Objective Understanding the risk factors that can lead to readmission is a factor for the development of interventions that can improve the quality of care.

Aims The purpose of this study was to examine number and predictors of psychiatric readmission within 14 days, 30 days and, 3 and 6 months.

Methods In this retrospective study, analyses were conducted in a sample of 566 discharge adult patients who were admitted to a Psychiatric Hospital of Sarajevo Canton from 1st January to 31st December 2013.

Result Total number of readmission was 14%. The readmission rate within 30 days was 2.8%, number of readmission quarterly was 9.1%, number of readmission within 6 months after discharge was 13%

In the study, several factors were significantly associated with increased risk of readmission including non-compliance with drug treatment, social problems, aggressiveness, suicidality.

Conclusion Our study suggesting that the prevention of psychiatric readmission requires continuous multidisciplinary work with patients and family members.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2091

EV1108

Quality management and economic downturn. Post-modern topics of community psychiatry

A. Zangrando ¹,*, F. Babici ², E. Pascolo-Fabrici ³, A. Riolo ²

- ¹ University of Trieste, Department of Mental Health, Trieste, Italy
- ² CSM Domio, Department of Mental Health, Trieste, Italy
- ³ UCO Clinica Psichiatrica, Department of Mental Health, Trieste, Italy
- * Corresponding author.

Introduction The reduction of the budget allocated to community psychiatry is part of financial needs in times of economic crisis. However, the community psychiatry is based on human resources rather than on technological devices and the economic downturn affects the quality of care in a field where the social and relational capital developed by mental health workers is fundamental. Some authors such as Serge Latouche propose to stem the economic decline with the concept of "degrowth", a constructive idea but difficult to apply.

Objective We would like to analyze whether the economic downturn has consequences only for the organization of psychiatric services or even for people with severe mental disorders. Another issue concerns the possibility that economic downturn increases the social exclusion of vulnerable people.

Results People who live on social welfare or disability pension remain on the margins of society but also those supported by families feel increasingly marginalized with respect to the future.

Conclusions The provision of mental health services may not meet the implicit and explicit wishes in the demand for health by citizens and society. It's therefore necessary to review the quality management within community psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2093

Rehabilitation and psychoeducation

EV1110

An evaluation of the EOLAS psychoeducation programme for service users: An innovative approach to collaboration between clinicians and 'experts by experience'

P. Gibbons ^{1,*}, A. Higgins ², D. Hevey ³, M. Monahan ², C. O'Connor ¹

- ¹ Health Service Executive, Kildare/West Wicklow Mental Health Service, Celbridge, Ireland
- ² Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland
- ³ Trinity College Dublin, School of Psychology, Dublin, Ireland
- * Corresponding author.

Introduction Psychoeducation for service users has been shown in several recent meta-analyses to improve adherence with treatment, decrease rehospitalization rates and improve various measures of quality of life. The 8-week EOLAS Programme for service users with schizophrenia or bipolar disorder is unique in being designed, co-facilitated and evaluated collaboratively by both clinician and peer representatives. EOLAS forms part of the service plan of the national Health Service in Ireland.

Aims and objectives To evaluate the impact of the EOLAS programme on participants' perceived knowledge, confidence, advocacy, recovery attitudes and hope.

Methodology Anonymised questionnaires were administered to participants before and after completion of the EOLAS Programme. All survey participants were invited to attend for interview to examine qualitatively their experience of the programme. Interviews were recorded and subjected to thematic analysis.

Results Forty-five subjects completed pre- and post-programme questionnaires (participation rate = 55%).

Significant improvements (P<0.05) were identified across each of the 5 domains examined (i.e. perceived knowledge, confidence, advocacy, recovery attitudes, hope). Expressed satisfaction with the programme was high (95%).

At interview, participants (n = 12) particularly valued:

- the opportunity to ask questions of the psychiatrist e.g. about medication:
- improving self-care skills e.g. monitoring early warning signs of relapse;
- co-facilitation by a peer, which provided extra credibility and inspired hope;
- sharing experiences with peers.

Conclusions The EOLAS programme succeeds in meeting the needs of the participants across the target domains. This success depends on the unique collaboration between clinicians and peer experts on which EOLAS is based.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2095

EV1111

Attitude toward medication as a predictor of therapeutic adherence. Importance of psychoeducation on treatment

C. González Soria*, C.I. Fombellida Velasco, L.C. Fernández Martín, L. Sánchez Pernas, L. Al Chaal Marcos, L. Alonso León, R. De La Mata Hidalgo, I. Valriberas Herrero University Hospital, Psychiatry, Salamanca, Spain

* Corresponding author.

Introduction Between 25–50% of psychiatric patients are non-compliant with their pharmacological treatment. When differences between compliant and non-compliant patients were analyzed, differences were found in relation to their beliefs and feelings about medication. The Drug Attitude Inventory (DAI) was created to measure attitudes towards medication in adults. It predicted adherence in schizophrenia and depression studies.

Objective Determine if psychotherapeutic and psychoeducational activities – during a partial hospitalization at the Psychiatric Day Hospital – can improve aspects related to feelings and thoughts about medication.

Method We gathered retrospectively a sample of 151 patients hospitalized at the Psychiatric Day Hospital, from September 2013 to June 2015. Their thoughts and feelings about medication were measured with the DAI before and after the hospitalization. From the sample of 151 patients, 94 completed both tests, excluding who did not have the final DAI score. Differences between initial and final scores were statistically analyzed with the Wilcoxon test for paired samples.

Results Of the 94 patients who completed the study, 52 showed an improvement in their DAI score, whereas the remaining 27 showed an equal or decreased final DAI compared to initial evaluation. The difference was statistically significant ($P \le 0.05$).

Conclusion It seems that psychoeducational activities related to medication are important in order to reconsider or modify feelings and thoughts about treatment. Information on medication provided to psychiatric patients (to those who need psychopharmacological treatment), carried out in a group context, which facilitates an open and sincere communication, can be a useful strategy to improve compliance with treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2096

EV1112

Mutual aid program among adults with mental health illness as part of the treatment in a day hospital

M. Guerrero Jiménez ^{1,*}, C.M. Carrillo de Albornoz Calahorro ¹, J.A. Rodrigo Manzano ², B.M. Girela Serrano ³

- ¹ University Hospital San Cecilio, Psychiatry, Granada, Spain
- ² Santa Ana Hospital, Mental Health, Psychologist, Motril, Spain
- ³ Santa Ana Hospital, Mental Health Service, Motril, Spain
- * Corresponding author.

Introduction/objectives To supervise agents in a mutual aid experience in Motril Mental Health Day Hospital. To perform a supporting role among the agents involved in a mutual aid program to consolidate its operations autonomously.

Methods A multidisciplinary working group, which met every two weeks for 4 months was set. Group sessions were planned. We selected mutual aid pairs individually and addressed the difficulties in the process. The experiment was performed with 4 agents setting a maximum of 5 interviews. A success criterion of 80% of the meetings planned was established. In between mutual aid group, success criterion was to maintain a 3-month experience held by 5 members. A qualitative analysis of most important issues amongst coordination meetings were also held.

Results Three out of 4 pairs reached 80% of the interviews successfully. The support group was developed weekly during 3 months with an average of 8 participants. The trending topics during coordination meetings were toxic consumption, acute crisis, drug intake and issues to be addressed with the psychiatrist.

Conclusions Mutual aid among users is a way of intervention that needs to be further consolidated. The establishment is still unpretentious and has low weight amongst coordination objectives. The results addressed in number of sessions and satisfaction are favor-

able, but it is necessary to assess the experience widely and to begin developing specific objectives [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

References

- [1] Shepherd G. Making recovery a reality. Sainsbury Centre for Mental Health; 2008.
- [2] Farkas M. The vision of recovery today: what it is and what it means for services. World Psychiatry 2007;6:4–10.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2097

EV1113

Psycho-educational program "+ family" – Pilot program

C. Lima^{1,*}, G. Cunha², F. Brandão³

- ¹ For All, Desenvolvimento Pessoal e Bem-Estar, Unipessoal, Lda, Psicologia, Porto, Portugal
- ² Mediare, Mediação, Porto, Portugal
- ³ CLDS, Couracção, Paredes de Coura, Portugal
- * Corresponding author.

The CLDS + Paredes de Coura integrated in its action plan the implementation of a program for the development of strategies at the level of qualification of the families as it corresponded to one of the needs highlighted by the Social Municipality Action under the Social Diagnosis.

With a Psychologist/Family Therapist and a Conflict Mediator, have formed groups with parents and children separately.

Questionnaires were applied at the beginning and end of the program for evaluation of impact. The results showed that the personal development of children and adults was promoted, were broadcast techniques that facilitate the daily emotional management and improved is communication skills. This program will now be applied to other groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2098

EV1114

Psychosocial therapy in schizophrenia

L. Maroto Martin*, P. Hervías Higueras

Hospital Doctor Rodríguez Lafora, Psiquiatría, Madrid, Spain

* Corresponding author.

Introduction Psychosocial interventions are an essential part of the treatment of schizophrenia and are aimed at promoting the social, family and occupational functioning of the patient and relapse prevention. They are considered proven clinical measures whenever necessary, however they tend to be underused.

Objective Answer the question on psychosocial therapies available today for schizophrenia.

Methods Review through PubMed by entering the following keywords: psychosocial therapy; schizophrenia; cognitive behavioral therapy, and clinical practice guidelines.

Discussion There are several psychosocial therapies used in clinical practice. The main points of approach focus on self-management of the disease, everyday problems, education, crisis intervention, and acquiring insight. The cognitive impairment is an important aspect of schizophrenia to consider. It seems that cognitive remediation therapy has been associated with both neurobiological and cognitive improvement.

Conclusions The combination of different therapies along with psychopharmacological treatment appears to provide better results in the reduction of negative symptoms, positive symptoms and reduced hospital stay.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2099