of people with schizophrenia from the Mental Health Institute of Jalisco, México (SALME). The universe involved 40 relatives from 18 families of people diagnosed with schizophrenia, users of SALME. The sample was calculated based on Weller and Romney (1998) proposal to obtain a level of proficiency higher than 50% for cognitive anthropology samples, with a confidence level of 95% and error of 5%. The EE was evaluated with the Seclén & Guanilo (1993) Familiar Emotionality Scale. The Cultural consensus was analyzed with Anthropac program for cultural domain analysis.

Results: 66% of the families had high expressed emotion (EE) and 45% of the sample were cataloged with a high EE. A significant difference was found among relatives who had high EE and lower knowledge about schizophrenia vs relatives who had greater scientific knowledge and lower EE (t= -9.15, p=.00 /U; Mann-Witney= 1.00, p=.00). There was no evidence of a significant association between high EE and sociodemographic variables such as: sex, education, type of family member, occupation or religion. There was only a significant association between high EE and relatives living with the patient (x² = 4.82, p=.05) versus those relatives who only participated in day care.

Discussion: The sample of relatives contemplated for this study was similar to the number of families that have been included in other studies, for example: Jeff & Kuipers, et al (1982) or Guidorizzi, et al (2012). However, this design and research purposes were innovative in this area since there wasn’t any reference from another study that addresses the issue of cultural consensus in schizophrenia, nor its relationship with high EE in relatives of people with this disorder. Conclusion: The less scientific knowledge about schizophrenia, the more expressed emotionality is shown. The importance of psychoeducation is highlighted to promote scientific knowledge of mental illnesses in order to reduce high EE.

T234. MEASURING PERSONAL RECOVERY IN PEOPLE WITH A PSYCHOTIC DISORDER BASED ON CHIME: A COMPARISON OF RELIABILITY AND VALIDITY PROPERTIES ON THREE VALIDATED MEASURES

Jelle Sjoerd Vogel*, Jojanneke Bruins¹, Levi Halbersma¹, Rianne Janine Lieben¹, Steven de Jong¹, Mark Van der Gaag², Stynke Castelein¹
¹Lentis Psychiatric Institute; ²VU University Amsterdam

Background: Living well in spite of residual symptoms of mental illness is measured with the construct of personal recovery. The CHIME framework might be suitable to evaluate personal recovery measures and guide instrument choice.

Methods: Three validated measures were evaluated in Dutch patients with a psychotic disorder (N=52). We compared the Recovery Assessment Scale [RAS], the Mental Health Recovery Measure [MHRM] and the Netherlands Empowerment List [NEL]. The measures were assessed on six criteria: content validity (based on CHIME), convergent validity with a social support measure, internal consistency, floor and ceiling effects, item interpretability and ease of administration.

Results: The MHRM scored high on content validity with a balanced distribution of items covering the CHIME framework. The MHRM and NEL showed moderate convergent validity with social support. In all three measures internal consistency was moderate and floor and ceiling effects were absent. The NEL scores demonstrated a high degree of item interpretability. Ease of administration was moderate for all three measures. Finally, the CHIME framework demonstrated good utility as a framework in guiding instrument choice and evaluation of personal recovery measures.

Discussion: The MHRM showed the best overall result. However, differences between measures were minimal. Generalization of the results is limited by cultural and linguistic factors in the assessment for the subjective measures (i.e. content validity and item interpretability). The broad and multi-dimensional construct of personal recovery might lead to ambiguous interpretations. Scientific consensus on a well-defined personal recovery construct is needed.

T235. THE SIMPLIFIED INTERVENTION TO MODIFY PHYSICAL ACTIVITY, LIFESTYLE, AND EATING BEHAVIOR (SIMPLE): A PILOT COMMUNITY STUDY TO MITIGATE HEALTH RISK FACTORS IN SCHIZOPHRENIA

Abstract not included.

T236. A PROGRAM TO INCREASE THE APPROPRIATE USE OF LONG-ACTING ANTI PSYCHOTIC MEDICATIONS IN COMMUNITY SETTINGS

Dawn Velligan¹, Martha Sajatovic²
¹University of Texas Health Science Center at San Antonio, School of Medicine; ²Case Western Reserve University

Background: Antipsychotic medications are evidence-based treatments for schizophrenia that improve health outcomes and reduce costs. However, rates of non-adherence to oral antipsychotic medications can exceed 60%. We examined whether a simple checklist to identify individuals not receiving optimum benefit from current oral antipsychotic treatment (NOB Checklist) and The Multi-level Facilitation of Long-acting Antipsychotic Medication Program (MAP) could increase the appropriate use of long-acting injectable antipsychotic medication (LAI) in community clinics.

Methods: Two clinics in Texas and two in Ohio changed clinical procedures in one of two ways 1) NOB only clinics—providers used a five-item checklist to identify individuals with schizophrenia on oral antipsychotics who were Not receiving Optimum Benefit from current treatment and may therefore benefit from a switch to LAI. 2) MAP- providers used the NOB checklist AND received MAP; MAP is a novel behavior change intervention designed to improve the identification of individuals who could benefit from LAI, improve their outcomes and reduce inappropriate use of resources associated with poor adherence. MAP targets 3 stakeholder groups 1) the consumer for whom peer specialists showed a video describing shared decision making and how to make a choice between tablets and injections, and provided a balanced shared-decision making tool to assist them in choosing medication route,2) the provider who received academic detailing describing various LAI options, how to make good offers as part of a shared decision making dialogue, and important benefits of LAI including the ability to disentangle efficacy versus poor adherence and to help individuals with cognitive and practical problems that lead to poor adherence, and 3) the administrators who received information on how LAI could improve outcomes for individuals and clinic processes, how to encourage the use of LAI among providers and how to provide regular feedback to providers about prescribing practices. The primary outcome was the percentage of LAI versus oral antipsychotic medication prescribed to individuals with schizophrenia.

Results: Higher NOB checklist scores were associated with an increased provider likelihood of LAI offers and increased consumer acceptance of LAI. All clinics increased use of LAI over time. In Texas, where MAP was fully implemented, the MAP clinic had greater use of LAI over time (eventually reaching about 50% of all antipsychotic use) vs. the NOB only clinic. In Cleveland, the patient stakeholder curriculum was not delivered and there was no significant difference in LAI use between MAP and NOB clinics.

Discussion: The NOB checklist appears to be a useful tool to help identify patients who might be appropriate candidates for LAI and the full MAP program may help clinicians and consumers to work together to optimize the appropriate use of LAI in outpatient settings. Implementation must
be customized for clinics and workflows to determine which parts of the MAP program are practical and appropriate. Participation of consumer stakeholders may be essential to delivery of the MAP Program.

T237. PERSON-CENTERED PSYCHOSIS CARE – HOW INCREASING PERSON-CENTEREDNESS IN PSYCHOSIS INPATIENT CARE RELATE TO CARE CONSUMPTION AND WARD BURDEN
Katarina Allerby*,1, Annelly Goulding2, Lilas Ali2, Andreas Greymy1, Margda Waern2
1 Sahlgrenska University Hospital, Gothenburg; 2 University of Gothenburg, Sahlgrenska University Hospital; 3 Jönköping University, Sahlgrenska University Hospital, Gothenburg

Background: Since person-centered care (PCC) is widely embraced and internationally considered to increase effectiveness and quality of complex health care today this study sets out to investigate its relation to ward level outcomes such as length of hospital stay (LoS), involuntary treatments and ward burden. An educational intervention for staff, using a participatory approach, was created to increase the person-centeredness of the care delivered at four inpatient psychosis wards. 6 conference days spread over a 6 months period with practical work at home wards in-between let participants receive information on, discuss and test the principles of PCC, such as acknowledge patients resources, preferences and experiences, working in partnership with patients to co-create the care plan, and documenting agreements.

Methods: Data for all patients receiving care at the inpatient services during data collection periods before (n = 416) and after (n = 375) the intervention, including LoS, length of involuntary stay (LoIS) as well as number of episodes involving restraints, seclusions and forced injections, were extracted from the clinic registry. During the same data collection periods one staff member per day and ward filled out a VAS rating (1 = no burden – 10 = highest imaginable burden) capturing experienced ward burden (n = 505, 60% response rate vs n = 465, 45% response rate). Mean or median of each variable was used for comparative analysis.

Results: A longer LoS was found after implementation (Md = 21.1, n = 416 vs Md = 26.2, n = 375), U = 85894, p = .014, r = .09. LoIS was shorter after implementation (Md = 10.6 vs Md = 6.6), the difference was however not significant U = 74263, p = .231. Analysis of data on involuntary treatments are underway and will be presented. Ward burden was rated significantly lower after implementation (M = 5.4, SD = 1.94 vs M = 4.5, SD = 2.08), t = 7.5 (968), p < .0005.

Discussion: Although study design prevents conclusions on cause and effect, the results indicate a beneficial development for perceived care burden.

T238. RATES AND PREDICTORS OF RELAPSE IN AN AUSTRALIAN FIRST EPISODE PSYCHOSIS COHORT
Ellie Brown*,1, Brian O’Donoghue2
1 University of Melbourne; 2 Orygen, the National Centre of Excellence in Youth Mental Health

Background: Clinical and functional recovery is usually achieved after treatment for a first episode of psychosis (FEP). Unfortunately, subsequent relapse remains common, occurring within a year for approximately 30% of individuals and within five years for 80%. What makes someone more likely to relapse remains poorly understood.

Methods: This study is a naturalistic cohort study of young people (15–25 years old) accessing an early intervention in psychosis service in Melbourne, Australia between 1st January 2011 and 31st December 2016. Demographic and clinical predictors of relapse were collected from patient records and analysed using Cox regression analysis.

Results: A total of 1220 young people presented with a FEP during the study period and 37.7% (N=460) experienced at least one relapse during their episode of care. Over half of all relapses resulted in an admission to hospital. Non-adherence to medication, substance use and psychosocial stressors precipitated relapses. Significant predictors of relapse in this sample were a diagnosis of a schizophrenia spectrum disorder or an affective psychotic disorder, amphetamine use, and substance use during treatment.

Discussion: These findings suggest that relapse occurs frequently for young people who have experienced FEP. This is one of the first studies to find that amphetamine use increases the risk of relapse. Clinical services, especially in Australasia, need to consider how best to manage this co-morbidity in young people with FEP.

T239. INDIVIDUAL AND NEIGHBORHOOD PREDICTORS OF OUTPATIENT MENTAL HEALTH SERVICE UTILIZATION AMONG PERSONS WITH SERIOUS MENTAL ILLNESSES

Abstract not included.

T240. DOES SCHEDULING A POST-DISCHARGE OUTPATIENT MENTAL HEALTH APPOINTMENT INCREASE THE LIKELIHOOD OF SUCCESSFUL TRANSITION FROM HOSPITAL TO COMMUNITY-BASED CARE?
Thomas Smith*,1, Marleen Radigan2, Franco Mascayano3
1 Columbia University & New York State Psychiatric Institute; 2 New York State Office of Mental Health; 3 Columbia University/NYSPI/NYPH

Background: Scheduling timely appointments for outpatient follow-up care is a discharge planning practice widely accepted as a standard of care for inpatient treatment. Despite these endorsements, however, rates of hospital providers completing these practices vary widely. Timely scheduling of initial outpatient visits following discharge has been associated with improved rates of attending outpatient psychiatric services, although negative findings have also been reported. Nearly all prior studies were single-site case reports that did not use an experimental design and more rigorous research is needed.

In this report, we aimed to examine the association between receiving care transition practices and attending outpatient care after controlling for patient, hospital, and system characteristics in a large cohort of inpatient psychiatric admissions in New York State. We hypothesized that patients for whom hospital providers scheduled a mental health outpatient appointment had a higher likelihood of receiving an initial outpatient psychiatric service following discharge after controlling for the aforementioned covariates.

Methods: This is a retrospective cohort study that used 2012–2013 New York State Medicaid claims data for psychiatric inpatients, who were under 65 years, admitted to an inpatient psychiatric unit with a principal diagnosis of a mental disorder and discharged to the community. The outcome variable was defined as attending to outpatient psychiatric services within 7 and 30 days following discharge from an inpatient psychiatric unit. Scheduling a mental health outpatient appointment as a discharge planning practice was the primary independent variable. To address the wide range of potentially confounding covariates, propensity scores for regression models were estimated based on patient, hospital, and service system factors.