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Psychoeducation in Multiprofessional Psychiatric Care

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Introduction. Traditionally, in Ukraineas in the other countries of the former USSR, psychosocial rehabilitation was based on the medical model aimed ateliminating the manifestations of a disease and preventing relapses. Psychoeducationis a new area for Ukraine.

Methods. SQL-36, HARS, HDRS

Results, To find the most optimal for Ukraine forms and methods of psychoeducation for different mental diseases we used three-step algorithm: Patients' and their relatives' informational needs analysis; Collecting evidence-based data and developing psychoeducational modules.

The most effective model of psychoeducation in Ukraine hasproved to be the one integrative bifocal, which included a successivelyrealized system of such exposures as information, psychocorrection and sociocorrection given to the patient and themembers of his family.

The most effective form of psychoeducation is a multidisciplinarybrigade: aphysician-psychiatrist, a clinical psychologist; a nurse; a social worker and a volunteer.

The criteria of effectiveness were as follows: stability of remission, frequency of hospitalization, quality of life, level of anxiety and improvement of mentalcondition.

Conclusions.Psychoeducationnot only broadens the knowledge about the disease and increases confidence in the fight against the disease, but also helps achieve indirect care tasks: giving opportunities for confident behavior; improving communicationskills and some other skills of everyday life; educating new strategies tosolve problems; increasing the level of social success. We consider the implementation of psychoeducational programs at professional, volunteer, individual and family levels to be perspective for further development of psychoeducation.