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Comorbidity/Dual Pathologies

O0087

A qualitative exploration of the lived experience of informal caregivers of people with severe mental illness and co-existing long-term conditions.

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Introduction: People with severe mental illness (SMI), including schizophrenia and bipolar disorder, experience significant health inequalities and are more likely to develop long-term physical health conditions (LTCs), such as type 2 diabetes and cardiovascular disease. Many people with SMI rely on informal caregivers, typically friends and family, to support their health and enable them to live in the community. Informal caregivers of people with SMI experience high levels of caregiver burden, social isolation, and poor health outcomes. However, it is unclear how co-existing LTCs contribute to the caregiving experience.

Objectives: The aim of this study was to explore the lived experience of informal caregivers of people with co-existing SMI and LTCs.

Methods: We conducted a qualitative study with informal caregivers of people with co-existing SMI and LTCs in England. We recruited 12 informal caregivers and conducted five semi-structured interviews and two focus groups between December 2018 and April 2019. The interviews and focus groups were audio recorded, transcribed verbatim and thematically analysed.

Results: SMI impacts profoundly on the health and well-being of both service users and their informal caregivers. Service users were described as too unwell with their SMI to engage in self-management of their mental and physical health, with the primary responsibility for these tasks falling to informal caregivers. There were significant barriers to adequate physical healthcare for service users, therefore informal caregivers needed to advocate extensively for their loved ones to ensure access to services. Informal caregivers felt significantly under-supported and struggled with the caregiver burden associated with SMI and LTCs. This burden included the constant monitoring of risk, anxiety around the vulnerability of their loved one, repeated hospitalisations, physical health concerns, lack of respite services, lack of recognition of their role, the guilt

associated with paternalistic care, shame and stigma, and the difficulties managing the changeable nature of SMI.

Conclusions: Informal caregivers of people with SMI face an additional caregiver burden resulting from co-existing LTCs. This adds substantially to their caring role, yet they do not receive the necessary support, and therefore their own health and wellbeing are negatively impacted. Improved recognition of the role of informal caregivers and additional support, including improved provision of respite services, are needed to improve the well-being of informal caregivers.

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Personality and Personality Disorders

O0088

Physical illness and multimorbidities in patients diagnosed with personality disorder

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Introduction: People with personality disorder (PD) often experience suffering, suboptimal psychiatric treatment outcomes, and early mortality due to chronic physical illness (CPI) and multimorbidity (≥ 2 CPI) (CPM). Increasing research underscores the elevated prevalence of CPI and CPM in those with PD.

Objectives: To compare the prevalence of CPI/CPM between the general population and those with PD and to explore the relationship between CPI/CPM and various aspects of PD.

Methods: This cross-sectional study enrolled 126 PD patients (70.6% female, mean age 41.22 years) based on the ICD-10 criteria, and 126 socio-demographically matched individuals from the general population. The participants completed the following instruments: the ICD-11 Personality Disorder Severity Scale (PDS-ICD-11), the Personality Assessment Questionnaire for ICD-11 (PAQ-11), Subjective Emptiness Scale (SES), the Reflective Functioning Questionnaire-Revised-7 (RFQ-R-7), and self-reported chronic physical illnesses questionnaire.

Results: The mean number of CPI in patients with PD and matched controls was 2.69 (SD=2.371) and 1.02 (SD=1.702), respectively, and this difference was statistically significant. Patients with PD also suffered more often from CPM than none or one CPI, compared to matched controls. In the multivariate logistic regression analyses among the patients with PD, higher personality disorder severity, increased trait Negative Affectivity and poorer reflective functioning/mentalizing were predictive of having CPM. These relationships were independent of age, gender, education status, income level, length of psychiatric treatment, and smoking status. Subjective emptiness was not significantly predictive of having CPM.

Conclusions: This study highlights a higher prevalence of CPI and CPM in individuals with PD compared to the general population. Factors such as higher PD severity, increased Negative Affectivity, and poorer reflective functioning were identified as predictors of CPM. These findings underscore the necessity for integrated healthcare approaches to address the multifaceted needs of PD patients, emphasizing the importance of considering both mental and physical health in treatment strategies.

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O0090

Relationship between Early Maladaptive Schemas and DSM-5 Pathological Personality Traits from a Dimensional Diagnostic Approach

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Introduction: In DSM-5 Section III, the Alternative Model for Personality disorders (AMPD), a dimensional approach for conceptualization and diagnosing complex character problems was introduced. Based on recent findings, AMPD aligns well with the theory of Young's Schema Therapy (ST). ST seems to offer a valuable clinical framework that complements the empirically based AMPD, which is not built upon a certain theory of psychopathology.

Objectives: The aim of the current study was to explore the association between early maladaptive schemas (EMSs), DSM-5 pathological personality traits and certain psychological symptoms to gain a better understanding of their relationship and highlight the connection points between AMPD and the theory of ST.

Methods: A total of 490 Hungarian participants, including 98 males, took part in the cross-sectional research, with an average age of 26.9 (SD = 9.34). All participants completed the short form of Young's schema questionnaire (YSQ-S3), the brief form of PID-5 (PID-5 BF) and the revised version of the Derogatis Symptom Checklist (SCL-90 R).

Results: Results of a series of hierarchical regression analyses found that all five schema domains were able to predict psychological symptoms and DSM-5 pathological personality traits at a statistically significant level. Moreover, in accordance with our data, specific EMS patterns are associated with different psychological symptoms and pathological personality traits. Ultimately, we identified two EMSs, namely Negativity/Pessimism and Insufficient Self-control, which predicted all of our dependent variables.

Conclusions: Our findings suggest that the relationship between EMSs and DSM-5 pathological personality traits goes beyond the established fact that EMSs, like any other indicators of personality problems are associated with psychopathological symptoms and traits. This is supported by the fact that we could link specific EMS patterns to the pathological personality traits and psychological symptoms that we investigated. We believe that our results contribute to the clinical utility of AMPD, by assisting the creation of schema profiles tailored to personality pathologies, thereby facilitate the diagnostic process and the development of

schema - focused interventions. Furthermore, it seems that the identified EMSs, Negativity/Pessimism and Insufficient Self-control play a special role in relation to pathological personality traits and psychological symptoms and should be considered with particular emphasis in terms of risk group classification and vulnerability.

Disclosure of Interest: None Declared

COVID-19 and related topics

O0091

The Effect of a Virtual Reality Counseling Program Based on Metacognitive Therapy in Reducing Post-Traumatic Stress Disorder among Those Recovering from Covid-19

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Introduction: Many COVID-19 survivors who were attacked and suffered severe symptoms of the virus have suffered from post-traumatic stress disorder (PTSD) which persists for long periods. These people need treatment to alleviate the severity of these disorders. Metacognitive therapy (MCT) is one of the modern therapeutic trends in psychological counseling, which focuses on the nature of the thought rather than on identifying and changing the thought as in other cognitive therapies. It is also concerned with whether people possess an aspect of reflective awareness and aims for a broader understanding of the way the mind works. Working on the process of metacognition, that is, the individual's thinking about what he knows, being aware of his thoughts, and constantly monitoring and organizing them, helps reduce anxiety disorders and mood swings, and this will reduce psychotic disorders.

Objectives: The current study aims to identify the effect of a virtual reality (VR) counseling program based on MCT in reducing the severity of PTSD among survivors of Covid-19. It also examines the continuity of the effectiveness of this program in reducing these disorders.

Methods: The quasi-experimental method (two group design) with experimental and control groups with a pre-posttest and a follow-up test was adopted. The sample for the current study consisted of 60 COVID-19 survivors suffering from PTSD. The PTSD scale was applied online to a group of people recovering from Covid-19 from the Arab Republic of Egypt. Then those who had high scores were selected, contacted and their consent was obtained to apply a virtual reality counseling program to them. The counseling program was implemented via virtual reality technology, and consisted of 20 counseling sessions, each session lasted between 60-90 minutes. The program continued for two months, with two sessions per week.

Results: The results of the current research revealed a significant improvement in the experimental group through a significant reduction in their post-traumatic stress disorders. The results also showed the effectiveness of the counseling program based on metacognitive therapy in reducing the manifestations of post-