

Conclusions The best predictors of positive attitudes towards care during and after involuntary admission are illness related factors, such as levels of insight and improvement in insight, rather than service or legislation related factors, such as the use of coercive measures, seclusion and restraint.

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Mental pain expression in psychopathology and its assessment as a therapeutic outcome measurement

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Introduction Every theory that explains psychopathology refers to different aspects of mental pain whether it regards annihilation anxiety, fragmentation of the self or feelings of intolerable anguish. The concept of mental pain has proved to be an important symptom in mood disorders in general and suicide in particular (Orbach et al., 2004; Levi et al., 2010; Levinger et al., 2015). Combining the understanding that mental pain is as a part of all forms of psychopathology with the growing interest in assessing therapeutic processes via outcome measures has led to the assumption that the tolerance and severity of mental pain could become powerful outcome measurement. The aim of this study is to assess the Mental Pain Scale (OMMP) and Tolerance to Mental Pain Scale (TMPS) as outcome measurement and to learn about their capabilities to distinguish between different psychopathologies.

Objective The first objective would be to examine patterns of mental pain subscales in different psychopathologies. The second objective is to assess the OMMP and TMPS as outcome measurements.

Method Two hundred and thirty outpatients were administered a clinical questionnaire battery composed of eight questionnaires. The patients were to fill these questionnaires every 3 months for one year or until the end of their therapy.

Results We will present preliminary findings regarding the expressions of mental pain in different kinds of psychopathology and results of 3 months follow-up.

Conclusion Tolerance and severity of mental pain are a vital to the assessment of psychopathology and should be used as outcome measurement of therapeutic process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Assessing medication beliefs of mental health professionals: The Portuguese version of the Medication Alliance Beliefs Questionnaire

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Introduction Clinician's attitudes are an important consideration in implementing adherence strategies and that these attitudes can be successfully improved as a result of training. The 22-item Medication Alliance Beliefs Questionnaire (MABQ; Byrne et al.2008) was used to assess clinician attitudes towards non-adherence. The MABQ contains five subscales reflecting the clinician's self-efficacy (adequacy), the satisfaction (work satisfaction); their appraisal of their self-worth (self-esteem), their outcome expectancies (pessimism) in relation to non-adherent patients, and the extent to which they understand the difficulties patients might experience in trying to adhere to treatment (empathy).

Aims/objectives To develop the Portuguese version of the MABQ. **Methods** The MABQ was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. After pre-testing, the final version of the Portuguese translation was produced.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in MABQ was 80.06 (SD 9.5). The value of internal reliability coefficient α was 0.80. The intraclass correlation coefficient of total MABQ score was 0.35. The *t*-test showed that there were no statistically significant differences between the mean values of the measurement scale at two different times (80.4 vs.76.2; *P*=0.02).

Conclusion The attitudes of mental health professionals may have a predictive relationship with treatment outcomes of patients with mental health disorders. The validation of the Portuguese version of MABQ will provide professionals with a new tool to evaluate crucial issues related to medication beliefs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Assessing strategies to improve antipsychotic adherence: The Portuguese version of the difficulty implementing adherence strategies

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Introduction Non-adherence is a problem throughout medicine and there are many strategies that are used to improve antipsychotic adherence. A review of the literature identified 33 commonly cited strategies for enhancing consumer adherence. Three core themes were identified: Information/Education; Behavioural strategies; and Cognitive/Motivational strategies.

Aims/objectives To develop the Portuguese version of the DIAS.

Methods The DIAS was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. The participants were asked to rate how often they had difficulties using each of the 33 strategies with consumers who were non-adherent. A four point Likert scale was used (1 = never; 4 = always) such that higher scores indicated more frequent difficulty using the strategy.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in DIAS was 85.0 (SD14.6). The value of internal reliability