

Schizophrenia and other Psychotic Disorders 03

EPP0234

Working in the Woodlands: A mixed methods evaluation of Green Care in First Episode Psychosis

H. Sharp^{1*}, C. Berry¹ and S. Cuthbert²

¹Brighton and Sussex Medical School, Psychiatry, Brighton, United Kingdom and ²Sussex Partnership NHS Foundation Trust, Psychiatry, Worthing, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.532

Introduction: Recognition of the essential role of nature-based activities for general wellbeing is expanding. Currently, there is limited evidence of the benefits of green care for those with severe and enduring mental illness, including psychosis.

Objectives: We aim to establish benefits and difficulties encountered during a 10-session green care programme for 18-30 year olds who have experienced first episode of psychosis (FEP) using a mixed methods approach.

Methods: This was a service evaluation of a 'Woodland Group' of 10 half-day sessions for participants with FEP. Sessions consisted of a welcome and agenda setting, ice-breaking activity, core nature-based activity. Quantitative data for this evaluation was collected through the 15-item Questionnaire on the Process of Recovery (QPR), and a semi-structured intervention experience questionnaire. Qualitative data was collected via a focus group. Thematic analysis was performed by the three co-authors.

Results: 4/8 patients showed reliable improvement on QPR outcome measures, 1 showed deterioration and 3 showed no change. Mean QPR scores showed modest increase from average 3.4 (week 1) to 3.8 (week 10). 100% of respondents would recommend this group to others. Thematic analysis identified themes of connection with nature and others, development of a sense of wellbeing and 'peacefulness' and new perspectives on psychotic experience.

Conclusions: This small, retrospective evaluation is the first to investigate green care interventions for young people experiencing FEP. Our results reflect the positive informal feedback from participants and supporting staff. Limitations include small sample size, incomplete data, and reliance on patient-reported outcomes. These findings show promise for nature-based activities within EIS.

Disclosure: No significant relationships.

Keywords: Nature-based care; Green Care; New intervention; First Episode Psychosis

EPP0233

The Investigation of Cognitive Functions and Clinical High Risk Status for Psychosis in First-Degree Relatives of Patients with Substance Induced Psychotic Disorder

M. Çukurova^{1*} and A. Özdemir²

¹Erzurum Hınıs Şehit Yavuz Yürekseven Devlet Hastanesi, Psychiatry, Erzurum, Turkey and ²Privat Office, Psychiatry, Istanbul, Turkey

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.533

Introduction: The etiology of substance-induced psychotic disorder (SIPD) is an important research area to study.

Objectives: It is aimed to investigate clinical risk status for psychosis, schizotypal features and neurocognitive functions in siblings of the patients who have been diagnosed as SIPD and who have no family history of psychotic spectrum disorder.

Methods: This study included 41 healthy siblings of patients who have been diagnosed as SIPD according to DSM-V and 41 healthy controls without family history of psychiatric disorders (matched on age, gender, and years of education). The data collected with sociodemographic and clinical data form, Digid Span Test, Trail Making Test A, Trail Making Test B, Verbal Fluency Test and Stroop Test, Comprehensive Assessment of At-Risk Mental States (CAARMS) and Structured Interview for Schizotypy-Revised.

Results: It is determined that %41.5 of siblings and %7.3 of healthy controls are in one of the clinical high risk groups for psychosis according to CAARMS. There is significant difference in Trail Making Test A error and Trail Making Test B error and correction, verbal fluency test- lexical fluency-perseveration mean scores between siblings of patients and healthy controls.

Table 1: Comparison of psychosis risk ratios according to CAARMS between siblings of patients with SIPD and healthy controls

		Siblings of patients with SIPD	Healthy controls	X2	p
		n (%)	n (%)		
CAARMS GROUP	No	24 (58,5)	38 (92,7)	12,94	0,002*
	Vulnerability Group	2 (4,9)	0 (0)		
	Attenuated Psychosis Group 2a	13 (31,7)	3 (7,3)		
	Attenuated Psychosis Group 2a	1 (2,4)	0 (0)		
	Psychosis threshold	1 (2,4)	0 (0)		

Conclusions: Siblings of patients with SIPD have more schizotypal features than healthy control group and they take part more frequent in one of high risk group for psychosis. Schizotypal features are known as trait factor and show genetic predisposition. Siblings who are in high risk groups have more schizotypal features and it may point that predisposition to psychosis is more related to underlying genetic predisposition than environmental factors and social stressors.

Disclosure: No significant relationships.

Keywords: Clinical high risk groups; Familial predisposition; Substance induced psychotic disorder; Neurocognitive function

EPP0234

The effects of fetal or neonatal hypoxia and genetic variants on age at onset of schizophrenia

V. Golimbet*, T. Lezheiko, M. Gabaeva, G. Korovaitseva, N. Kolesina and V. Plakunova

Mental Health Research Center, Clinical Genetics Laboratory, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.534

Introduction: Fetal or neonatal hypoxia (FoNH) is a known risk factor for schizophrenia. It has been hypothesized that FoNH induced expression of schizophrenia susceptibility genes (Schmidt-Kastner et al. 2012, Giannopoulou et al. 2018).

Objectives: To test this hypothesis, we explore the effects of FoNH and some genetic variants on age at onset (AAO) of schizophrenia.

Methods: The study included 1670 patients (women 1021 (61.1%), mean age 34.6 (SD 13.6), mean age at disease onset 25.4 (10.5) years) with ICD-10 diagnosis of schizophrenia or schizoaffective psychosis. The effects of FoNH in interaction with sex, family history (FH) and genetic variants on AAO of schizophrenia were evaluated. Polymorphisms rs2514218 DRD2 (n=943), Val66Met BDNF (n=820) and VNTR AS3MT (n=804) were genotyped.

Results: Among all patients studied 179 (10.8%) had experienced FoNH. Regression model showed that FoNH, sex and FH of schizophrenia contribute significantly ($p=0.000$) to AAO. In the FoNH group, AAO was lower compared to the group without FoNH (20.7 (6.2) vs 25.5 (10.) years). When comparing men and women, there was a difference between FoNH and non-FoNH subgroups only in women ($p=0.000$). No interaction between FH and FoNH was observed though positive FH had an effect on AAO. There was the interaction effect of VNTR AS3MT and FoNH on AAO. In the FoNH group, carriers of 2 repeats had younger AAO compared to the carriers homozygous for 3 repeat variant (19.6 (4.9) vs 22. (7.6) years).

Conclusions: We demonstrate the interaction effects of FoNH and VNTR AS3MT polymorphism on AAO of schizophrenia.

Disclosure: No significant relationships.

Keywords: gene-environmental interaction; schizophrenia; hypoxia; age at disease onset

EPP0236

Cognitive biases in first psychotic episode with Attention deficit and hyperactivity disorder: a controlled study.

N. Manzanares Tesón^{1*}, M. Solé¹, M.J. Algora², A. Cabezas² and V. Sánchez-Gistau¹

¹Psychiatrist, Hospital Psiquiàtric Universitari Institut Pere Mata de Reus, Early Intervention Service, reus, Spain and ²Hospital Psiquiàtric Universitari Institut Pere Mata de Reus, Early Intervention Service, reus, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.535

Introduction: Cognitive biases are a core feature of psychotic disorders. Moreover, people with first episode of psychosis (FEP) have more difficulties in social cognition, in particular in theory of mind. On the other hand, deficits in processing speed and distractibility appear to be core features of attention deficit hyperactivity disorder (ADHD) and impairment in these basic processes can lead to deficits in more complex functions, that could induced to cognitive biases.

Objectives: To evaluate whether FEP with and without ADHD differ in the rate and type of cognitive biases.

Methods: Participants 121 FEP treated at the Early Intervention Service of Reus and aged between 14 and 28 years. *Instruments:* The Diagnostic Interview for ADHD (DIVA) and the Cognitive Biases

Questionnaire for Psychosis (CBQp) measuring 2 themes: anomalous perception (AP) and threatening events (TE) and 5 cognitive biases: Intentionalising (Int), Catastrophising (Cat), Dichotomous thinking (DT), Jumping to conclusions (JTC) and Emotional reasoning (ER)

Results: 31 out 121 (25.6%) met criteria for childhood ADHD. Compared with FEP ADHD-, FEP-ADHD+ presented significant higher scores in the CBQp total score ($U=2.538$; $p=0.001$), the AP theme ($U=2.262$; $p=0.02$), the TE theme ($U=2.242$; $p=0.02$) and DT bias ($U=2.188$; $p=0.03$)

Conclusions: Our findings support the fact that subjects with FEP-ADHD+ presented more cognitive biases than those ADHD-. So, FEP-ADHD+ subjects could represent a clinical subgroup with a worse prognosis than FEP-ADHD- subjects, presenting more delusions, distress and a worse cognitive insight.

Disclosure: No significant relationships.

Keywords: adhd; First Psychotic Disorder; cognitive biases

EPP0237

The organisational climate of NHS Early Intervention Services (EIS) for psychosis: A qualitative analysis

E. Csipke^{1*}, F. Lammas¹, A. Phillips¹, S. Dopson², E. Joyce³ and T. Wykes⁴

¹Kings College London, Institute of Psychiatry, Psychology and Neuroscience, Psychology, London, United Kingdom; ²University of Oxford, Said Business School, Oxford, United Kingdom; ³University College London, Institute Of Neurology, London, United Kingdom and ⁴King's College London, Institute Of Psychiatry, Psychology And Neuroscience, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.536

Introduction: Cognitive remediation (CR) therapy for psychosis significantly improves recovery but is yet to be widely implemented in UK National Health Service and it is likely to be of greatest value if implemented early. Organisational climate within teams in the health services is one factor likely to affect CR implementation into Early Intervention Services (EIS), that serve those with a first episode.

Objectives: To understand the organisational climate within UK NHS EIS and the barriers and facilitators for the introduction of CR.

Methods: We conducted semi structured interviews with 42 EIS members of four teams in four NHS Mental Health Trusts.

Results: There were differences between teams, including involvement in decision making, leadership style, and willingness to adopt CR. Resource shortages were considered the main implementation barrier across all teams. The evidence for CR benefits and the recognition of a clinical need was the main facilitator. Teams with more democratic leadership, involving all team members in decision making, and knowledge of both the evidence base and need for CR, may feel better able to successfully incorporate it into their service.

Conclusions: Engaging team members in the implementation process through cooperative and consultative decision-making can stimulate a flattened hierarchical structure, empowering staff to overcome existing and new NHS pressures and effectively deliver evidence-based care. The consideration of local conditions and organisational micro-climates mediate the successful implementation of new interventions and is needed in addition to generic,