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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.

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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.

Table 1. Model of logistic regression analysis of educational, ACE total score and ISMI total score with the severity of motivation for treatment.

| Predictor | B | SE | p | Exp (B) | 95% confidence interval for EXP(B) |
|---------------------|--------|-------|-------|---------|------------------------------------|
| Secondary education | 1,120 | 0,699 | 0,109 | 3,065 | 0,778-12,074 |
| Higher education | 1,972 | 0,775 | ,011 | 7,189 | 1,574-32,834 |
| ISMI total score | -0,435 | 0,773 | 0,574 | 0,647 | 0,142-2,946 |
| ACEQ total score | 0,346 | 0,147 | 0,019 | 1,414 | 1,060-1,886 |

After post data analysis (table 2), a cut-off point was established for the ACEQ total score of 4 points, corresponding to an increased chances of high patient's treatment motivation.

Table 2. Results of the test ROC analysis for ACEQ total score and the severity of motivation for treatment.

| Cutpoint | Sensitivity (%) | Specificity (%) | Youden's index | AUC |
|----------|-----------------|-----------------|----------------|-------|
| 3 | 64.71% | 53.57% | 0.183 | 0.689 |
| 4 | 50% | 75% | 0.250 | 0.689 |
| 5 | 38.24% | 85.71% | 0.239 | 0.689 |

Conclusions: ACEs may likely be a source of posttraumatic growth in adulthood in patients with mental illness specially if their count amounts to 4 or more variants. The role of social and psychological characteristics of patients with mental disorders in the psychology of the treatment process should be considered systemically, rather than discretely.

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EPV0881

Exploring participant's experiences in a multifamily therapy group on schizophrenia : a qualitative approach

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Introduction: Prevention of relapse in schizophrenia is a major public health issue. A recent network meta-analysis investigating interventions for relapse prevention in schizophrenia found that the efficacy of family psychoeducation and systemic integrated interventions were superior to treatment as usual at 12 months (Bighelli I, Leucht S et al. *Lancet Psychiatry* 2021). Other studies also found that multi-family therapies (MFT) were superior to treatment as usual and family psychoeducation in preventing relapses at 2 and 4 years (McFarlane WR, Lukens EP et al. *Archives of General Psychiatry*.1995). Considering this, we developed in

our community center an MFT program based on systemic approach and psychoeducation.

Objectives: Investigate the subjective experience of participants of an MFT group focusing on schizophrenia.

Methods: A qualitative study was designed to explore personal experience of participants using the Interpretative Phenomenological Analysis (IPA) method in order to analyse participant's feedback during semi-directive interviews. By using IPA, participants are experts of their experience. Eight participants took part in this study: 4 patients and 4 parents.

Results: Within all participant's feedback around 10 different themes emerged. We identified three major themes which we have described as: "Affiliation to the group", "Framework of Discovery", "Benefits of MFT".

According to "Affiliation to the group", all participants report movements of adhesion or rejection towards the group. This theme has been subdivided into two sub-themes: "Temporality", and "Identification/differentiation". These sub-themes revealed inter-individuals' differences.

According to "Framework of discovery", the MFT group has been identified as a secure place allowing self and other's discovery place. This theme has been divided into two sub-themes: "discovering skills" and "improving oneself and relatives' understanding". Participants experience taking a step back and decentering oneself from usual personal position.

According to "Benefits of MFT", participants report the feeling of belonging to a group, the impact on self-esteem, on mentalization skills, and on the reflexion on family members' experience of the disease.

Conclusions: This study is, to our knowledge, the first qualitative study examining the subjective experience of members who participated in a psychoeducational and systemic MFT group focusing on schizophrenia. It provides insight into the families' experience, both from the patient's and from each family member's perspective. Results highlight that participants seized the MFT group as a learning space at several levels: personal, intra-family and inter-family.

These data could enlighten professionals working with families on the potential apprehensions of participants, their representations of the group and what process MFT could initiate.

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EPV0883

Clinical and Psychosocial Impact of Psychoeducational Groups for Psychosis

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Introduction: Individuals with mental health disorders often lack access to appropriate care, including psychosocial rehabilitation programs, which are considered essential for their recovery. In 2019, as part of the intervention by the *Community and Mental*