

pensions. Individual Placement and Support (IPS) is an evidence-based program integrated into psychiatric care helping individuals with serious mental illness to find competitive employment. It comprises personalized job search as well as individual in-work support for both the employee and the employer.

Objectives: The Finnish Individual Placement and Support Evaluation Study (2020-2023) aims at investigating the implementation, feasibility as well as perceived benefits and outcomes of the IPS program implemented for the first time broadly in Finland. The present study focuses on the changes observed among program participants in employment status and psychosocial well-being during the 6- and 12-months follow-ups.

Methods: Both quantitative and qualitative data from different stakeholders have been and will be collected. The data collection will be finished at the end of 2022. The presentation focuses on findings from interviews ($n=31$) and from questionnaire data collected among program participants at baseline and at 6- and 12-months follow-ups. The total sample will comprise approximately 300 program participants (18–64 years of age) diagnosed with a severe mental illness.

Results: Findings on changes in employment status as well as in psychosocial well-being (self-rated health and work ability, mental distress, positive mental health, self-esteem, satisfaction with life, social inclusion, and perceived social support) will be discussed at the congress. The preliminary findings of the study show that about half of the program participants have succeeded in getting employed at least once during the follow-up. However, becoming employed does not always result in increased psychosocial well-being. Work-related stress, meaningless or unsuitable job, problems at the workplace community or fear of being stigmatized may contribute toward decreased psychosocial well-being.

Conclusions: Meaningful work can play an important role in the process of recovery from mental illness. However, individuals with severe mental health problems need support with the working life related concerns and stress especially at the beginning of employment.

Disclosure of Interest: None Declared

EPP0383

A further step towards early and systematic psychoeducation for caregivers with the BREF program

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doi: 10.1192/j.eurpsy.2023.698

Introduction: Despite international and national guidelines advocating psychoeducation for caregivers (PEC) as one of the most effective treatments for patients living with a severe mental disorder (SMD), such programs remain scarce. Only 3% of the 4.5 million French caregivers in psychiatry have benefited from PEC and less than 10% know family associations (i.e., peer-led organizations supporting family members, caregivers, and loved ones of individuals living with a SMD). Worryingly, PEC is provided on average 10 years after the disease onset in France. Recognizing this major shortage in mental health organization, Rey et al. together with the Unafam family association created a short psychoeducational program called “BREF”. BREF means “brief” in French and can be provided early and systematically to caregivers of individuals with a SMD.

Objectives: The aim of the present study was to assess the impact of the BREF program on depressive symptoms and burden of caregivers who benefited from the program.

Methods: This is a retrospective, multicenter, open, uncontrolled study. 303 caregivers of persons living with a SMD benefited from the BREF program and were included in the present study. Depressive symptoms (assessed using the Center for Epidemiologic Studies Depression Scale, CES-D) and caregiver burden (assessed using the Zarit Burden Interview, ZBI) were measured before the BREF program, after the third session and during the 3-month telephone callback. Quantitative data on caregivers’ satisfaction were collected at the 3-month telephone callback.

Results: The 303 caregivers included belonged to 216 families. Caregivers were mostly female (65.9%), they were mainly parents (66.8%) and spouses (17.3%). 20% of the included caregivers didn’t know the diagnosis of their relative and 69% had been caring for their relative for less than 5 years. As compared to baseline, we report a significant reduction in depressive symptoms and caregiver’s burden after the third session of the BREF program ($p<0.001$) and at the 3-month telephone callback ($p<0.05$) (Fig. 1-2). The proportion of caregivers with a probable depression ($CES-D\geq 20$) was significantly lower after the third session of the BREF program ($p=0.02$) (Fig. 3). At 3 months, high levels of satisfaction were observed, with 98.4% of caregivers being satisfied or very satisfied with the BREF program. Caregivers deemed that the BREF program was very useful with a mean score of 9/10 (± 1.5). 73% of the included caregivers attended the 3 sessions of the BREF program.

Image:

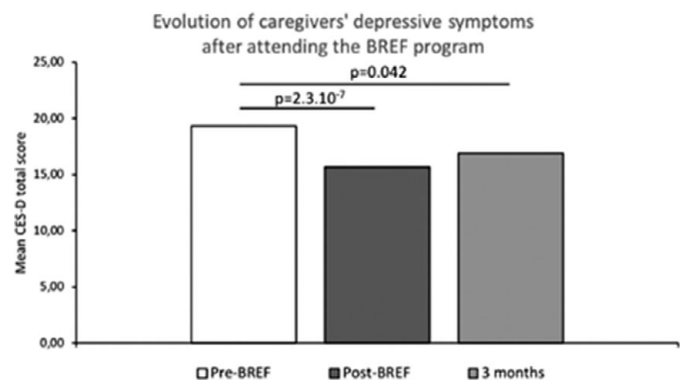


Image 2:

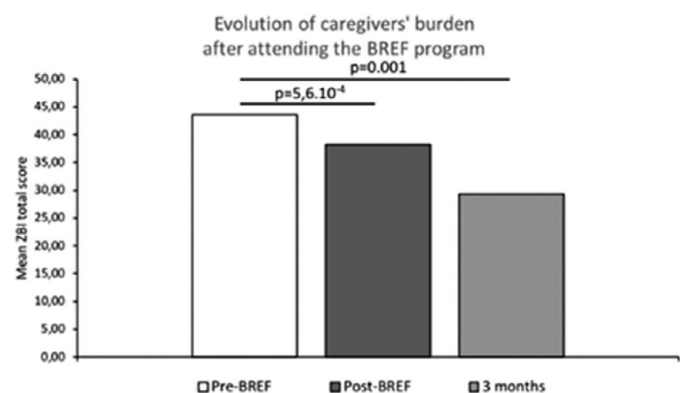
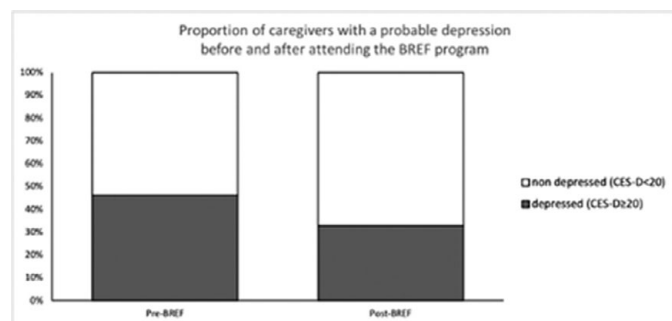


Image 3:

Conclusions: The BREF program is associated with a therapeutic benefit for caregivers. In addition, BREF demonstrates a high level of caregiver satisfaction which is critical for a program intended to be provided early and systematically. The BREF program could reduce the French shortage in PEC provision. These results strongly support the national dissemination of the BREF program.

Disclosure of Interest: None Declared

EPP0384

The National School of Rehabilitation, Integration and Recovery in Mental Health- A case study of a unique academic and working model in the community

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doi: 10.1192/j.eurpsy.2023.699

Introduction: The National School of Rehabilitation, Integration and Recovery in Mental Health was established in 2011 at Ono Academic College. Its operation is supervised and funded by the Department of Rehabilitation in the Mental Health Division of the Israel Ministry of Health. The School offers courses for a broad variety of mental health professionals and others involved in the mental health field (service users and family members) to promote professional competencies, social cohesion, learning from experience, and to advance mental health rehabilitation. In recent years, the School has become increasingly involved in multiculturalism, providing special courses and workshops for both the Palestinian-Arab and ultra-Orthodox Jewish sectors in Israel. The School is based on the belief in the ability of service users to recover, integrate, and live meaningful lives in the community. This belief is consistent with values of the recovery approach (Slade et al., 2017). The School is constantly in dialogue with the community, and provides training for interventions that promote recovery, as well as social cohesion in the field of psychiatric rehabilitation.

Objectives: To describe the process of foundation, implementation, and outcomes of the unique model of the School; to discuss the multicultural and social opportunities and challenges; to portray major elements of the school methodology and practice.

Methods: Work model presentation through qualitative analyses of social and academic processes, alongside quantitative descriptive data.

Results: Every year, 700 students from various helping professions in the field of psychiatric rehabilitation study at the School, as well as service users. The school operates as a bridge between academy and the field and encourages learner and staff diversity, joint learning, and discourse. Over 30 courses are conducted annually including evidence-based intervention courses such as IMR, and training courses such as knowledge by experience, supervision, rehabilitation coordinators, etc. In addition, unique courses are given, such as eating disorders, DBT, and social cognitive intervention training with multicultural adaptations. Lastly, the school offers consultation in implementing interventions within services.

Conclusions: The working model of the School operates under the framework and values of recovery, social integration and cohesion, and multiculturalism. To this day, the School offers courses, symposiums, conferences, and professional publications, to educate for values of recovery and community inclusion, alongside improving the quality of services.

Disclosure of Interest: None Declared

Suicidology and suicide prevention 01

EPP0385

Is lethality different between males and females? Clinical and gender differences in inpatients suicide attempters

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doi: 10.1192/j.eurpsy.2023.700

Introduction: According to the gender paradox, in suicidology an important sex difference has been reported with a preponderance of females in nonfatal suicidal behavior and a preponderance of males in completed suicide. The lethality of suicidal behavior in females is lower most likely because males choose more violent suicide methods. Furthermore, women more frequently present traditional risk factors for suicide than do men, including depression, childhood sexual abuse, and prior suicidal ideation and attempts.

Objectives: The purpose of this study was to explore possible clinical differences between male and female psychiatric inpatients who had recently attempted suicide. We hypothesized that clinical characteristics such as psychiatric diagnosis, the methods and lethality of the suicide attempt, the history of suicide attempts, age at onset of psychiatric illness, the presence of substance or alcohol use and the length of stay differ between male and female suicide attempters.

Methods: The study included 177 adult inpatients at the University Psychiatric Clinic, Sant'Andrea Hospital, Sapienza University of Rome hospitalized following a suicide attempt, between January 2018 and May 2022. Clinical features assessed included psychiatric diagnosis, method and lethality of suicide attempts using the Risk-Rescue Rating Scale, the history of suicide attempts, age at onset of psychiatric illness, the presence of substance or alcohol use, and the