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Providing Psychoeducational Family Intervention for Bipolar I Patients in the Real-world Study: Difficulties and Benefits for Mental Health Professionals.

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**Introduction:**Although many international guidelines emphasize the need to provide psychoeducational family intervention (PFI) together with pharmacological treatments for optimal management of bipolar I patients, this intervention is not routinely provided in mental health centres.

**Objectives:** The Department of Psychiatry of the University of Naples SUN has promoted a study to identify obstacles for the implementation of the PFI in the routine care.

Aims: To identify mental health professionals' benefits and difficulties in the implementation of PFI.

**Methods:** The Family Intervention Schedule was administered to mental health professionals at baseline, at T1, T2, T3, T4, T5 supervision meetings.

**Results:**Twenty-two mental health professionals were recruited, 45% were psychiatrists, with a mean age of  $37.4(\pm 7.3)$ . The participants had been working in psychiatry for a mean of  $9.1 (\pm 6.5)$  years and the majority of them stated to be routinely in contact with patients and their relatives. At the beginning of the study, the highest levels of difficulties regarded:1)the integration of PFI with other work responsibilities;2)the lack of time to run the intervention;3)the identification of suitable families. Among benefits, participants reported an increased feeling of confidence in relation to their work (p<.05) and an improvement in the relationships with the service users' families (p<.01). Difficulties tended to decrease over time, being absent at the end of the protocol.

**Conclusions:**Although mental health professionals recognize that PFI has a positive impact on their work, many organizational obstacles prevent its routine use. A possible solution may be the promotion of peer-led PFIs, as already done by the US NAMI.