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Introduction Case management (CM) is accepted as the most recommended approach for the treatment of people with severe mental illnesses (SMI) in Community Mental Health Centers (CMHC) in whole Bosnia and Herzegovina (BH) in the last 3 years. Objective All team members of CMHC Prijedor are certificated case managers. Part of our daily activities is work with and for the users included in CM (mostly with schizophrenia or similar disorders) using multidisciplinary approach to find best possible solutions of both treatment and rehabilitation for users that we are in charge. In this moment CMHC cares for 12 mostly younger users involved in the CM.

Aims To show advantages as well as obstacles of the CM.

Methods Case study of young user with schizoaffective disorder included in the CM in the last 2 years.

Results Improvements in user's daily activities and using of the remaining capacities with confrontation of partial or entire poor responses of most other community services.

Conclusions CM has many advantages for the user involved in it, mostly medical and psychological (adequate treatment followed by users wishes, avoidance of hospitalization, improving existing or building new skills, use of remaining capacities, planed activities, minimize of the psychopharmacological treatment, social skills and more new contacts with people, etc.). But, still are existing the obstacles in the community mostly considering employment and social care as an part of the stigmatization of the people with SMI. Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1119

Crisis in the psychiatric patient: A structured illness-management-oriented group intervention

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Introduction Crisis prevention and management of the psychiatric patient have obtained a central role in the policies of Mental Health Services. In this context, Mental Health Centre of Ravenna has launched a "Crisis Center", a rehabilitation group project applied to three types of users: users in an early stage of crisis, users in a post-critical stage and users at high risk of crisis. Intervention was based on the Illness Management and Recovery practice, an evidence-based program which consists in social skills training activities, emotions management, symptom management, coping skills training, psycho-education and, more generally, supporting users in their personal recovery process.

Objective Objectives of this project is to prevent crisis and hospitalization and to provide an alternative to institutionalization for mental health users.

Aims The aims of this study was to analyze and show effects and results of the project, in its first three years of life.

Methods Through the database "Infoclin", we analyzed data of 94 users who took part in the project between January 2012 and December 2014.

Results Analysis showed, primarily, that out of 94 users, 64 (68%) have not needed hospitalization in the following two years after intervention. Furthermore, out of 39 users with a history of one or

more hospitalizations at time of entry, 22 (56.4%) have not needed hospitalization in the next two years.

Conclusions Despite the low number of users analyzed, it is believed that this study should be considered a further evidence of the positive effects of the IMR practice within mental health services.

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

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EV1120

The post-traumatic growth: The wisdom of the mind, its clinical and neuropsychoanalytic vicissitudes

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The purpose of this symposium is to bring awareness about and to promote knowledge of the phenomenon of posttraumatic growth (PTG) and its neurobiological mechanisms. The other purpose is to explore neuro-psycho-education as an important tool in understanding trauma and in promoting PTG.

The idea of PTG was pioneered by Calhoun and Tedeschi (1999), who addressed positive psychological change (as they compared it with the "mind's wisdom"), which occurs in some individuals after trauma. PTG happens in the context of and despite of processing traumatic pain and loss. This phenomenon includes five main factors: relating to others with greater compassion; finding new possibilities, personal strength, spiritual change, and a deeper appreciation of life.

Both neuropsychoanalysis and neuro-psycho-education offer us the knowledge of neurobiology and its mechanisms of "action" (such as neuroplasticity, neurointegration, mind-body integration, connectomes, 'triune brain', 'bottom up processing' and 'top-down regulation', etc.) and help modern mental health practitioners to understand their clients from "inside out": to read the cues of their underlying (and not verbalized) patterns of being; to access their undisclosed, untold, emotional-relational history; to understand how this history shapes the present; to appreciate one's unique personal growth, even in the aftermath of trauma, and to understand mindfulness and mentalization as two powerful healing processes which play significant role in PTG.

Both neuropsychoanalysis and neuro-psycho-education also help clinicians to be in touch with and to regulate our own emotions and somatic responses to a "difficult client", while maintaining "benevolent curiosity" and empathic stance.

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EV1121

Sexuality and affectivity: Two themes in a psychosocial intervention for psychotics inpatients

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The aim of this project is about valuing these themes, not only in order to increase physiological genres knowledge or the responsible use of contraceptives, but is mainly about growing sexual psychosocial features awareness. Treating these themes in a psychoeducational intervention means: minimize sexually-transmitted diseases, prevent psychotic patients from quitting psychopharmacological treatment and favour the birth and the