

**Results** Statistically significant improvement in cognitive functioning, symptoms severity and functional capacity was found in the study group after the intervention. These changes were not observed in the control group.

**Conclusion** The results support the OC effectiveness for cognitive and functional capacity improvement and symptomology relief. The findings advance the body of evidence for functional interventions in hospital settings.

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

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**EW0797**

### Compare “family atmosphere” in informal caregivers of patients with psychotic symptoms compared to their inclusion or not in self-help associations

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**Introduction** The participation of informal caregivers in the café of patients with psychotic symptoms in coordination with self-help groups have been found to reduce the expressed emotion in combination with psychoeducations interventions help create a supportive environment.

**Objectives** This study investigates the differences in the family atmosphere of informal caregivers of patients with psychotic symptoms.

**Aims** To compare whether or not the participation of informal caregivers of patients with psychotic symptoms in self-organized associations helps to foster a supportive family environment, hence reducing the risk of relapse.

**Methods** Snowballing sampling consisting of 510 informal caregivers of patients with psychotic symptoms was used in the current study. The Family Environment Scale of Moos and Moos and socio-demographic questions were implemented to collect the data. Control Cronbach’s Alpha reliability of scale gave value  $\alpha = 0.795$ .

**Results** The comparison showed that informal caregivers of patients with psychotic symptoms irrespective of their participation or not in self-help associations do not show significant differences in Family Environment Scale. Significant statistical difference between the two groups ( $P < 0.05$ ) only occurred in the subcategory “organization”, as the first group ( $m = 4.68$ ,  $df = \pm 2.233$ ) were found to have lower values compared to the other group ( $m = 5.21$ ,  $df = \pm 2.233$ ).

**Discussions** The study demonstrated that informal caregivers of patients with psychotic symptoms involved in self-help groups do not show to have a particular difference in the family atmosphere than families who do not participate in self-help associations.

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

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### A randomized controlled study: The effects of self-referral to inpatient treatment on patient activation

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**Introduction** Self-referral to inpatient treatment (SRIT) has recently been implemented in Norway in several community mental health centers (CMHC) in an effort to increase activation and to improve access to mental health services and timely treatment.

**Objective** To examine the effect of having a contract for self-referral to inpatient treatment (SRIT) in patients with severe mental disorders. This intervention was based on personalized care planning, legislation regarding patients’ rights and is intended to enhance user participation.

**Aims** To assess the 12-month effect on patient activation measure-13 (PAM-13).

**Methods** A randomized controlled trial with 53 adult patients; 26 participants got a SRIT contract which they could use to refer themselves into a CMHC up to five days for each referral without contacting a doctor in advance. Preliminary results on the primary outcome after 12 months with the self-report questionnaires Patient Activation Measure (PAM-13), will be analyzed using linear mixed and regression models.

**Results** The preliminary results showed no significant effect on PAM-13 (estimated mean difference [emd]  $-0.41$ , 95% CI [CI]:  $-7.49$  to  $6.67$ ). A post hoc analysis found an effect of SRIT on PAM-13 in those with baseline PAM-13 scores below  $\leq 47$ .

**Conclusion** There were no group differences.

**Trial design** Clinicaltrials.gov NCT01133587.

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

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### Treatment profiles in a Danish psychiatric university hospital department

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**Introduction** Despite concerns about rising treatment of psychiatric patients with psychotropic medications and declining treatment with psychotherapy, actual treatment profiles of psychiatric patients is largely unknown.

**Aims** To describe patterns in the treatment of patients in a large psychiatric university hospital department.

**Methods** A descriptive mapping of treatment of in- and outpatients in a psychiatric department at Aarhus University Hospital Risskov, Denmark. Information was collected by health care staff using a 25-item survey form. The  $P$ -value was calculated with a  $\chi^2$  test and  $P < 0.05$  was considered significant. The study was preceded by a pilot study on 41 patients.

**Results** Over a 1 month period we assessed a total of 343 consecutive patients and hereof included 200 in the age range 18–90 years (mean 53.76); 86 men and 114 women. One hundred and eighty-eight patients (94%) used psychotropic medication, 37 (19%) as monotherapy and 148 (74%) in combination with non-pharmacological therapy. Ninety-seven (49%) had psychotherapy and 104 (52%) social support. Among inpatients, 21 (64%) had physical therapy, and 10 (30%) electroconvulsive therapy. In total, 163 (82%) had non-pharmacological therapy. Fifty-two (26%) patients had monotherapy and 148 (74%) polytherapy. Mean number of