well as the influence of mental structures on students' self-regulation have been studied. To solve the problems, standardized psychological tests have been used (23 methods, 303 indicators). The research involved 206 students.

Results: We have revealed the features of the relationship between the quality of students' subject training, regulatory abilities and mental states. It indicates that the effectiveness of students' mental states self-regulation significantly affects the productivity of the semester exam. It has been established the properties of the personality providing high efficiency of self-regulation (adequacy, awareness, independence and assertiveness). Students with high self-regulation efficiency use a wide range of regulatory means.

Conclusions: The study of the influence of the mental structures on self-regulation and regulatory abilities of students confirmed the hypothesis that characteristics of mental organization play the central role in the regulation of psychological states. The research has been carried out with the financial support of the RFBR, project No. 19-29-07072.

Disclosure: No significant relationships.
Keywords: psychological state; self-regulation; academic activity

EPV0861

Characterising the nature of the beast: Challenges associated with understanding patient safety within community-based mental health services.

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Introduction: Patient safety problems stemming from healthcare represent a significant cause of morbidity and mortality globally. The evidence base on safety in mental healthcare, particularly regarding community-based mental health services, has long fallen behind that of physical healthcare, with fewer research publications, developed primarily in isolation from the wider improvement science discipline. This disconnect both yields, and stems from, conceptual and practical challenges which must be surmounted in order to advance the science and improvement of safety in mental healthcare.

Objectives: The objectives of this research were to conduct a narrative review to provide an overview of conceptual issues in this area, their origins, and implications for patient safety science and clinical care. We also sought to identify approaches to overcoming these issues.

Methods: We examined theoretical and empirical evidence from the fields of patient safety, mental health, and improvement science to address this knowledge gap.

Results: We identified challenges with defining safety in the context of community mental healthcare, ascertaining what constitutes a 'preventable' safety problem requiring intervention, and in finding relevant research evidence. The research indicated that risk management has taken precedence over proactive safety promotion in

mental healthcare. This positions service users as the origin of safety risks, with iatrogenic harm and latent system hazards associated with mental healthcare widely overlooked.

Conclusions: We propose a broader conceptualisation of safety to advance the field and outline potential next steps for the integration and uptake of different sources of 'safety intelligence' within community mental health services.

Disclosure: NS is the director of London Safety and Training Solutions Ltd, which offers training in patient safety, implementation solutions and human factors to healthcare organisations and the pharmaceutical industry. The other authors have no competing interests.
Keywords: Community Mental Health Services; Patient safety; Improvement science

EPV0862

Creation of a brief group intervention to reduce caregivers burden in an intensive home treatment unit

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Introduction: Intensive home-treatment (IHT) for people experiencing a mental health crisis has been progressively established in many European countries as an alternative to in-ward treatment. However, the management of acute episodes at home can cause burden in the caregivers of these patients.

Objectives: To create a brief group intervention (BGI) to reduce burden in the caregivers of the patients admitted to an IHT unit.

Methods: A preliminary version of the BGI (BGI 1.0) was designed based on literature's review. It consisted of 4 sessions of 90 minutes (one per week), on-line (COVID-19), focused on caregivers burden, stress and self-care, communication skills, and self-compassion. All the caregivers of the patients admitted for IHT from 10/01/2020 to 06/01/2021 were offered the BGI 1.0. At the end of the intervention, participants (caregivers and therapists) were asked about their opinion on its contents and usefulness.

Results: A total of 31 caregivers received the BGI 1.0. Most of them felt satisfied with the intervention. Opinions varied as to which contents should be expanded or included. The therapists thought that the number of sessions should be increased to take a closer look at some contents or to include new ones. They also believed that the on-line format hindered the adherence and the interaction between the participants.

Conclusions: The BGI 1.0 seems to be a good starting point to design the final version of the intervention. However, an exhaustive assessment of the construct of burden in a larger sample of caregivers should be performed prior to its design.

Disclosure: No significant relationships.
Keywords: intensive home treatment; community mental health; caregivers burden