

Conclusions: Combining PSW and TxM is effective with positive clinical outcomes for acute care patients. Incorporating the two interventions into routine psychiatric care for patients after discharge is highly recommended.

Disclosure of Interest: None Declared

O0036

The Family as Part of the Client's System in the Wards Psychiatric Hospitals : A Comparative Study Evaluating the Implementation of a Family-Centered Care Model

R. Shor^{1*} and A. Shalev²

¹The School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Jerusalem and ²Faculty of Social Work, Ashkelon Academic College, Ashkelon, Israel

*Corresponding author.

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Introduction: Family caregivers can be a valuable source of knowledge and help in treating persons with mental illness during a psychiatric hospitalization and in ensuring a continuity of service between family caregivers and professionals after the discharge from a psychiatric hospital. Therefore, a family care model has been developed in order to provide professional staff members in psychiatric wards guidelines for how to collaborate with family caregivers during each stage of the hospitalization of their family member with mental illness.

Objectives: To examine the impact of implementing the Family Care model in psychiatric hospitals in Israel on the family caregivers and on the continuity of care between the hospitalization and the community.

Methods: A comparative study was conducted implementing an AB design with an intervention and control groups. Seventy five persons participated in the control group and 93 in the intervention group. Questionnaires were delivered to family caregivers during the hospitalization and after the discharge from hospitalization, about the quality of collaboration of the family caregivers with the professionals during the hospitalization, about the family caregivers health and mental health, about their knowledge and ability to handle situations related to the family member with SMI and about the continuity of services between the hospitalization and the community

Results: The findings indicate that in the intervention group comparing to the control group there was: A lower level of anxiety of the family caregivers after the discharge of their family member from the psychiatric hospital, a higher level of evaluation of the caregivers' knowledge how to respond to the needs of the family members with mental illness, a higher level of evaluation of the quality of collaboration between the caregivers and the professional staff during the psychiatric hospitalization and a more frequent contact a between the persons with mental illness and the mental health services as well as a greater compliance with treatment after the discharge from the psychiatric hospital.

Conclusions: The Family-Centered care model expands the traditional boundaries of the definition of the patient in psychiatric hospitals to include the family caregivers. This model could help prevent the development of problems for the family caregivers and it could help improve the continuation of services in the

community. Therefore, the findings support the implementation of this model in psychiatric hospitals.

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O0037

The improvement of healthy habits in patients with severe mental disorders: the LIFESTYLE trial

V. Sollo*, M. Di Vincenzo, M. Carbone, A. Rosa, R. Toricco, L. Tretola, M. Luciano, G. Sampogna and A. Fiorillo

Psichiatria, Università della Campania Luigi vanvitelli, Naples, Italy

*Corresponding author.

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Introduction: The impact of unhealthy lifestyle behaviors is significant in the general population, being associated with chronic physical conditions, reduced life expectancy and increased health-care costs. This impact is higher in patients with severe mental disorders (SMD). In fact, SMD patients present higher rates of obesity, metabolic syndrome, diabetes, and cardiovascular diseases compared to the general population. The relationship between physical and mental health is multifactorial and includes side effects of many psychotropic drugs, sedentary behaviors, reduction of physical exercise, smoking, and substance abuse. Finally, illness-related factors, including cognitive impairment, reduced psychosocial functioning, social isolation, and self-stigma, can significantly impact on patients' physical health.

Objectives: This study, coordinated by the Department of Psychiatry of the University of Campania "L. Vanvitelli", aims to test the efficacy of a lifestyle group intervention, compared to a brief psycho-educational intervention, in improving healthy habits in a real-world sample of patients with SMD.

Methods: 401 patients were recruited and randomly allocated to receive the experimental or the control intervention. Inclusion criteria were age between 18 and 65 years; primary diagnosis of schizophrenia, schizoaffective disorder, delusional disorder, other psychotic disorders, major depressive disorder, or bipolar disorder according to the DSM-5; BMI ≥ 25 . At baseline and 6 months post-randomization all patients were administered: SCID-5, BPRS, MATRICS, MCCB, IPAQ and a questionnaire on lifestyle behaviors developed by the Italian National Institute of Health.

Results: 206 patients were allocated to the experimental group and 195 in the control one, of which 43.3% had a main diagnosis of bipolar disorder, 29.9% of psychosis and 26.9% of major depression. Patients were mainly female (57%), with a mean age of 45.6 ± 11.8 years and with an educational level of 11.7 ± 2.9 years. All patients were treated with at least one psychotropic drug. About 29.4% of patients reported performing physical activity regularly, while only 3.7% performed at least 75 min of vigorous physical activity per week. Patients practicing physical activity report higher levels of perceived satisfaction with the quality of life compared with non-active patients ($p < 0.005$). A general improvement in dietary patterns from T0 to T1 was found in patients receiving the experimental intervention. We found an increased weekly intake of fish ($p < .001$), vegetables ($p < .05$) and fresh fruit ($p < .01$). Moreover, we also found a reduction of junk food ($p < .05$) and of weekly consumption of cereals ($p < .01$).