met inclusion criteria.

Results: Associated factors of better client-rated TA were: high insight, secure attachment, higher outcome expectancy at baseline, specific personality traits, less internalized stigma, more therapists' empathy and frequent use of supportive techniques by MHP. MHP-rated and/or independent observer-rated TA was significantly related to: more insight, sex of client (female), MHP without anxious attachment, and less severe symptomatology of client.

Conclusions: Clinical symptom severity only affected TA when rated by MHP, but not when rated by clients. Attachment style affects the TA bidirectionally: clients' secure attachment to the MHPs may help modify maladaptive attachment patterns, and anxious/insecure attachment style from either client or MHP affects the TA negatively. Furthermore, having an early positive click with the client builds the foundation for a later stable and supportive relationship, making the client more likely to continue perceiving the alliance as positively as treatment progresses. It is therefore crucial to provide a warm and supporting environment from the start of treatment, where clients have the opportunity to overcome perceived (self-)stigma and develop a positive mindset towards outcome expectations. Focusing on supportive techniques like providing feedback or shared agenda setting instead on the clients clinical symptomatology solely might result in a more favorable perception of the TA. Notably, current TA

measurements assume a one-on-one relationship between clients and MHP, while nowadays multiple MHPs are involved. We recommend re-evaluating the assessment of TA within SMI care.

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EPP669

People with unbearable psychiatric suffering and a chronic death wish: Who are they and what changes do they experience in the care and expertise centre Reakiro? A Belgian cross-sectional study

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Introduction: People with unbearable psychiatric suffering and a chronic death wish are a subgroup of patients with Severe and Persistent Mental Illness (SPMI; Moureau *et al.*, FiP 2023; 14:1094038). They suffer from at least one, but usually multiple psychiatric disorders, in a chronic course, resulting in severe limitations in psychosocial functioning (Woods *et al.*, CJP 2008; 53 725-736.). Their chronic death wish is rooted in their struggle with life and death and diminished perspective on the alleviation of their suffering. They are at risk for suicide and/or are eligible to request euthanasia as legislated in Belgium. Reakiro is a Belgian pilot project and a drop-in, care and expertise centre developing tailored mental healthcare for this target population in addition to continued care as usual.

Objectives: To describe psychological and existential characteristics, care needs, experienced changes and the correlations between these variables in 107 consecutive Reakiro patients who agreed to participate in this study.

Methods: The Beck Scale for Suicide Ideation (BSSI), Dutch Empowerment Scale (DES), Herth Hope Index (HHI), Meaning In Life Measure (MILM), Existential Concerns Questionnaire (ECQ), Outcome Questionnaire-45 (OQ-45) and the Change Questionnaire (CQ) were administered combined with an assessment of their life and death wish and of how they experience the care in Reakiro.

Results: The BSSI (M = 21.78, SD = 8.48), DES (M = 113.39, SD = 20.42), HHI (M = 24.15, SD = 5.40), MILM (M = 5.39, SD = 1.50), ECQ (M = 62.13, SD = 12.10) and OQ-45 (M = 98.93, SD = 20.50) show heightened levels of suicidality, existential anxiety and symptomatology and lowered levels of hope, meaning in life and empowerment, compared to other psychiatric and non-clinical samples. Longer trajectories in Reakiro were correlated with heightened hope and lowered symptomatology, but not with suicidality. The preliminary CQ-analysis revealed 31 participants reporting positive changes in their relation to life and death, to self and others and to hope and future; 8 participants reported negative changes in their relation to life and death.

Conclusions: The results depict a concrete profile of the severity of the suffering and suicidality in these patients. The mixed-methods design reveals a major group that does not report any change and