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**Background:** Family environment plays a key role in the development of psychotic symptoms (Pitschel-Walz et al., 2001; Tienari et al., 2004) and negative family environmental factors are linked to poor prognosis in psychosis (Geller et al., 2000). By contrast, a positive family environment is associated with greater improvements in negative and disorganized symptoms among individuals at imminent risk of becoming psychotic (O'Brien et al., 2006).

Nonetheless, little is known about the implication of family environment on longitudinal functioning in patients that presented a first psychotic episode.

**Methods:** This study is part of the "Phenotype-genotype and environmental interaction. Application of a predictive model in first psychotic episodes" (PEPS) study, a multicentric, longitudinal, naturalistic follow-up study (Bernardo et al., 2013). The Functional Assessment Short Test (FAST) was used to assess functional outcome. The Family Environment Scale (FES) evaluated family emotional climate in different categories: COHESION (C) for mutual reliance; EXPRESSIVITY (EX), the extent to which family members express their feelings directly; CONFLICTS (CON) for open expression of anger, aggressiveness and conflict; INDEPENDENCE (IND), the extent to which family members are independent in their decisions; ACHIEVEMENT ORIENTATION (AO) for an achievement-orientated environment; INTELLECTUAL-CULTURAL ORIENTATION (ICO) for political, intellectual, cultural interests; ACTIVE-RECREATIONAL ORIENTATION (ARO) for participation in social activities; MORAL-RELIGIOUS EMPHASIS (MRE) for the importance given to ethical and religious practices and values; ORGANIZATION (ORG) for the organization in activities and responsibilities; and CONTROL (CTL), the extent to which the family considers rules and established procedures.

Patients with a first psychotic episode (FEPs) and healthy controls (HCs) have been evaluated baseline and after two years of follow-up. Diagnoses at 2 years have been established according to the Structured Clinical Interview for DSM-IV. Linear regression models have been conducted in order to assess the effect that different family environments exert on functioning at baseline but also at 2 years of follow-up, when the group of FEPs has been divided in patients diagnosed with psychotic disorders (PSYC) versus bipolar disorder (BD). All data were analyzed with the Statistic Package for Social Sciences (SPSS v.23 for Windows). All the analyses were two-tailed with alpha set at  $p < 0.05$ .

**Results:** At baseline, the total sample included 335 FEPs (mean FAST=27.8±16.1) and 253 HCs (mean FAST 3.5±8.1). At baseline the linear model was not significant neither for FEPs nor for HCs and no family environment was associated with functioning. At 2 years (mean FAST BD=13.8±15.1, mean FAST PSYC =20.98±15.4), in the BD group ( $F(10,14)=2.6, p=.05$ ) worse functioning was associated with CON ( $\beta=.741, p=.004$ ) whilst in the PSYC group ( $F(10,108)=3.509, p<.001$ ) it was negatively associated with ARO ( $\beta=-.305, p=.006$ ) and AO ( $\beta=-.204, p=.039$ ) and positively associated with MRE ( $\beta=.268, p=.003$ ).

**Discussion:** At baseline, no specific family environment was associated with functioning. At 2 years, in BD worse functioning was associated with higher rates of open expression of conflict in the family whilst in PSYC it was associated with lower rates of participation in social activities and achievement-orientated family environment as well as with higher rates of religious practices and values. Family environment exerts an important role in the functioning of FEPs mainly in the long-term,

with important implications for early interventions for both patients and caregivers.

## S230. THE IMPACT OF SOCIAL IDENTITY ON SELF-ESTEEM AND PARANOIA

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**Background:** As theorized by Abraham Maslow, a fundamental need of all humans is to seek a sense of belonging through meaningful social relationships. This universal process drives social identification, the incorporation of these important relationships into one's own identity. Over the past several decades, social identity has been implicated in various studies of mental health for the protective role that it plays (Haslam et al. 2015). Paranoia is a core symptom of the schizotypy spectrum, a dynamic continuum that ranges from healthy personality traits to chronic schizophrenia. Paranoia is related to social identity in that it is thought to disrupt the ability to establish trusting social relationships. Over time, the association between social identification and paranoia has been indirectly investigated through various psychosocial factors such as self-esteem, which is thought to be directly influenced by social identity. Previous research has shown that a decrease in self-esteem precedes an immediate increase in paranoia (Myin-Germeys et al., 2008). Despite these findings, few studies have investigated whether social identification is associated with paranoia and the mechanisms by which this effect may emerge. The primary goal of this study was to investigate whether self-esteem mediates the effect of social identity on paranoia in a nonclinical sample. Based on scant previous studies (Bentall et al., 2017), this study hypothesized that self-esteem would mediate the pathway from social identity to paranoia.

**Methods:** The sample consisted of 168 Spanish nonclinical youngsters (mean age=28.01), belonging to the ongoing Barcelona Longitudinal Investigation of Schizotypy Study (BLISS). From a large pool of unselected college students, a selected subsample oversampled for schizotypy scores continues regular follow-up assessments. Social identity was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Landeta & Calvete, 2002), self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), and paranoia was measured using the "suspiciousness" subscale of the Schizotypal Personality Questionnaire (SPQ; Raine, 1991). A simple mediation analysis of social identity and paranoia via self-esteem was conducted to examine the indirect effect of social identity on paranoia via self-esteem.

**Results:** Pearson's correlations showed that social identity was correlated to self-esteem ( $r=0.311; p<0.001$ ) and paranoia ( $r=-0.323; p<0.001$ ). Likewise, self-esteem and paranoia were also correlated ( $r=-0.344; p<0.001$ ). Mediation analyses showed that there was a significant indirect effect of social identity on paranoia via self-esteem (estimated IE=-0.0117, SE=0.0045, LLCI=-0.0230, ULCI=-0.0047).

**Discussion:** The finding that self-esteem mediates the pathway from social identity to paranoia provides an important connection between previous literature that has studied these relationships indirectly. This study concludes that meaningful social relationships may protect against paranoia and it highlights the relevance of tanking into account self-esteem in explaining the association between social identity and paranoia. Thus, it may provide a framework in which various forms of social interventions can be used to prevent and treat paranoid ideation. However, further steps are being taken to further establish this finding. It will be useful to look at various samples, both clinical and nonclinical, along the schizotypy spectrum in order to further investigate the mechanism of action underlying this environmental and psychological interaction.