

therapy (CT), conceptualized as the set of guidelines, knowledge, strategies, exercises and learning carried out with the therapists intrasession and with the material provided intersessions

Methods: A total of 36 patients (mean age=51.04 (9.21)); 69.44% women (n=25); with main diagnoses (77.77%, n=28) of adaptive disorder, 6 patients of major depression (16.66%) and 2 unspecified anxiety disorders (5.55%) are included in GPT based on acceptance and commitment therapy (ACT) of Hayes's (2012) for primary care patients, and on a treatment protocol developed in our clinical health psychology section (Segú et al. PaP 2023; 25 6-18) in long covid patients

Patients are recruited and cared for in the collaboration program with the primary care centers (CPPC), n=22(61.11%), and 12 patients (38.89%) diagnosed with long covid in the specialized post-covid unit of internal medicine, and treated in the clinical health psychology section on the Hospital Clínic of Barcelona (HCB)

Post-treatment evaluation is carried out using the GTF questionnaire, based on Yalom's Q-short(1985), validated with 11 items, adapted to Spanish (Ribé et al. RAEN 2018; 38(134) 473-89). Patients rate from 1 to 10 how much they consider each FTG has helped them in their improvement process

Results: The relevance of the GTF are: Altruism(8.16), catharsis (7.61), cohesiveness(7.94), corrective recapitulation(6.15); socialization techniques (6.41); self-awareness of reality(6.65); imitative behavior(6.43); participated information(6.69), instill hope(6.39); interpersonal learning (7.07), universality(8.27).

Regarding the other objective, 44.44%(n=16) consider the GTF more important than the content of the therapy in their improvement; 36.11%(n=13) equal importance; 13.88%(n=5) plus the CT and 2 consider that none of it has helped them (5.55%). Total importance CT(7.18/10) and GTF(7.44/10). The perceived help in their improvement process in the GPT(CT + GTF)=7.61/10.

Conclusions: In two structured group treatments, based on ACT, a greater percentage of patients value that the GTFs have helped them more in their improvement process than the CT. The GTFs considered most relevant were universality, altruism, cohesiveness and catharsis.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0715

Sex as predictor of employment at 5 years follow-up in First Episode Psychosis

A. Toll^{1*}, E. Pechuan¹, T. Legido¹, D. Berge¹, A. Manzano¹, K. El Abidi¹, V. Perez-Sola¹ and A. Mane¹

¹Institut de Salut Mental, Hospital del Mar, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.794

Introduction: Despite considerable growth in the last years in treatments and research in first episode psychosis (FEP), little attention has been given to the priorities of these young people, in particular, gaining employment. For most people, work is a normal part of everyday life and can be considered one of the most important factors in promoting recovery and social inclusion. Nevertheless, these patients show low employment rates (varying from 23% to 65%) since the beginning of the psychotic symptoms

and even after their contact with mental health services. But, although completing education and access to employment is a critical part for the recovery of these patients, few studies have focused on this outcome.

Objectives: To determine the employment rate and its possible predictor factors in a FEP sample after 5 years follow – up.

Methods: 190 FEP treated between June 2010 and July 2013 at the ETEP Program at Hospital del Mar were included. Inclusion criteria were: 1) age 18-35 years; 2) fulfillment of DSM-IV-TR criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia or unspecified psychosis; 3) no previous history of severe neurological medical conditions or severe traumatic brain injury; 4) IQ level < 80, and 5) no substance abuse or dependence disorders except for cannabis and/or nicotine use. All patients underwent an assessment at baseline including sociodemographic and clinical variables (substance use, DUP, PANSS and GAF). Moreover, employment status has recorded at 5 years follow – up as dichotomyc variable (being employment defined as having either a full-/part-time job, being a student at school or university, or being involved in a study/training program). SPSS program was used for statistical analyzes.

Results: In our FEP sample, the employment rate was 34.2%. We observed significant differences in sex (p = 0.013), cannabis use (p = 0.022) and GAF scores (p = 0.016) between un/employed patients. Nevertheless, in the logistic regression model (ENTER METHOD) only female sex remained as predictor of higher employment rate (95% CI 1.13 to 4.85; p = 0.022) at 5 years follow – up.

Conclusions: Our results suggest that females with a FEP have a better outcome in terms of employment rates, consistent with some previous studies. Some authors suggest that it could be explained by the fact that female patients used to have shorter DUP or more affective symptomatology, which has been also related to a better outcome. Nevertheless, we did not find any differences in these other variables in our sample. Employment not only provides financial independence but also structure and purpose, opportunities for socializing and developing new relationships, a sense of identity, self-worth and meaning in life. Thus, given its importance in FEP functional recovery, more studies in this field are needed to improve patients vocational achievements and determine which specific approaches would each of them need.

Disclosure of Interest: None Declared

EPP0717

Reducing treatment delays of first episode psychosis through policy in Canada: a mixed methods analysis of service provider perspectives

F. Poukhovski-Sheremetyev^{1,2*}, Y. Pelling³, J. Denny⁴, A. Abdel-Baki⁵, S. Iyer^{1,2} and V. Noel²

¹Department of Psychiatry, McGill University; ²Douglas Hospital Research Centre, Montréal; ³SPOR National Training Entity, Quebec City; ⁴Cape Breton University, Nova Scotia and ⁵Department of Psychiatry and Addictions, University of Montréal, Montréal, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.795

Introduction: Young people with a first episode of psychosis can achieve full remission with prompt treatment. Throughout Canada, early psychosis intervention programs are implementing policies to

ensure timely delivery of services. One of Canada's first early intervention services, the Prevention and Early Intervention for Psychosis program, set the guideline that all youth referred should receive an appointment within 72 hours. The availability of early intervention programs has increased significantly but the standards these programs have adopted to ensure timely delivery of services remains unknown.

Objectives: This project aims to identify the policies and practices in early intervention programs that ensure timely delivery of services. Secondly, the project aims to understand the level of awareness of the 72-hour recommendation and the level of adoption of this recommendation. Thirdly, the project aims to identify the factors that facilitate and hinder a program's ability to reach and maintain their benchmarks for timely delivery of services.

Methods: Participants included 17 service delivery providers from four early intervention programs located in socio-culturally distinct regions in Canada. Participants completed a survey about their program's service delivery policies and practices. We led individual semi-structured interviews with seven service providers to identify the barriers and facilitators to delivering timely care. We conducted frequency analyses of the survey data and thematic analysis of the interviews to identify emerging themes.

Results: Forty-one percent of survey respondents indicated that their program implemented formal policies to minimize the delay to the first appointment, with benchmarks ranging from 72 hours to 12 weeks. The majority of program managers interviewed were aware of the 72-hour benchmark, voiced satisfaction with standards, and felt that establishing standards was helpful to delivering quality services. Average time between referral and first appointment ranged from 10 days to 12 weeks; however, more than half of survey respondents were unaware of the average delay in their program. Notable barriers to implementation included patient non-responsiveness, insufficient staffing, and missing patient contact information from referrals. The service providers reported engaged staff, flexible schedules, and team-based care as facilitators to meeting service delivery benchmarks.

Conclusions: Benchmarks such as the 72-hour recommendation are an excellent step in improving timeliness of delivery of early intervention services. Common barriers to meeting benchmarks, such as patient adherence and staff resources may be difficult to overcome; however, implementing standardized referral forms and processes, increasing staff engagement, providing flexible schedules, and encouraging team-based care could improve timely delivery of services.

Disclosure of Interest: None Declared

EPP0718

Descriptive study of 100 patients with a diagnosis of psychosis treated with Paliperidone Palmitate 6-Month Long-Acting Injectable.

J. MESONES^{1*}, A. MILLER¹, N. BAUTISTA¹, J. DIEGUEZ¹, I. CALERO¹ and A. GRIÑANT¹

¹HOSPITAL UNIVERSITARIO TORREVIEJA, ALICANTE, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.796

Introduction: Psychotic disorders are serious mental illnesses that require long-term antipsychotic treatment that provides sufficient

efficacy, safety and therapeutic adherence. The latter is an essential factor that must be emphasized in clinical practice in order to avoid relapses. On this occasion, we have the need to know the long-term impact on our clinical practice and on the evolution of patients after the change in formulation of paliperidone palmitate 1 (PP1M) and 3 Month long-acting injectable antipsychotic (PP3M) to paliperidone palmitate 6 Month (PP6M).

Objectives: The present study describes a sample of patients with severe mental disorders (n= 100) treated with six-monthly paliperidone palmitate (PP6M) studying the diagnoses, socio-demographic characteristics, number of relapses, tolerability and treatment adherence of patients.

Methods: Prospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 15 month (n= 100 outpatients). The patients selected were all those who received 6 monthly paliperidone palmitate treatment from May 2022 to September 2023. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.

Results: Prospective study with consecutive sampling of 100 outpatients (62% men, 38% women; mean age 48 years) diagnosed with psychosis (76 % Schizophrenia, 21 % Unspecified psychosis, 3 % Delusional disorder) those who are administered PP6M long-acting injectable antipsychotic previously treated with PP1M (35%) and PP3M (65%).

After 15 months of the study, 4 patients (4%) have suffered a relapse, one of them (1%) requiring hospitalization. 5 patients (4%) declined to continue PP6M and have returned to their previous injectable. 1 patient (1%) has died of unknown causes outside the treatment. 90 patients continue treatment with PP6M (90% retention rate). 54 patients maintain antipsychotic monotherapy (54%). No additional adverse effects were reported after switching to PP6M. The subjective perception of satisfaction after the switch to PP6M by patients and caregivers was very high.

Conclusions: The present real clinical practice study shows that PP6M could be an effective and well tolerated treatment in patients with severe mental disorder, for patients diagnosed with psychosis, with a high rate of relapse prevention and high rates of compliance. Changing treatment from PP1M or PP3M to PP6M could help patients with severe mental disorder to normalize their lives and functionality.

Disclosure of Interest: None Declared

EPP0719

The relationship between depression and overall, general psychopathology, positive, and negative symptoms in people with schizophrenia spectrum disorders: a cross-sectional study

F. Bartoli¹, A. Calabrese¹, F. Moretti¹, M. Castiglioni¹, L. Prestifilippo^{1*}, A. De Pietra¹, M. Gazzola¹, P. Camera², C. Crocamo¹ and G. Carrà^{1,3}

¹Department of Medicine and Surgery, University of Milano-Bicocca, Monza; ²Department of Mental Health and Addiction Services, ASST Nord Milano, Sesto San Giovanni, Milan, Italy and ³Division of Psychiatry, University College London, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.797