

quantitative measures. Feedback gained from service users suggests that overall patient satisfaction with the CRHTT service was high.

Disclosure of Interest: None Declared

EPP0709

Synthetic Cannabinoids (SCs) K2 clinical manifestation-A literature review

S. Kamrun^{1*}, T. Sultana², F. A. Faruki³ and S. Goddu⁴

¹Harlem Hospital Center; ²Research Unit, Manhattan Psychiatric Center, NY; ³Psychiatry Dept., Bergen New Bridge Medical Center, Paramus, NJ and ⁴Psychiatry Dept., Harlem Hospital Center, NY, United States

*Corresponding author.

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Introduction: There has been an increase in the use of new psychoactive substances containing synthetic cannabinoids in recent years. It is also known as K2, spice, or fake weed, and these are popular as recreational drugs [Kourouni I et al. JAMA NetW Open 2020 Jul; 1;3(7): e208516]. CB1 agonists in SCs mimic the effects of cannabis, making users feel happy and relaxed. However, recreational SCs may result in unwanted severe consequences such as acute anxiety and psychosis [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6]. Relative to tetra-hydro cannabinol (THC), synthetic cannabinoids (SCs) are more potent and efficacious agonists and may exert deleterious effects on health [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6].

Objectives: Our aim of this review is to focus on the typical presentation of SCs use and help clinicians to better understand and be more vigilant about K2 manifestations

Methods: In conducting the literature review, only English language articles were selected from PubMed and PubMed Central (PMC) databases through August 14, 2022, using the search term "Synthetic cannabinoids k2 clinical manifestation". Three reviewers conducted the initial review of the titles and abstracts of the electronic search, followed by detailed assessments of the relevant studies. Peer-reviewed Case series, case reports, and systematic review studies were included that met the inclusion criteria (articles in the English language, studies on humans, studies on synthetic cannabinoids (SC) or K2 use and its clinical manifestations).

Results: Electronic search results showed a total of 60 articles. Fifty articles were excluded based on title review (36 articles), abstract review (4 articles), and full article review (10 articles). Case series on 30 ICU patients (SC intoxication) showed agitation 33%, bizarre behavior, coma 33%, seizure 20%, Acute respiratory failure 60%, Tracheal intubation 70%, Rhabdomyolysis 26%, Invasive mechanical ventilation 40%, Acute kidney injury 26% and cardiotoxic effect [Kourouni I et al. JAMA NetW Open 2020 Jul; 1; 3(7): e208516]. Cross-sectional study on 50 male cases showed altered perception 68%, including auditory and visual hallucination, dizziness and loss of consciousness, palpitation 76%, chest pain 12%, panic attack, and convulsion [Abdelmoneim WM et al. Middle East Current Psychiatry 2022; 29 (1): 24]. Literature reviews has shown the common psychiatric presentations of SC are acute anxiety, agitation, psychosis, paranoia, disorientation, alteration of mood and perception, hallucination, and delusion [Debruyne D et al. Subst Abuse Rehabil. 2015 Oct 20; 6:113-29, Radhakrishnan R et al. Front Psychiatry 2014 May 22;5:54].

Conclusions: There are limited research related to synthetic cannabinoids in human. Based on our review, SC intoxication can be life-threatening besides psychiatric manifestation. Therefore, clinicians must understand the vast clinical manifestations of SCs.

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EPP0710

'Main the gap!' The view of healthcare professionals on gains and pitfalls of traditional and innovative models for providing mental health care to imprisoned persons with a severe mental illness in Spain

J. Antón Basanta¹, S. Paz Ruiz^{2*}, V. P. Estévez Closas², Á. López López³, L. F. Barrios⁴ and A. Calcedo-Barba⁵

¹Sociedad Española Sanidad Penitenciaria, Barcelona; ²SmartWorking4U SLU, Benicassim; ³Hospital Psiquiátrico Penitenciario, Fontcalent; ⁴Universidad de Alicante, Alicante and ⁵Sociedad Española Psiquiatría Legal, Madrid, Spain

*Corresponding author.

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Introduction: Different mental health care provision models coexist in prisons in Spain. The Ministry of Interior applies a traditional model to secure mental health care to 83% of the country imprisoned population. Three autonomous regions with acquired competencies for health care provision (17% of the imprisoned population) are implementing innovative care models.

Objectives: To explore the views of healthcare professionals on models of mental health care provision for imprisoned persons with a serious mental illness (SMI) in Spain.

Methods: 21 healthcare professionals (13 physicians, 5 nurses, 3 pharmacists) working in prisons, penitentiary psychiatric hospitals and a psychiatric in-prison unit took part in 5 online, 2 hours focus groups and one in-deep interview between 31st May and 20th July 2022. The moderator used open-ended questions to research into the characteristics of mental health care models and on the challenges for implementation. Focus groups were audiotape recorded and transcribed. Transcripts were analysed applying thematic analysis.

Results: Healthcare professionals reported that within the traditional model of healthcare provision, the psychiatric care of SMI prisoners relies on correctional general practitioner physicians (GP). Psychiatrists act as external care providers. There are two psychiatric penitentiary hospitals with a strong correctional character for in-hospital care. Acute psychiatric care happens in prisons or at the local general hospital. Healthcare records remain within the penitentiary organization and outside the accessible healthcare information system. In consequence, there is fragmentation and delocalization of mental health care. An innovative approach consists of a dedicated mental healthcare unit within the prison with continuous psychiatric supervision of prisoners with SMI and good quality psychiatric care. Schizophrenia and hyperactive attention deficit disorder persons benefit the most. Continued mental health care in the community remains a challenge. Another model of care is centred in the SMI imprisoned person. Acute and rehabilitation psychiatric penitentiary units operate within a network of mental health and social care resources in the community, coordinated by a liaison nurse. Individualised care plans keep SMI persons in their social environment. Costs of implementation are