

P-07-011**Improving media depiction about schizophrenia and mental illness: evaluation results of workshops for screenwriters and journalists**

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Objective: Media representatives are an important target for anti-stigma interventions. Two anti-stigma workshops were conducted within the framework of the German alliance for mental health, a German association of 80 member associations in the field of mental health including users' and relatives' organisations, research, care, and professional bodies. The workshops included personal contact with users and family members, mental illness symptoms and treatment, and practical advice from media projects that had realistically portrayed people with schizophrenia and other mental illnesses. The first workshop addressed journalists; the second workshop screenwriters. **Methods:** Both workshops were evaluated with pre-post assessments. The journalist workshop's evaluation comprised Link's Perceived Discrimination/Devaluation Scale (PDDQ) and new instruments assessing the endorsement and perceived personal professional capacities of actions to prevent stigmatizing depictions. The screenwriter workshop's evaluation included the Mental Health Knowledge Schedule (MAKS), a social distance scale, and the assessment of personal professional capacities to prevent stigmatizing depictions. **Results:** N = 39 journalists participated at the journalist workshop. Perceived stigma did not change significantly, but endorsement of actions and perceived capacities improved significantly (Wilcoxon Tests: $p = .024/p = .022$). The screenwriter workshop had 51 participants. Perceived personal capacities improved (Wilcoxon test $p = .015$). No changes emerged for knowledge (MAKS) and social distance. **Conclusion:** The production of mass media is a very specialized field. Nevertheless it is possible to reach media representatives and to encourage them to scrutinize their reporting about and presentation of people with mental illness with regard to a more positive and less stigmatizing way. Limits of the study concern the small and selective sampling and the lack of long-term assessments.

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P-07-012**Mental health literacy: is psychosis as well recognized as depression?**

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Objective: Earlier reports on mental health literacy reported that the knowledge about depression was much better than that about psychoses, yet increasing between 1990 and 2001. Mental health literacy, however, is assumed to influence help-seeking and, thus might be crucial in the early detection of psychosis. Therefore, we investigated the current knowledge about psychosis in comparison to that about depression in a general population sample.

Methods: At the time of writing 1184 German-speaking participants of a telephone survey (age 16 to 40) were asked to answer a questionnaire on mental health literacy and attitudes whose two versions vary in their diagnostically unlabeled case vignette (schizophrenia or depression). 1061 (89.6 %) agreed to participate, 645 (60.8 %) questionnaires were returned: 331 with a schizophrenia, 314 with a depression case vignette.

Results: Type of vignette had a near moderate effect on correctly recognizing the disorder in an open question with depression being recognized by 77.6 %, psychosis by just 48 % (Cramer's $V = 0.269$). A larger effect of the vignette was observed for the main causal attribution to be chosen from 18 categories (Cramer's $V = 0.406$): For depression, 51.2 % gave any psychosocial and 10.5 % any biological factor; for schizophrenia, 36 % named any biological and 17.5 % any psychosocial factor. When correct recognition of the vignette was considered, the difference between the perceived impact of biological and psychosocial factors became even more pronounced. Persons recognizing the correct disorder (Cramer's $V = 0.484$) opted more often for a biological cause for the schizophrenia and a psychosocial cause for the depression vignette than those using incorrect labels (Cramer's $V = 0.317$).

Conclusion: Within the last 20 years, a continuous increase in the correct recognition of depression and psychosis can be observed with psychosis still being more frequently under-recognized. Furthermore, the trend towards adopting causal explanations approved of by psychiatrists continued.

Policy of full disclosure: None.

P-08 Psychosocial factors and interventions**P-08-001****Emotional changes in a group of recent onset psychotic patients receiving a metacognitive intervention (MCT)**

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Objective: The purpose of this study is to assess the effects of metacognitive training (MCT) on emotional process in a sample of recent onset psychotic patients.

Methods: The study consists of a multicenter randomized clinical trial. A sample of 122 patients with a diagnosis of schizophrenia spectrum disorders, with less than 5 years from the onset of the disorder, who also present a score during the previous year ≥ 3 in item delusions, grandiosity or suspicion of PANSS positive subscale, were randomized to a MCT intervention (N = 65) or to psychoeducational intervention (N = 57). Patients were assessed in three different moments (basal, post-treatment and 6 months follow-up) in the following measures: Beck Depression Inventory (BDI-II), Rosenberg Self-esteem Scale, and PSYRATS-Delusion subscale (with special attention to emotional dimensions of delusions: items 1 and 2, amount and duration of preoccupation, and items 4 and 5, amount and intensity of distress). A t test comparison for repeated measures was performed comparing basal results with those obtained in post-treatment and follow-up.

Results: The experimental group receiving MCT improved in the follow-up in depression (BDI-II basal = 12.71 vs. BDI-II follow-up = 9.65; $p = 0.03$), self-esteem (Rosenberg basal = 27.71 vs. Rosenberg follow-up = 29.07; $p = 0.02$) and duration of preoccupation about delusions (psyrats-2 basal = 0.81 vs. psyrats-2 follow-up = 0.39; $p = 0.03$).

Conclusion: It is the first study that explores the impact of MCT in emotional process in recent onset psychotic patients. We obtain that MCT provide benefits in the emotional processes that have been described to predispose and maintain delusions.

Policy of full disclosure: None.