risk. Existing guidelines for smoking cessation are not well-suited for patients with mental disorders, and these patients often lack confidence in their ability to quit. An effective intervention must therefore be comprehensive and interdisciplinary to increase motivation. As part of the national, Norwegian multicenter project "Preventing Multimorbidity in Severe Mental Disorders with a Multidisciplinary Approach (CVD-MENT), the subproject *User-Driven Smoking Cessation Group* has been launched. The idea of users' active participation as co-leaders of a smoking cessation group comes from patients and is based on their experiences with their own smoking cessation attempts.

Objective: To investigate whether a new, tailored treatment specifically targeted at patients with severe mental disorders affects smoking behaviour in a patient group known to have a very high risk of cardiovascular disease.

Materials and methods: The program for the User-Driven Smoking Cessation Group is based on the existing template for smoking cessation groups described by the Norwegian Directorate of Health, but is adapted to the patient group. The study is conducted at three Norwegian hospitals. International recommendations for smoking cessation counselling describe the approach to unmotivated and ambivalent participants in five R's, all of which are emphasized in the project:

- Relevance - Help the patient reflect on whether tobacco cessation might be relevant
- Risks - Discuss personally related health risks
- Rewards - Help the patient articulate potential benefits of quitting tobacco
- Roadblocks - Identify barriers preventing the patient from attempting to quit
- Repetition - Prepare the patient for discussing this again at the next meeting

The project has developed a program for open smoking cessation groups specifically tailored for individuals with severe mental disorders. Patients who have successfully quit smoking actively participate in leading the group alongside healthcare professionals. The content focuses on smoking cessation, but other factors known to impact cardiovascular risk are addressed in the semi-structured teaching over seven sessions. Training is provided for users who are co-leaders.

Conclusion: Experiences from a pilot study and preliminary experiences and results from the first groups will be presented and discussed.

Disclosure of Interest: None Declared

SP070

The Lancet Psychiatry Commission on Transforming Mental Health Implementation Research

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Abstract: While many evidence-based mental health prevention, promotion, and treatment interventions exist, they are poorly and inequitably scaled across populations. Too often, research produces interventions and implementation strategies that are difficult to scale due to misalignment with culture, policy, system, community, provider, and individual realities. This presentation will introduce the Lancet Psychiatry Commission on Transforming Mental Health Implementation Research, which makes five recommendations to transform the research enterprise to produce more actionable evidence and address the mental health implementation gap. These recommendations focus on strategies for integrating research and real-world implementation; centering health equity in mental health intervention and implementation research; using a complexity science lens to study strategies for scaling effective interventions; expanding research designs beyond the traditional randomized clinical trial; and using transdisciplinary approaches. The Commission also made cross-cutting recommendations related to elevating work on mental health systems and policy and the importance of strengthening mental health implementation research globally.

Disclosure of Interest: None Declared

SP071

Implementing Cognitive Remediation Therapy (CRT) in the routine treatment of schizophrenia

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Abstract: ***Background:*** Despite rigorous evidence of the benefits, costs and savings and mentions in treatment guidance, cognitive remediation access is still sparse. Providers are often confused by disagreements about the strength of the benefits evidence, some think it is a game not a treatment and others do not consider that cognition should be a treatment target. These are all issues that were present in the literature at least ten years ago.

Aim: To identify the steps to widespread implementation of this beneficial intervention

Method: Drawing on the literature and data from a large UK adaptive randomised control trial, we describe three: (i) the barriers and facilitators for the implementation into first episode services, (ii) cost effectiveness and (iii) training rollout and competency.

Results: (i) Clinicians need to understand the relevance of cognition and be aware of effective interventions, (ii) Despite evidence of efficacy a therapist seems important for engagement and leads to cost effective therapy and (iii) online therapy can improve competencies for delivering cognitive therapy and but commitment to completing therapy is related to management commitment.

Conclusion: All the implementation issues can be overcome but we still need to understand the non-specific effects of cognitive remediation as well as the specific if we are to provide a formulation-based approach. Clinicians need to know that cognitive remediation is not "brain training" but is a holistic therapy that involves an active therapist providing motivation support, and who helps to mitigate the impact of cognitive difficulties through metacognition to develop awareness of cognitive approaches to problems.