

- severity of risk (SR) = average for the whole table multiplied by %;
- number of significant risk events (NSRE) = count of risks scored from 50% to 100% divided by 20 (items);
- probability of occurrence of risks (POR = NSRE%);
- range probability of death (RPD) = range score of (overdose + suicide + reckless activities)%.

Two raters assessed independently $n = 8$ patients. Kappa inter-rater statistic was used by dichotomous results (above-below cut-off score).

Results Inter-rater Kappa = 0.60 indicates a moderate inter-rater agreement. In the sample, only 2 patients scored above the cut-off score of 50, indicating a level of moderate-to-severe risk. For the other patients, the average SR = 36%, indicating low-to-moderate risk.

Conclusions PRAS is constantly used to assess the likelihood that the care provided to patients admitted to hospital is sufficient or whether major remedial action is required.

Table 1

Events	0%	25%	50%	75%	100%
Becoming homeless	0				
Alcohol dependence or harmful use	0				
Assault to others	0				
Homicide	0				
Discontinuing medication			50		
Disengaging from services			50		
Exploitation from others		25			
Self-harm by cutting				75	
Overdose of medications				75	
Taking illicit substances				75	
Conflict with others				75	
Conflict with the law				75	
Dangerous to others				75	
Other suicidal attempts (e.g. hanging, self-poisoning, etc.)					100
Relapse in presentation					100
Sabotaging care plans					100
Reckless activities (e.g., risk driving, walking on railtrack)			50		
Theft					100
Social isolation					100
Exploitation of others					100
Total severity of risk (max=100%) is:					
Number of risk events:					
Final report:					
The total severity of risk (SR) for self and others is:	61.25%				(MAX=100%)
The total number of significant risk events (NSRE) from moderate to severe is:	15/20				(MAX=20/20)
Therefore, the probability of occurrence of risk events (POR) (the maximum being 1.0 or 100%) is:	0.75	or	75		%
The range probability of death (RPD), accidental or voluntary, by one of the risk events					Range
including accidental and deliberate overdoses, reckless activities and active suicidal acts is:	Minimal risk				Maximum risk
	50	%	to	100	%

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EV1009

Probability of Relapse Scale (PRORES) for psychiatric inpatients

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Introduction The prediction of relapse in presentation is central to psychiatric prognosis.

Objectives The Probability of Relapse Scale (PRORES) (Table 1) is used by the authors to predict the likelihood of relapse by psychiatric inpatients.

Aims To tailor better care plans by knowing the likelihood of relapse and readmission to hospital.

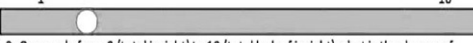

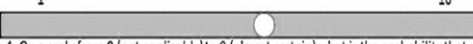
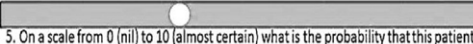

Methods Eighteen inpatients were diagnosed with the ICD-10 codes. Results were reported on a 5-point probability scale from 0 (less severe) to 10 (most severe). The 5 items are: degree of severity of illness, degree of patient's insight, frequency of readmission into hospital, probability of discontinuation of therapy and probability of relapse in the 4–6 weeks after discharge.

Results With the cut-off score at 25 (score 5 × 5 items), indicating a moderate level of relapse, we ascertained that 100% of patients with a personality disorder (usually borderline) and substance misuse relapse are readmitted shortly after discharge, compared with 85.71% of those with psychoses and 66% of those with mood disorders.

Conclusions The PRORES can help support those patients who are at elevated risks of relapsing due to any of the major causes: discontinuation of treatment, chronicity and poor insight into their own condition (Table 1).

Table 1 PRORES Scale.

Instructions: please report the degree of severity from 0 to 10

- On a scale from 0 (acute and benign condition) to 10 (chronic and severe condition) what is the degree of severity for this patient's illness?

- On a scale from 0 (total insight) to 10 (total lack of insight) what is the degree of insight that this patient shows about the own illness?

- On a scale from 0 (first admission) to 10 (very frequent readmissions) what is the degree of readmissions to hospital of this patient for the illness considered?

- On a scale from 0 (not applicable) to 10 (almost certain) what is the probability that this patient will discontinue treatment once discharged from hospital?

- On a scale from 0 (nil) to 10 (almost certain) what is the probability that this patient will relapse in the 4-8 weeks after discharge from hospital?


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e-Poster Viewing: Promotion of mental health

EV1010

Flourishing: Factors associated with positive mental health among young adults with neuropsychiatric disorders

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Young people with Asperger's syndrome and/or ADHD face major challenges in their lives affecting their quality of life and general well-being.

The aim of this study was to investigate factors that associate with positive mental health (flourishing) among young adults with neuropsychiatric disorders.

The sample consisted of 188 young adults with diagnosis of Asperger's syndrome (AS) (F84.5) and/or ADHD/ADD (F90). They participated in the one-year "My Way" rehabilitation programme organized and funded by the social insurance institution of Finland. Baseline questionnaires included measures on positive mental health (SWEMWBS), provisions of social relationships (SPS), social competence (MASC) and questions about functional capacity and leisure time activities. Information on diagnosis was received from doctors' statements.

Of the study participants, 35% had a comorbid mood, anxiety or stress-related disorder (F30–F40). Among those, 14% had low, 79% moderate and 7% high positive mental health (flourishing). Higher rate of physical activity was associated with flourishing. Furthermore, flourishing was associated with high level of provisions of social relationships, social competence as well as good general functional capacity. No association was found with engagement in employment or education, or having the diagnosis of AS, ADHD/ADD or a comorbid psychiatric disorder (F30–F40).

People with psychiatric disorders experience high positive mental health, too. Social relations, social competence and general functional capacity play an important role in mental well-being of young adults with neuropsychiatric disorders. Supporting them may help in reaching also other goals set for the rehabilitation, such as capacity to work or study.

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EV1011

Resilience, pain and quality of life in people with physical disabilities: A systematic review

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Introduction More than a thousand million people live with a certain type of disability over the world (more than a 15% of the population worldwide). In Spain, 2.5 millions of people suffer from a physical disability. Disability can be understood as an interaction of the individual's health condition (disease, illness. . .) and his/her environmental and personal factors. Resilience could be included as a powerful personal factor, which would play a major role in the individual's quality of life. Resilience can be defined as a universal basic capacity to prevent, minimize or overcome life's adversities, even reaching a change in the life of the individual.

Aim To determine the association among resilience, pain and quality of life in people with physical disabilities.

Materials and methods An electronic search of several databases (Psycinfo, Medline, Pubmed. . .) was performed using the terms resilience, physical disability, and physical illness among others.

Results – Pain and resilience show an important relationship. Factors as acceptance, pain beliefs and self-efficacy are directly related with a lower pain interference.

– Resilience and quality of life show a strong positive relationship.

Conclusion Several factors are related to resilience in people with physical disabilities. Resilience seems to be an important capacity that helps individual with physical disabilities overcome adversities. Further analyses are required.

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EV1012

The therapeutic handling of a mental health promotion group: The therapist role in the Communitarian Mental Health Group

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Within the mental health promotion field, communitarian and group-based interventions are significant and viable approaches. One of the features of group studies is the therapeutic group handling, provided by the group therapist, which influences the therapeutic potential and development of the group. The communitarian Mental Health Group (CMHG) is an innovative intervention for promoting mental health, developed and researched for 18 years, in Brazil. The activity's goal is to promote the attitudes of attention and understanding over day-by-day experiences, as resources of mental health promotion. This research goal was to investigate and understand the therapeutic group handling provided by the CMHG's therapist and its connections to this specific group's characteristics. The corpus was built by the transcriptions of six groups. To each group session, all the therapist's interventions were analyzed in the context in which they happened. Later, those sessions were horizontally analyzed, as a mean to identify common aspects of the CMHG's therapeutic handling, which resulted in the elaboration of three main categories: framing–includes interventions which the therapist organizes the setting; providing keys–includes interventions which the therapist provides key concepts and encourages the participants to adopt certain attitudes, so that they can understand and interact with the assignment; Understanding the gesture–includes the interventions which the therapist stresses the gestures underlying the participant's communication. This research pointed that the therapeutic handling of CMHG is different from traditional models, and that it is related to its theoretical and methodological approach.

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EV1013

The Communitarian Mental Health Group: Promoting mental health through daily experiences in Brazil

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In Brazil, the mental health field has been the scenario of many transformations, among them, the recognition of community and group-based interventions as significant approaches concerning mental health promotion. These approaches regard the interpersonal relationships as a resource to individual's mental health care and the construction of a helping network. This study aimed to present and describe the Communitarian Mental Health Group (CMHG), an innovative intervention developed and studied in Brazil for 18 years. To accomplish that, a study of previous researches about this intervention was conducted, including the analysis of a book published in 2014. The activity goal is to promote mental health through the attitudes of paying attention, understanding