

any children. The patient finished high school, but he doesn't have additional studies and he has never had a job. Outside the hospitalization periods, the patient has never been compliant to the antipsychotic treatment. The mental state exam is dominated by: complex visual and auditory hallucinations; delusional ideas of interpretation and persecution; soliloquy, stereotyped speech; bizarre, desorganized behavior; diminished self-care and self-management abilities; recent and long-term memory loss.

Methods: A 65 years old man, was diagnosed with Schizophrenia at the age of 31 years old (34 years ago) and has had several hospitalizations in the Psychiatry Clinic. He lives with his wife, he has 3 children and 2 grandchildren. The patient finished high school and has post-secondary studies. He worked as an electrician until the age of 53 years old and then he retired due to his medical condition. The patient was compliant to the treatment for the majority of the time. The mental state exam of the patient, was dominated by: complex imperative auditory pseudohallucinations, complex visual pseudohallucinations and hallucinations, cenesthetic hallucinations; delusional ideas of persecution and interpretation, tangentiality and circumstantiality; emotional blunting, with an improvement of the symptoms over time.

Results: The GAF scale was applied for both patients (in 2024), and the difference between the two of them was significant, with the first patient scoring only 27 points, indicating a notable deterioration in his functionality. The second patient scored 58 points, indicating a much better level of functionality. The SQLS scale was also applied for both patients, the first one achieved a higher score, meaning a poor quality of life, whereas the second one obtained a lower score, meaning a better quality of life.

Conclusions: The socio-educational factors play a significant importance in the quality of life, in patients with schizophrenia. Mental health professionals should be aware of this factors for helping their patients to improve their functionality.

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EPV0919

The meaning of 'risk' in mental health care: a qualitative study of its usage in clinicians' language

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Introduction: Although there is good empirical data on factors that predict harmful outcomes, and standardised approaches to risk assessment have been developed, there remains a disconnect between the academic study of risk and routine clinical practice. This is exemplified by (i) the outstanding uncertainty about how to use predictive models for everyday clinical decision-making, and (ii) the use of predictive methodology to test tools that eschew prediction. The disconnect is, in part, a consequence of the varied use of the notion of 'risk' within and between academia and clinical practice.

Objectives: To derive a more nuanced understanding of the meaning of 'risk' in clinical practice.

Methods: After reading clinical vignettes, participants (all practising clinicians, n=18) took part in semi-structured interviews regarding clinical decision-making. The interview transcripts were subject to thematic analysis using a novel approach to the analysis

of ideas in expressed language (in this case the idea of 'risk') which draws on philosophical and intellectual history methodologies (derived from the work of Wittgenstein, and Skinner respectively).

Results: The use of risk by participants varied according to the extent and type of its spatial location (figure 1).

In many cases, 'risk' was used in a disembodied (i.e., dislocated) way (e.g., 'what is the risk,' 'risk will increase').

When locatable, it was evident that participants located risk in:

- the patient (e.g., *'the patient's risk'*) which was sometimes qualified by the type of harm envisaged (e.g., *'his risk involved hurting staff'*);
- clinical activity (e.g., risk assessment, positive risk-taking, risk management);
- the clinician (e.g., risk tolerances and thresholds); and
- the system (e.g., *'our system is... quite risk averse,' 'who holds the risk'*).

Image:

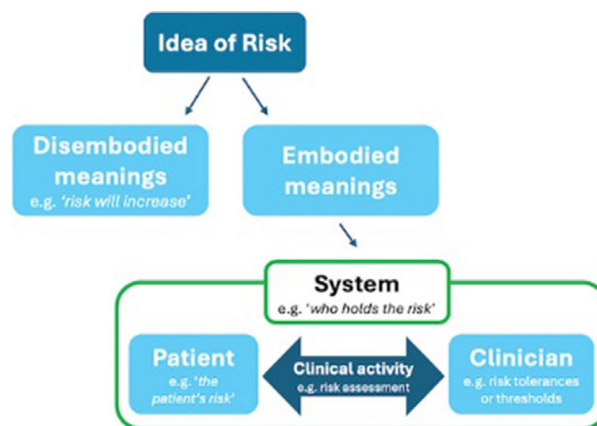


Figure 1. Meanings of the idea of 'risk' in clinicians' language

Conclusions: This study demonstrates the varied use of 'risk' in practice. By empirically delineating the different expressed forms 'risk' takes in clinicians' language (and thinking), the findings of this study can inform (i) the development of risk study methodologies that are more applicable to practice, and (ii) improvements in clinical practice by clarifying how risk can be understood and spoken about.

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EPV0921

Humanitarian Love and Ethical Dilemmas in Mental Health Care: A Literature Review

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Introduction: Humanitarian love, a concept grounded in compassion, emotional support, and empathy, plays a pivotal role in mental