

Conclusions: In comparison, the patients with mental illness in the sales & delivery group are better at work behavior. According to the analysis of the result data, when the therapist and the patient make shared decisions, they can discuss appropriate labor work training based on the patient’s work behavior.

Disclosure of Interest: None Declared

EPV1712

Development of a carer psychoeducational group in an early intervention in psychosis service

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Introduction: One of the quality statements for the treatment of psychosis in adults refers to the provision of education programmes for carers (NICE QS 80 2015). Our Early Intervention in Psychosis Service (EIS) in South London offered individual support for carers, but there was a need for a structured psychoeducational group for carers.

Objectives:

1. The development of a psychoeducational and support programme for carers. 2. A reduction on carers’ experience of burden, as measured by a reduction on the Brief Experience of Caregiving Inventory (BECI). 3. An improvement on the carers’ wellbeing, as measured by an increase on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).

Methods: The team used the materials created by the University of Lancaster in REACT (Lobban *et al.* BJPsych; 2013 203 366-72), and further amended them to reflect the local services, and expand peer support discussions. Sessions were further co-produced with input from team members, and following feedback from participants. Quantitative feedback was obtained before the group and in the end. Qualitative feedback about the group’s experience was elicited at each session.

Results: The group was attended by 7.1 participants on average, with a drop out of 3 participants after the first session. For those participants that completed the group, it was elicited an improvement on the experience of burden associated to caregiving and on wellbeing; please see Table 1 for details. The improvement on BECI included its four subscales: Stigma/Effects on Family, Positive Personal Experiences, Problems with Services and Difficult Behaviours. Qualitative feedback elicited that the participants felt listened to, their knowledge about psychosis and management had increased, and they felt less lonely.

Table 1

Table 1	BECI average score	WEMWBS average score
Before the group	36.6	41.3 indicative of possible/mild depression
After the group	30.4	47.1 indicative of average wellbeing

Conclusions: A psychoeducational group for carers was well received by participants, and on average they experienced an improvement on the burden associated to caregiving and their

wellbeing. Analysis of results was limited due to drop outs, but their feedback included that they did not feel the need anymore for this intervention. Further feedback from participants has contributed to change the sessions’ content based on co-production, and the time of the group to enable attendance.

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EPV1713

Personal recovery in psychosis: neurobiological basis

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Introduction: Personal recovery in psychosis is one of the fields where research and clinical activities are growing faster. But the concept lacks conceptual clarity and internal consistency. As a result, most of the studies evaluating its effectiveness may be biased. As in any other intervention, great improvement in clinical evolution of the users has been claimed. And so, neurobiological changes should be described.

Objectives: This study finds to develop a systematic review of studies describing changes surrounding the recovery process from a neurobiological level.

Methods: Keywords hev been selected in order to find all studies focussing on personal recovery in psychosis from its neurobiological basis. Qualitative studies of personal recovery will be excluded. Cross-sectional, longitudinal as well as intervention studies will be included.

Results: The systematic review is underway. The study protocol will be registered at PROSPERO database.

Conclusions: Most studies researching about personal recovery have been developed taking “personal recovery” as an outcome marker. But this is not enough. We need to clarify the neurobiological basis underlying this concept.

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EPV1714

Barriers against implementing assertive community treatment teams in Spain: a qualitative exploration of the staff, users and general population experiences

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Introduction: Three years after having been approved the Spanish Strategy for Mental Health, the creation of Assertive Community treatment teams is getting slower.

Objectives: The current study seeks to investigate the reasons of and barriers to implementation of this approach. Findings will aim at serving to inform mental health policy about legislative changes.

Methods: Qualitative expert interviews and focus groups were led with team members and users, families and general population from the cities where four of this teams have been developing their activities, at least during 15 years A thematic analysis was developed.

Results: Four main topics were identified: 1. Stigma: when economical situation is not good enough, people with psychiatric severe illnesses are not the first in the queue 2. Fear and distrust about breaking the CMHCenters policies; 2. Team development: a hard task more than a challenge; 3. Regardless of profession, finding well trained staff is difficult;

Conclusions: Further research is needed to convince politicians and health authorities. Randomized controlled trials examining the efficacy and efficiency of ACT teams are needed

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EPV1715

Modern phenomenology of emotional and cognitive disorders in patients with type II diabetes mellitus

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Introduction: Diabetes mellitus is the most common endocrine disease that occurs as a result of an absolute or relative lack of insulin and is accompanied by a number of different somatic, neurological and mental disorders. The aim of the study is to investigate the clinical, psychopathological and pathopsychological features of cognitive and emotional disorders in patients with type II diabetes mellitus.

Objectives: In the course of the study, a comprehensive examination of 109 patients with type II diabetes mellitus of moderate to severe forms of disease (52 females and 57 males), aged 35.9 ± 10.1 years was conducted.

Methods: MMSE, Addenbrooke's Cognitive Examination, Luria's Memory Words Test-Revised, Symptom Check List-90-Revised, HAM-A, HAM-D, The State-Trait Anxiety Inventory Scale. It has been established that patients with diabetes mellitus have mild to moderate cognitive impairment, which is manifested by a reduction in verbal memory, a decrease in the speed of counting operations, minor difficulties in orientation and a slight drop in the perceptual and diagnostic sphere, a decrease in concentration and memorization of the information received, and a pronounced reaction of mental fatigue.

Results: Presence of mild (51.2% of men and 49.8% of women) or moderate (49.8% and 50.3%, respectively) cognitive impairment according to MMSE and Addenbrooke's Scale; decreased ability to concentrate and impaired working memory in patients with type II diabetes mellitus was noted.

Emotional disorders in patients with diabetes mellitus are represented by anxiety (33.4% of men and 35.2% of women), depression (26.6% and 33.1% of patients, respectively), asthenohypochondriacal (27.3% of men and 19.1% of women), and hysteriform (12.7 and 12.6%, respectively) variants of psychopathological syndromes.

Conclusions: A comprehensive, personalized system for correction of cognitive and emotional disorders associated with

diabetes mellitus has been developed and tested. System comprises four stages: diagnostic, therapeutic, rehabilitation and dynamic monitoring. It employs a range of therapeutic modalities, including pharmacotherapy, psychotherapy and psychosocial programmes.

The implementation of the developed system for correction and prevention of emotional and cognitive disorders in patients with type II diabetes mellitus contributes to an improvement in the quality of medical care for patients with type II diabetes mellitus, as well as an improvement in their quality of life and psychosocial functioning.

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EPV1716

Cast off instead of setting anchor: A project to promote housing and work integration for users of integration assistance

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Introduction: 80% of users of inpatient integration assistance facilities prefer to live in their own home. Access to training opportunities on the labor market is also difficult for people with severe mental illness. Permeability within the care system remains low, meaning that external orientation on the residential or labor market is associated with numerous hurdles. In a dissertation, 18 people from an inpatient integration support facility were followed in a qualitative longitudinal design on their way into their own home.

Objectives: Based on these findings, a project is now being established to support people on their way to greater participation and independence from inpatient facilities. It consists of a multi-stage group program that combines psychoeducational elements with peer-oriented interventions. In addition, an information team of social workers, psychologists and peers is being set up to advise interested users. The project is rounded off by an aftercare program that provides users with advice and is primarily intended to bridge any difficult situations that may arise and build up a support network.

Methods: Users of inpatient integration assistance at a facility in Lower Saxony with an interest in external orientation in the area of living or working. Expected sample size approx. 50 users in a naturalistic longitudinal design. Accompanying evaluation with three measurement points on the development of perceived social support (F-SozU), quality of life (OxCAP-MH) and the subjective benefits of the project to strengthen the participants' opportunities for participation and the use of further support services.

Results: The project with the individual modules and initial experiences during the implementation phase will be presented.

Conclusions: Possible adjustments to the offer are derived and discussed on the basis of the initial results.

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