EPV0876

Experience real-time, health and biological outcoMes of personal recovery in PeOple With mEntal disorders in Residential facilities (EMPOWER): a cohort study

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Introduction: Deinstitutionalization has resulted in diverse mental health care models, influenced by local resources, funding, and cultural factors. In Italy, 127 Department of Mental Health (DMHs) provide care for individuals with mental disorders. People with severe mental disorders (SMD) live independently or in residential facilities (RFs). Approximately half of the Italian DMH budget is allocated to RFs, serving around 3.6% of people with SMD. Italian RFs prioritize personal recovery, empowering individuals with SMD to live fulfilling lives despite symptoms and psychosocial challenges. While personal recovery is known to improve well-being and cost-effectiveness, its implementation in Italian RFs remains incomplete. There is insufficient evidence regarding its impact on various outcomes for residents, including health, psychosocial, and biological factors.

Objectives: The EMPOWER Study aims to assess whether adding personal recovery to Treatment As Usual (TAU) in Italian RFs could improve functioning (primary outcome), health, biological status, productivity and interpersonal relationships (secondary outcomes) among patients receiving the personal recovery-oriented treatment, compared with TAU. Additionally, data will be collected from informal caregivers, mental health professionals, and concerning the recovery orientation of RFs.

Methods: This study employs a longitudinal cohort design, gathering data at baseline and six-month follow-up in Italian RFs. A cohort of residents over 18 y.o. who receive a personal recovery-oriented treatment, the Mental Health Recovery Star (N=20), is compared to a matched group of residents receiving the TAU (N=20). International standardized assessments collect patients' data on functioning, psychopathology, need for care, quality of life (QoL), positivity, social network, service satisfaction, and patient stigma. Informal caregivers' data includes burden, QoL, positivity, and service satisfaction. Mental health professionals' data encompasses burnout, stress, stigma, positivity, and work satisfaction. The working alliance between professionals and patients is assessed. Clinical and biological exams (blood and saliva samples) are collected, along with actigraphy data on patients' circadian rhythm and physical activities. Digital data through a mobile app captures psychopathology, productive activities, social network, using the Experience Sampling Method with questions defined with patients. Focus groups with patients, professionals, and informal caregivers are facilitated by an expert by experience. Recovery orientation of RFs is assessed.

Results: Not yet available.

Conclusions: This study aims to generate novel insight that could improve our treatment approaches for patients in residential facilities.

Disclosure of Interest: None Declared

EPV0877

Awareness and perceptions of managing recovery in psychiatric patients in a rehabilitation center: an observational study

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Introduction: In mental health prevention, person-centered, and rights-based approaches, the role of recovery is highlighted (WHO, 2021). Various evaluation tools are used in rehabilitation objectives and programs, including the Specific Levels of Functioning Scale (SLOF) (Mucci *et al.* Schizophr Res 2014;159 144-50) and the Recovery Assessment Scale – Domains and Stages (RAS-DS), a self-measure of mental health recovery. It includes 38 items clustered into four recovery domains and meets two functions. In addition to measuring self-reported outcomes, it increases service-user control towards objectives and recovery action plans (Honey et al. BMC Psychiatry 2023;23 500).

Objectives: To evalue the efficacy of RAD-DS in a psychiatric rehabilitation facility to be used as a routine tool in daily rehabilitation activity.

Methods: In our observational study, we recruited 103 inpatients (total: 103 patients, females: 38 patients, males: 65 patients) in a psychiatric rehabilitation facility. The patient presented with psychiatric disorders that met the diagnostic criteria of DMS-5 (schizophrenia, bipolar disorder, MDD, personality borderline disorder). Epidemiological data are shown in Table 1.

All patients were undergoing a psychiatric rehabilitation program and were observed during a one-year evaluation.

In all patients, the following rating scales were administered at baseline (T0) and after a year (T1):

For the evaluation of social measures, life outcomes, and functioning and recovery:

- Recovery Assessment Scale – Domains and Stages RAS-DS
- Specific Levels of Functioning Scale (SLOF)
- Global Assessment of Functioning (GAF)

For psychopathological evaluation:

- Brief Psychiatric Rating Scale (BPRS)

The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.

Results: The RAS-DS total score results (Table 2) show a not significant difference between T0 vs. T1 (mean: 101.80 vs. 104.37, p. 0.193). An improvement in the score was observed after one year of rehabilitation treatment in the subgroup "*Doing things I value*" (T0 vs. T1: mean 16.15 vs. 18.77, p 0.001). Statistically significant differences were observed in the subgroups "*Mastering my illness*" (T0 vs. T1: mean 18.3 vs. 20.85, p. 0.021). In the other subgroups, the differences were not statistically significant. Interestingly, these results are comparable to those found with SLOF and GAF (respectively, p. 0.972 and p. 0.873).

Image:

Table 1 Epidemiological Data

	Patients	Age mean yrs	± DS
Total	103	48.74	12.60
Females	38	49.211	12.90
Males	65	48.462	12.51

	Education mean yrs	± DS
Total	10.52	3.68
Females	10.29	3.21
Males	10.66	3.94

	Illness duration mean yrs	± DS
Total	16.09	9.83
Females	15.79	9.07
Males	16.26	10.32

Image 2:

Table 2 Data RAS-DS

	T0	T1	p.
Total			
Mean:	101,806	104,379	0.193
Std. Dev.:	16,715	18,516	
Doing Things I Value			
Mean:	16,155	18.77	0.121
Std. Dev.:	3,539	4,070	
Looking forward			
Mean:	49,184	51,010	0.102
Std. Dev.:	10,728	10,584	
Mastering my illness			
Mean:	18.39	20.85	0.021
Std. Dev.:	5,497	5,379	
Connecting and belonging			
Mean:	17,165	17,738	0.214
Std. Dev.:	3,559	4,494	

Conclusions: The current trend of research and clinical practice is to give more importance to psychiatric rehabilitation treatment (Franza Psychiatr Danub 2022;34(Suppl 8) 9-13). The results obtained with our observational study indicate the possible usefulness of indicators of patient well-being, as well as the RAS-DS in the management of psychiatric rehabilitation programs. The expectations, indications, and perceptions of psychiatric patients can be decisive in improving recovery.

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EPV0878

The Recovery concept in Assertive Community Treatment: Truth or Fake?

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Introduction: The concept of "Recovery" in the context of psychiatric rehabilitation has undergone significant evolution throughout history. This abstract delves into the question of the truth or falsity of this concept, examining diverse perspectives and arguments surrounding its application.

Objectives: The primary aim of this abstract is to critically analyze the concept of "Recovery" in psychiatric rehabilitation and ACT from both favorable and critical perspectives, considering its historical evolution, and highlighting key distinctions between the theories of Mike Slade and William Anthony.

Furthermore, it addresses the significance of measuring and evaluating the fidelity of healthcare practices to this mode

Methods: To conduct this analysis, an exhaustive review of current scientific literature was undertaken. Emphasis was placed on the importance of measuring and evaluating the fidelity of healthcare practices to this model.

Results: Slade and Anthony's theories emphasize different aspects of recovery, while implementation models translate these theories into clinical practice and services. Additionally, the discussion highlights the significance of measuring and evaluating the fidelity of healthcare practices to this model.

Assertive Community Treatment (ACT) programs have increasingly recognized the importance of the "recovery" concept in promoting the empowerment and self-determination of individuals with severe mental illnesses. This discussion examines how ACT programs have adopted recovery-oriented principles, the ways in which they implement these principles, and the potential benefits and challenges associated with their integration.

Conclusions: The distinctions between Mike Slade and William Anthony's theories and the implementation models underscore the importance of a precise and differentiated understanding within the field of psychiatric rehabilitation.

The integration of the "recovery" concept within Assertive Community Treatment (ACT) represents a significant shift towards person-centered care in psychiatric rehabilitation. Further research and evaluation are essential to assess the effectiveness and long-term impact of this integration.