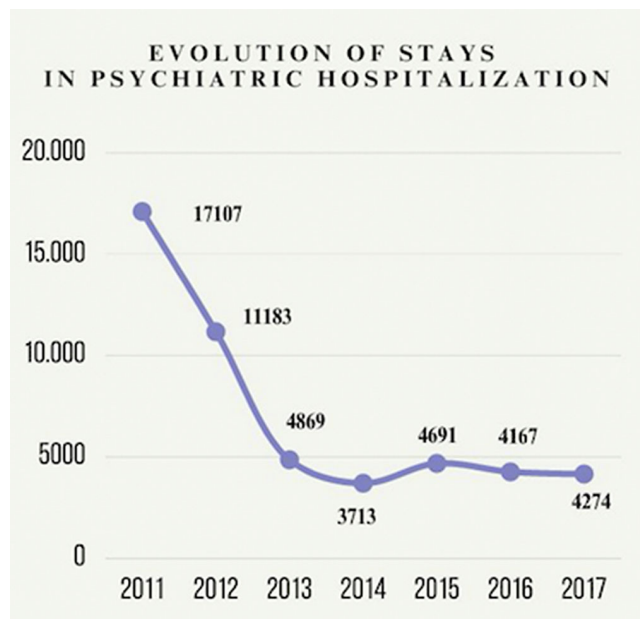


implemented a community subunit with the objective of regaining their autonomy after a psychiatric exacerbation.

Image:



Conclusions: Getting hospitalized in a Psychiatry Unit can have many different socio-laboral consequences. The ACT model has demonstrated a significative reduction in hospitalizations and it has evolved into a support network dedicated the integration of individuals that are usually left behind by society. Moreover, it presents itself as a positive cost-benefit intervention. ACT allows us to envision a future with fewer hospitalization and greater integration of mental health patients into modern society.

It is important to emphasize that the city of Zamora possesses unique characteristics that have facilitated the adaptation of this model. Not only are the rental prices for housing usually affordable, but the city's small size, which easy walking, allows for easy access to Community Mental Health resources and services.

Disclosure of Interest: None Declared

EPP0297

Awareness of the disease and attitude to treatment in patients with various mental disorders at the initial stages of the disease

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Introduction: An important aspect in providing effective psychiatric care and treatment is the formation of an adequate perception of their mental disorder in patients and awareness of the need for treatment, especially at the initial stages of the disease. Patients' misunderstanding of their own psychopathological manifestations

can act as a serious obstacle to their compliance and lead to an increase in the frequency of exacerbations and repeated hospitalizations.

Objectives: To assess the attitude to the disease and treatment in patients with various mental disorders at the initial stages of the disease.

Methods: Clinical and psychopathological, psychological, statistical. The following scales were used: Drug Attitude Inventory (DAI, Hogan T.P. et al., 1983); Insight Scale for Psychosis (ISP, Birchwood M., 1994); Questionnaire "Style of self-regulation of behavior" (SSPM, V.I. Morosanova, 1988) and others. 17 patients with a diagnosis of bipolar disorder (BD, F31.xxx, ICD-10) were examined, the average age of patients was 25.52 ± 4.55 years and 39 patients with a diagnosis of schizophrenia (F20.1xx and F23.1xx, ICD-10), the average age of patients was 29.29 ± 9.71 . The duration of the disorder in both groups of patients was 0.5-3 years.

Results: A comparative analysis of the average scores of the scale of attitude to the disease revealed significant differences in the groups ($p \leq 0.01$). Patients with schizophrenia had a lower awareness of their disease (2.31 ± 0.91 points) than patients with bipolar disorder (3.59 ± 0.76 points). Correlation analysis revealed reliable connections ($p \leq 0.01$) between the scales of attitude to the disease and drugs and the self-regulation questionnaire. In patients with schizophrenia, deeper violations were found in the links of self-regulation, such as programming and planning when assessing the presence of a mental disorder and deterioration of their condition due to discontinuation of medication ($r=0.38$ and $r=0.36$, respectively). The low level of self-regulation in general and the rigidity of negative attitudes in awareness of the disease and the need for treatment also have a negative impact on compliance with the medication regimen. No such correlations were found in patients with bipolar disorder: they were more aware of the presence of a mental disorder and the need for treatment, but the degree of compliance with the medication regimen was not high enough.

Conclusions: The treatment of patients with mental disorders requires an integrated approach with the mandatory inclusion of a psychoeducational component in order to form an adequate model of their disease and an understanding of the expected risks when therapy is discontinued. Psychoeducation is especially relevant in the early stages of the disease, both for patients with schizophrenia and with BD.

Disclosure of Interest: None Declared

EPP0298

Assessing the recovery process in a mobile rehabilitation team for people with severe mental disorders by using the Recovery Helm

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Introduction: People with severe mental disorder (SMD) determine the goals and paths of recovery with professional and non-formal supporters such as family and friends. It is crucial that these

people, as well as everyone who participates in the recovery process, are familiar with all the elements that contribute to the recovery of mental health in order to help people with SMD identify goals and assess their achievement. We have therefore created a Recovery Helm to assess the functioning in the various areas necessary for recovery to help us assess the needs and monitor the recovery process of people with mental health problems.

Objectives: The goal is to assess the initial state of mental health and monitor the effects of the mobile rehabilitation team program on the recovery of people with SMI through the use of the Recovery Helm.

Methods: We used the Recovery Helm: <http://shorturl.at/gyCDQ> as an instrument for the initial assessment of all areas crucial for recovery to determine the goals of recovery and interventions needed to achieve these goals of rehabilitation in 30 patients included in the program of the mobile rehabilitation team applying different psychosocial interventions according to the individual recovery plan made as a mutual agreement between patients and rehabilitation team. The status of recovery is evaluated after 3 and 6 months.

Results: The results indicate significant improvements in most areas of the recovery assessed at the Recovery Helm selected as individually important goal for a person included in the rehabilitation program

Conclusions: The Recovery Helm is an excellent clinical assessment instrument that helps determine recovery goals and rehabilitation interventions that promote recovery and monitor the achieved results.

Disclosure of Interest: None Declared

EPP0299

Navigating the Professional Journey for Adults with Attention Deficit/Hyperactivity Disorder: Challenges and Strategies

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Introduction: Attention deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects approximately 5% of adults. Individuals with ADHD often display symptoms of inattention, including poor time management and difficulty concentrating and completing tasks. Hyperactivity frequently attenuates over time and transforms into inner restlessness, leading to workaholic behaviors. Impulsive symptoms, on the other hand, may manifest as irritability and low frustration tolerance.

Objectives: To describe the workplace challenges that adults with ADHD face and to explore strategies to improve their occupational outcomes.

Methods: A non-systematic review of the clinical literature available in PubMed was conducted using the keywords: "employment" and "attention deficit hyperactivity disorder".

Results: Individuals diagnosed with ADHD, in contrast to those without the condition, statistically exhibit poorer job performance and increased lateness, job instability, workplace injuries, particularly traffic accidents, comorbid diseases, and financial problems. Therefore, they often work harder to compensate for their

limitations however the findings regarding the health impact of such high job demands are inconsistent. Stimulant therapy during childhood is the main predictor of successful adult employment. Contrarily, risk factors for workplace impairment in ADHD include female gender, executive deficits, lower IQ, less education, combined/inattentive subtype, and history of substance abuse, depression, or anxiety. It was also demonstrated that ADHD individuals may thrive in manual and creative roles and hyperactivity can benefit self-employment. Psychiatrists should offer psychoeducation, along with psychostimulants if necessary, as it is the first-line treatment. Nonetheless, the long-term impact of pharmacological treatment on professional outcomes remains unclear. Although most employers lack ADHD knowledge, workplace strategies including well-defined duties, feedback, job control, and flexibility have been shown to effectively mitigate ADHD symptoms.

Conclusions: Evidence suggests that a significant amount of employees with ADHD face challenges in finding and keeping a job. Thus, identifying and treating ADHD in adulthood is imperative to help them selecting careers that align with their strengths and weaknesses, which are partially influenced by ADHD, and to promote optimal occupational health. This effort requires collaboration between psychiatry and occupational health professionals. Additionally, it is necessary to start implementing educational campaigns among workforce teams to effectively accommodate workers with ADHD. Further studies are needed to develop occupational programs and rehabilitating interventions tailored to this population.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0300

Efficacy of Silexan in Patients with a Major Depressive Episode – First Results from a Multi-centre, Double-blind, Randomised, Placebo- and Reference-controlled Phase III Trial

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Introduction: Silexan [1], an essential oil from *Lavandula angustifolia* flowers, is the active substance of a medicinal product for oral use in the treatment of anxiety disorders. It has been shown to be effective in the treatment of patients suffering from mixed anxiety and depression.

[1] Silexan® is a special essential oil from *Lavandula angustifolia*, Dr. Willmar Schwabe GmbH & Co. KG, Karlsruhe, Germany

Objectives: The trial (ISRCTN36202964) was conducted to investigate the antidepressant efficacy of Silexan in patients with a major depressive episode compared to placebo and Sertraline.

Methods: Adult patients (≥18 years) suffering from a major depressive episode of mild to moderate severity according to ICD-10 were included. Further inclusion criterion was a total score of 19 –