

programs. We have develop a pilot study for the implementation of the interfamily therapy in FEPs within a Mental Health Centre in the Community of Madrid.

Objectives: The aims were to examine: relapses (measured as re-hospitalization), duration of re-hospitalizations and voluntary versus involuntary re-hospitalizations during participation in MFG compared with the previous year.

Methods: 21 subjects participated in a MFG during 12 months, 11 participants with a diagnosis of psychosis and 10 family members. Interfamily therapy works as a new model of interactive psychoeducation among families where they share their own experiences and look for comprehension and solutions all together.

Results: Our clinical experience in an interfamily therapy intervention over 12 months has led us to identify a high degree of participation and acceptance by users and their families, and we have observed a lower relapse rate, with fewer of psychiatric admissions and of shorter duration among patients during the year of participation in the MFG compared to the year before treatment.

Conclusions: MFG has been well accepted by both patients and their families, with a high degree of participation. The results observed in our experience of MFG treatment are consistent with the findings of previous studies that support the reduction of the relapse rate, the number of hospitalizations and their duration when family interventions are incorporated into treatment in recent-onset psychosis, especially in a multi-family group format.

Disclosure: No significant relationships.

Keywords: multifamily therapy; GROUP THERAPY; First episode of psychosis; early intervention

EPV1388

Treatment and Qualitative Research of Schizophrenia

M. Ammon

German Academy for Psychoanalysis, Board, Head Of Training And Research, Berlin, Germany

doi: 10.1192/j.eurpsy.2022.2025

Introduction: The author demonstrates the psychodynamic understanding of schizophrenia and describes the ensuing personality-structural psychotherapy. Schizophrenia from a psychodynamic understanding is a disease in the core of the identity with disturbances of the personality functions of identity, ego-demarcation, aggression, fear, narcissism, perception, cognitive abilities and the body- ego. It is the concern of the author to investigate how schizophrenically structured patients and their family members experience the group dynamic field in which the patients grew up and its relations to the illness. The following five topics: contact and experiences within the family of childhood, body care and physical contact, kindergarden and school life, puberty, and contacts outside the family have been investigated.

Objectives: The aim is to show how the family settings and backgrounds are conducive to developing schizophrenia

Methods: The author chosed for her investigation the method of biographical interviews, introduced by Witzel (1985). This method of interviewing is problem centered, object and process oriented. The analysis of the exhaustive tape-recorded interviews was made by using the method of qualitative analysis based on the grounded theory.

Results: Schizophrenia from psychodynamic understanding is a disease in the core of the identity with disturbances of the personality functions of identity, ego-demarcation, aggression, fear, narcissism, perception, cognitive abilities and the body- ego.

Conclusions: It is the concern of the author to investigate how schizophrenically structured patients and their family members experience the group dynamic social energetic field in which the patients grew up and its relations to the illness

Disclosure: No significant relationships.

Keywords: schizophrénia; Dynamic Psychiatry; Psychodynamic understanding

EPV1389

Pilot Study of the Brief Negative Symptom Scale (BNSS) as a method for evaluation the required form of social service: institutional or non-institutional one

N. Kharitonova¹, O. Rusakovskaya^{1*} and O. Papsuev²

¹V. Serbsky National Medical Research Centre for Psychiatry and Narcology, Forensic Psychiatry In Civil Process, Moscow, Russian Federation and ²V. Serbsky National Medical Research Centre for Psychiatry and Narcology, Department Of Clinical, Social And Biological Research On Psychotic Spectrum Disorders, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2026

Introduction: Psychiatric care for persons suffering from chronic mental disorders and unable to live independently involves an assessment of their need for a certain form of social service. In Russia patients with schizophrenia account for over 40 % of all persons living in residential facilities for persons with mental disability (Kekelidze, 2020). Their clinical picture is most often determined by negative symptoms, which makes it advisable to use the BNSS scale (Kirkpatrick, 2011).

Objectives: Pilot testing of the BNSS scale in patients, living in residential facilities for persons with mental disability.

Methods: With Russian-language version of the BNSS scale (Mucci, 2019; Papsuev, 2020); CGI-S; Standardized protocol of forensic psychiatric examination in cases of deprivation, restriction, restoration of legal capacity (Kharitonova, 2021) we examined 15 persons (Age: M=54,2; SD=8,6) suffering from schizophrenia and living in residential facilities.

Results: In three subjects the BNSS survey was not possible. The remaining 12 had a total score from 6 to 61 (M = 29.08; Med = 25; Std.Dev. = 17.98) with maximum score in the Asociality subscale (Item 6: M = 3.25; Med = 4; Std.Dev. = 1.76). CGI-S significantly correlated with indicators on the scales «Avolition: inner experience» (r = 0.68, p <0.05), «Blunted affect : vocal expression» (r = 0.64, p <0.05). According to full examination community-based services were recommended for two women with BNSS overall score 6 and 11.

Conclusions: Our pilot study demonstrated that the BNSS can be successfully used as one of methods in comprehensive examination to determine the form of social services.

Disclosure: No significant relationships.

Keywords: negative symptom; schizophrénia; BNSS; institutional care