

necessary to successfully deliver group-administered psilocybin-assisted therapy.

Twenty one of the twenty five participants (84%) completed the program. Based on participant feedback, the following themes emerged: 1) Improvement of pre-treatment preparation sessions; 2) PaT Benefits: Gaining perspective, peace, non-attachment, authenticity, honesty, relational capacity; 3) The community of practice (CoP) as the primary conduit for connection and regulation 4) Population specific curriculum with a greater focus on how to navigate death, pain and loss; 5) PaT session Challenges; 6) The interpersonal and support capacity of the team as critical for the overall experience.

**Conclusions:** While more research is needed, results suggest that psilocybin can be delivered safely in a group setting, and that a virtual CoP is effective across the spectrum of set, setting and integration. Our findings also suggest that there is much to learn - and improve upon - in this novel area of service delivery.

**Disclosure of Interest:** None Declared

## EPP0713

### Revisiting the approaches of psychotherapy in Ayurveda with Research Domain Criteria (RDoC) framework: a review

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**Introduction:** Recently there have been increased acceptance of complementary and alternative medicine (including traditional medicines) not only among laypersons but also various medical specialities. Ayurveda is one such, that originated at least in 3000 BC in the Indian subcontinent. Ayurveda aims at not only treating diseases but also maintaining optimum health. Psychiatry branch of Ayurveda recommends the use of both medicines and psychotherapy. Past papers on Ayurvedic psychotherapy have limitations in terms of semantics, conveying relevance and practical implementation. To tide over such limitations, we review concepts of psychotherapy in the Ayurveda texts Charaka Samhita (CS), Sushruta Samhita (SS), Ashtanga Hridaya (AH) and their commentaries from the original Sanskrit texts, in light of RDoC framework. The approaches derived can be used not just for therapy but also as mental health promotion.

#### Objectives:

1. To delineate approaches to psychotherapy from Ayurveda classics and their commentaries, which are useful for both mental health promotion and therapy.
2. To view the components of Ayurvedic psychotherapy approaches in terms of RDoC constructs/subconstructs.

**Methods:** Relevant chapters were scanned in the texts CS, SS, AH and their commentaries for descriptions of psychotherapy. Consequently, its components were compared with the definitions of constructs and subconstructs of RDoC to identify similarities.

**Results:** Only CS and AH had descriptions on psychotherapy, among which, one out of the four described in CS and the only

one in AH was suitable for our purpose. The components of these models with relevant counterparts (single or combined) are tabulated in Table 1.

**Table 1**

CS psychotherapy model		RDoC construct/ subconstruct
1)	Spiritual awareness (Jnana)	Declarative memory (semantic)
2)	Specialised knowledge (Vijnana)	Declarative memory (semantic)
3)	Self-control & equanimity (Dhairya)	Cognitive control
4)	Memory (Smriti)	Declarative memory (episodic)
5)	Meditative focus (Samadhi)	Attention, working memory
AH psychotherapy model		RDoC construct/ subconstruct
1)	Intellect (Dhi)	Declarative memory.
2)	Self-control (Dhairya)	Cognitive control
3)	Knowledge of self and surrounding (Atmadi jnana)	Perception and understanding of self

**Conclusions:** Thus, CS and AH provide a 5-dimensional and a 3-dimensional approach to psychotherapy respectively (with its components having correlates with few RDoC constructs or subconstructs) which can be explored clinically and evaluated, for therapy and mental health promotion purposes.

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## EPP0714

### What do patients find most helpful in group treatment? Importance of group therapeutic factors in standardized psychological group treatments

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**Introduction:** There are numerous structured group psychological treatments (GPT), especially in the cognitive behavioral paradigm, which have proven effective. In these TPG, strategies, guidelines, knowledge, etc. are worked and, in many cases, homework is prescribed as an integral part of the treatment. A group context is also generated where people relate, generally with a similar culture, ages, mental health states and life problems

**Objectives:** Elucidate which group therapeutic factors (GTF) are valued as most important by patients in their psychological improvement process. Know what our patients consider has helped them most in their GPT, whether the GTF or the content of the

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.

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## Schizophrenia and other psychotic disorders

### EPP0715

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

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**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.

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### EPP0717

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

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**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