

Image:

Table 1 Epidemiological Data			
Age			
	Patients	mean yrs	\pm DS
Total	103	48.74	12.60
Females	38	49.211	12.90
Males	65	48.462	12.51
Education			
		mean yrs	\pm DS
Total		10.52	3.68
Females		10.29	3.21
Males		10.66	3.94
Illness duration			
		mean yrs	\pm DS
Total		16.09	9.83
Females		15.79	9.07
Males		16.26	10.32

Image 2:

Table 2 Data RAS-DS			
	T0	T1	p.
Total			
Mean:	101,806	104,379	0.193
Std. Dev.:	16,715	18,516	
Doing Things I Value			
Mean:	16,155	18.77	0.121
Std. Dev.:	3,539	4,070	
Looking forward			
Mean:	49,184	51,010	0.102
Std. Dev.:	10,728	10,584	
Mastering my illness			
Mean:	18.39	20.85	0.021
Std. Dev.:	5,497	5,379	
Connecting and belonging			
Mean:	17,165	17,738	0.214
Std. Dev.:	3,559	4,494	

Conclusions: The current trend of research and clinical practice is to give more importance to psychiatric rehabilitation treatment (Franza Psychiatr Danub 2022;34(Suppl 8) 9-13). The results obtained with our observational study indicate the possible usefulness of indicators of patient well-being, as well as the RAS-DS in the management of psychiatric rehabilitation programs. The expectations, indications, and perceptions of psychiatric patients can be decisive in improving recovery.

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EPV0878

The Recovery concept in Assertive Community Treatment: Truth or Fake?

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Introduction: The concept of “Recovery” in the context of psychiatric rehabilitation has undergone significant evolution throughout history. This abstract delves into the question of the truth or falsity of this concept, examining diverse perspectives and arguments surrounding its application.

Objectives: The primary aim of this abstract is to critically analyze the concept of “Recovery” in psychiatric rehabilitation and ACT from both favorable and critical perspectives, considering its historical evolution, and highlighting key distinctions between the theories of Mike Slade and William Anthony.

Furthermore, it addresses the significance of measuring and evaluating the fidelity of healthcare practices to this mode

Methods: To conduct this analysis, an exhaustive review of current scientific literature was undertaken. Emphasis was placed on the importance of measuring and evaluating the fidelity of healthcare practices to this model.

Results: Slade and Anthony’s theories emphasize different aspects of recovery, while implementation models translate these theories into clinical practice and services. Additionally, the discussion highlights the significance of measuring and evaluating the fidelity of healthcare practices to this model.

Assertive Community Treatment (ACT) programs have increasingly recognized the importance of the “recovery” concept in promoting the empowerment and self-determination of individuals with severe mental illnesses. This discussion examines how ACT programs have adopted recovery-oriented principles, the ways in which they implement these principles, and the potential benefits and challenges associated with their integration.

Conclusions: The distinctions between Mike Slade and William Anthony’s theories and the implementation models underscore the importance of a precise and differentiated understanding within the field of psychiatric rehabilitation.

The integration of the “recovery” concept within Assertive Community Treatment (ACT) represents a significant shift towards person-centered care in psychiatric rehabilitation. Further research and evaluation are essential to assess the effectiveness and long-term impact of this integration.

References:

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EPV0879**Right to attention to sexuality for people with mental disorders: bridges between health and social services**

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Introduction: The expression of sexuality in the adult with mental disorders depends on the early incorporation of factors for promoting social inclusion. It is fundamental that sexual educators and advisors, in addition to working with the clients, also work with close family members. Intervention programs should establish objectives for developing a positive attitude towards sexuality in people with mental disorders and improving self-esteem (Katz G, *Salud Publica Mex.* 2008;50 Suppl 2:s239-54).

Challenge: Achieving support for people with mental health problems and/or substance use disorder admitted to the Social Rehabilitation Process of a psychiatric hospital so that they develop their sexuality satisfactorily. The right to privacy must be taken into account.

Objectives: Promoting a healthy and satisfactory development of sexuality in people with severe mental disorders. Raising awareness among healthcare teams, families and legal representatives regarding the need and suitability for support. Introducing the concept of sexuality as a dignifying perspective. Promoting sexual education that avoids disadvantages and situations of abuse in the target group. Coordinating the continuity of the project with non-health social services after discharge.

Hypothesis: Possibility of receiving support in the development of sexuality through training, information and improvement in the management of emotions/feelings in people who express the need or willingness to receive it, will contribute to overcoming limitations or difficulties.

Methods: Detecting people who during 2021 wish to work on the objectives through the care team. Searching for community resources aimed at attending sexuality issues in people with mental health problems. Proposing the hospital a collaboration with a non-profit entity that develops a specialized program for attention to sexuality in disability. Coordination between

Treatment team and Entity. Quantitative and qualitative assess-

2022	People included	Percentage of people admitted to the Income Unit (65)
Detection concern sex-affectivity	5	7,69%
Verbalized concern	3	4,61%
Referral to the entity program	2	3,07%

ment of one year of experience according to the parameters of the entity.

Results:

Conclusions: All patients included have a diagnosis of psychosis. Experience was very positive for the participants. Community intervention projects that lead to an education in healthy and respectful relationships in the field of sexuality and affectivity are necessary. This would allow to prevent behaviours and situations at risk of abuse as well as social and emotional instability.

Disclosure of Interest: None Declared

EPV0880**Psycho-social predictors of motivation for treatment in patients with mental disorders: the role of adverse childhood experiences and internalized stigma.**

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Introduction: Motivation for treatment is an important socio-psychological characteristic of patients, which is subject to the joint influence of various factors, each of which may require specific rehabilitation interventions.

Objectives: To analyze and evaluate the cumulative influence of adverse childhood experiences (ACE), internal stigma, social characteristics on the intensity of treatment motivation in patients with mental disorders.

Methods: 102 patients with mental disorders were examined using Adverse Childhood Experience Questionnaire (ACEQ), Russian-language validated Internalized Stigma of Mental Illness (ISMI) scale and Treatment Motivation Assessment Questionnaire (TMAQ).

Results: As a result of regression analysis (table 1), a model was obtained that predicted an increase in the chances of high patient's motivation for treatment with an increase in the total score of ACEs (ACEQ total score) and with higher education. The overall severity of internal stigma (ISMI total score) did not show a significant effect on the chances of developing intense motivation in patients.