

prior to diagnosis was 32.7% for patients with schizophrenia versus 3.9% for comparators. Patients with schizophrenia had a greater mean number of all-cause physician office visits in all pre-diagnosis time periods versus comparators (schizophrenia: 4.5–5.5 visits, comparators: 3.1–3.2 visits). Behavioural health-related HCRU was also more substantial in patients with schizophrenia versus comparators across all time periods in terms of the mean number of visits to a psychiatrist (1.8–2.9 vs 0.1 visits, respectively) or a psychologist (1.0–1.2 vs 0.2 visits, respectively). The percentage of patients with claims for antipsychotic medication was also greater in the schizophrenia cohort vs comparators (21.8–56.6% vs 0.7–1.0% of patients, respectively).

Discussion: For up to 5 years prior to diagnosis, patients with schizophrenia have higher all-cause and behavioural health-related HCRU, in addition to higher use of anti-psychotic medications, compared with matched comparators. In the schizophrenia cohort, HCRU increased in frequency closer to diagnosis, compared with matched comparators, whose HCRU remained relatively stable.

This study improves our understanding of the characteristics of clinically high-risk patients who go on to develop schizophrenia, who have more frequent encounters with health care providers than comparators. These results also suggest that early identification and treatment of patients prior to schizophrenia diagnosis could be optimised and is warranted.

Funding:

Boehringer Ingelheim (ANTHEM)

S253. PERSON-CENTERED PSYCHOSIS CARE (PCPC) IN AN INPATIENT SETTING: PATIENT OUTCOMES

Anneli Goulding^{*1}, Katarina Allerby¹, Lilas Ali¹, Margda Waern¹
¹University of Gothenburg

Background: The person-centered care approach has been little tested in inpatient settings for persons with schizophrenia and similar psychoses. We developed a staff educational intervention, Person-Centered Psychosis Care (PCPC) tailored to our care setting (4 hospital wards for persons with psychoses, 43 beds). The intervention was co-created by professionals, patients, and researchers using a participatory approach. There was a focus on the patient's narrative, the creation of partnership between staff and patient, an agreement between staff and patient concerning care, and a bridging of inpatient and outpatient care and support. The present study aims to describe patient outcomes associated with PCPC.

Methods: The study had a before and after design. Before the PCPC intervention started, questionnaire data was collected from 50 inpatients shortly before discharge. Post intervention data are currently under collection (anticipated n=50). The primary outcome measure is self-reported empowerment (Empowerment Scale, Range 0–112) and the secondary measure is consumer satisfaction (UKU-ConSat Rating Scale, converted to range between 11 and 77). Participants also complete questionnaires related to possible confounding variables such as overall health (EQ-5D), symptom burden (PANSS), and functional ability (GAF).

Results: The participants (46% women) included in the pre-intervention sample had a mean age of 47.5 years (SD=14.5). The total mean empowerment score for the pre-intervention sample was 82.6 (SD=8.1) whereas the mean consumer satisfaction score was 51.5 (SD=12.9). There were no statistically significant gender differences regarding empowerment or consumer satisfaction. There were no significant correlations between age, any of the confounding variables, and empowerment and consumer satisfaction. We will present results from comparisons between the pre- and post-intervention groups regarding empowerment and consumer satisfaction.

Discussion: The before and after design has its limitations, but if the PCPC intervention proves beneficial, such a model could be tested with a cluster randomized study design.

S254. IMPLEMENTATION OF A PROGRAM FOR EARLY INTERVENTION IN PSYCHOSIS ONSET: THE EXPERIENCE OF REGIONE EMILIA ROMAGNA, NORTHERN ITALY

Maria Ferrara^{*1}, Sinan Guloksuz², Shadie Burke¹, Flavia Baccari³, Manuela Miselli³, Alessio Saponaro⁴, Mila Ferri⁴, Vinod Srihari¹, Fabrizio Starace³, Gruppo Regionale Esordi Psicotici⁴

¹Yale University, AUSL Modena; ²Academic Hospital Maastricht, Yale University; ³AUSL Modena; ⁴Servizio Assistenza Territoriale, Area Salute Mentale e Dipendenze Patologiche, Regione Emilia-Romagna

Background: Early interventions services (EIS) for psychosis are not uniformly available in the Italian public mental health care system. In 2012, Regione Emilia Romagna funded the implementation of a comprehensive population based program to deliver EIS. These services provide a package of care including psychiatric consultation, family psychoeducation, case management, recovery oriented activities (e.g. supported employment, social inclusion), and physical health monitoring, consistent with international models but embedded within community mental health services (CMHS). We report feasibility, descriptors of enrolled samples, and clinical variables associated with remission.

Methods: Demographic and clinical data of CMHS users that accepted EIS from January 1st, 2013 to December 31st, 2016 were acquired from paper and electronic health records in each province. Inclusion criteria were: residence in Regione Emilia Romagna, age 18–35, presence of non-organic, affective and non-affective psychotic symptoms within two years of onset. Exclusion criteria included severe intellectual disability and non-fluency in Italian. Remission was defined as a total score of 8 on the Health of Nation Outcome Scale (HoNOS) at 6 months after enrollment.

Results: Six hundred and eighty-nine patients accepted EIS. Median age was 22, 93% had diagnoses of non-affective psychosis, whereas 7% affective psychosis, with a median duration of untreated psychosis (DUP) of 6 months [IQR=10; 0–120], 41% had comorbid substance use disorders, 31.1% had personality disorders, and 39% had a previous hospitalization. The proportion of migrants (23%) was almost twice that of the entire Region (11.9%). Psychiatric visits represented 44% of total utilization, whereas only 14% received at least one case management visit, 79% a family session, 19% a recovery oriented activity, and 1% physical health monitoring.

Of the sample, 460 subjects (67%) improved as presented with significant reduction in the 4 subscales scores of the follow up HoNOS, and 164 (35.7%) showed remission. Shorter DUP and lower HoNOS scores at baseline were associated with an increased likelihood of achieving remission (OR=1.03, p=0.0068, and OR=1.04, p<0.0001, respectively), whereas the presence of personality disorder was associated with a reduced likelihood of remission (OR=0.48, p=0.0057).

Discussion: EIS was acceptable to most eligible patients in regional CMHS. EIS enrollees evidenced significant clinical improvement in the first 6 months. Only a minority was diagnosed with bipolar disorder, suggesting a possible later onset of affective psychosis and reduced chance of accessing the Program.

The correlation of comorbid personality disorder with worse outcomes, suggests the need to develop a targeted treatment. The EIS were also well accepted by the high proportion of migrants. Further work is required to understand possible social determinants of psychosis onset and pathways

to care in these fragile communities. The high rate of concomitant substance use at intake must be considered for developing specific pharmacological and psychoeducational treatment.

One in five patients needed admission to the inpatient unit in the first six months after onset, showing high levels of symptomatic distress. Moreover, referrals from hospital units show also possible barriers to access outpatient mental health facilities when users present with acute and urgent clinical conditions.

This report establishes the feasibility of a regional network of EIS in Northern Italy with shared data elements that will lead to useful comparisons across EIS sites within the region, and also collaborative efforts to address specific gaps in access or outcomes.

S255. METAPHORICAL CONCEPTUALIZATION OF SCHIZOPHRENIA AND THE CAREGIVING PROCESS FROM THE PERSPECTIVE OF PRIMARY FAMILY CAREGIVERS

Zhou De-Hui Ruth*¹, Chiu Yu-Lung Marcus²,
Lo Tak-Lam William³, Lo Wai Fan Alison³, Wong Siu Sing¹

¹Hong Kong Shue Yan University; ²City University of Hong Kong;

³Kwai Chung Hospital

Background: According to Hong Kong Hospital Authority (2011), nearly 20,000 outpatients with schizophrenia in Hong Kong demand substantial family support. The family caregivers are the individuals who take care of persons with schizophrenia daily, check their medication and provide emotional support. They are enlisted as important therapeutic agents. How family caregivers understand and perceive schizophrenia and the caregiving process will influence not only the quality and their persistence of the caregiving, but also the rehabilitation process of persons with schizophrenia. Thus, it is important to investigate their conceptualization of schizophrenia and the caregiving process to inform schizophrenia mental health family recovery work.

Methods: This study used a mixed method of quantitative and qualitative design. In the quantitative part, a questionnaire about the metaphors for schizophrenia and the caregiving process were administered to 194 caregivers whose family members were diagnosed with schizophrenia according to the 2016 version of ICD-10-CM Diagnosis Code. This questionnaire also included standardized instruments, such as Brief Family Relationship Scale (BFRS), Experience of Caregiving Inventory (ECI-66), Mental Health Inventory (MHI-5) and Inner Resource Scale (SAS-I). Among the participants, 147 were women caregivers and 47 were male caregivers. In the qualitative part, a focus group interview with 8 randomly selected caregiver participants were invited to talk about their caregiving experiences and their understanding of schizophrenia.

Results: The dominant metaphors for schizophrenia were reported as unexpected visitors, the Anakin Skywalker, a time bomb, and a fire alarm. These metaphors vividly describe the unexpectedness of episodes that schizophrenia outpatients experienced as well as the explosive damages that schizophrenia caused their families. 73.2% participants used “climbing up the mountain” to describe their caregiver experiences and emphasize on the necessity of overcoming difficulties during the caregiving process. 67.5% caregivers preferred to use the “rescue work of firefighters” to describe the nature of their caregiving. 50% participants indicated the caregiving work as a burden that they chose not to lay down no matter how heavy it is, whereas 17.5% caregivers regarded it as a burden that they cannot shake off and always restricts their freedom. The independent t-tests showed that adult children caregivers reported statistically significantly more positive personal experiences $t(94) = -2.423, p < .05, d = .26$, readiness to seek for information $t(94) = -2.860, p < .01, d = .61$, and positive communication $t(94) = -2.625, p < .01, d = .56$ than spouse caregivers.

Discussion: The metaphorical conceptualization for schizophrenia and the meaning of the caregiving process from the caregivers' perspectives have strong

implications for schizophrenia family recovery work. They could help to frame psychotherapy sessions for caregiver group works. According to the narrative psychotherapy approach, the metaphor of “unexpected visitors” could help caregivers to externalize the problem of schizophrenia and gain a space to describe and deal with schizophrenia in alliance with their family members.

Acknowledgement: The reported study was funded by the Research Grant Council of HKSAR (UGC/FDS15/M01/15). However, the opinions expressed do not necessarily reflect the positions of the funding agency. We want to acknowledge our great gratitude to Kwai Chung hospital for their support in multiple aspects and all caregiver participants for their active participation in our research.

S256. A META-ANALYSIS OF RECOVERY EDUCATIONAL AND AWARENESS INTERVENTIONS FOR MENTAL HEALTH PROFESSIONALS

Helena García-Mieres*¹, Francisco José Eiroa-Orosa²

¹Universitat de Barcelona; ²Universitat de Barcelona & Yale School of Medicine

Background: The history of mental health care has been marked by various struggles for the dignity of service users. Some reform movements have started to use strategies aimed at professionals' beliefs and attitudes change. This conference paper intends to systematically review and synthesize all information related to awareness-raising and training of professionals in aspects related to empowerment, recovery and in general in rights-based care to achieve full citizenship of mental health services users.

Methods: We searched academic databases as well as web search engines, aiming at finding grey literature on the subject. Quantitative studies were included if they included mental health professionals, defined as all staff involved in the management of mental health service users, as well as mental health students. All participants included should have assisted to a recovery or psychosocial rehabilitation educational or awareness-raising program. Effect size of change in knowledge, attitudes and intention to implement recovery-based practice were meta-analyzed using a fixed effects model.

Results: After a preliminary search, a total of 800 articles were added to a global database, of which 50 include explicit information on concrete trainings. Of these, 25 reported information about evaluation of the effectiveness of these training activities. Finally, 13 studies were included in the analysis, with a total sample size of 1123. Six studies adopted a repeated measures design and seven an independent group design (including RCTs and quasi-experimental studies). Recovery and rehabilitation based interventions had, on average, a small-to-medium-sized effect on knowledge of recovery principles ($d+ = 0.33, 95\% \text{ CI: } 0.13 \text{ to } 0.49$); a small-to-medium-sized effect on attitudes to recovery principles ($d+ = 0.36, 95\% \text{ CI: } 0.25 \text{ to } 0.46$), and a small-to-medium-sized effect on intention to implement recovery practice ($d+ = 0.37, 95\% \text{ CI: } 0.02 \text{ to } 0.71$).

Discussion: The results show positive effects of educational and awareness activities for mental health professionals. Elements such as duration and intensity of activities must be considered when analysing the persistence and applicability of the effects. More quality studies are needed to establish the active ingredients of these activities.

S257. EFFICACY OF CARIPRAZINE BY BASELINE SYMPTOM SEVERITY IN PATIENTS WITH SCHIZOPHRENIA: A POST HOC ANALYSIS OF 3 RANDOMIZED CONTROLLED TRIALS

Rick Mofsen*¹, Yan Zhong², György Németh³, Ágota Barabássy³, Willie Earley², Kelly Krogh²

¹NA; ²Allergan; ³Gedeon Richter