

were inability to perform moderate physical activity, pregnancy and breastfeeding and impaired cognitive functions.

Results: 401 patients were recruited and randomly assigned to receive the experimental intervention (LIFESTYLE) or a behavioural control intervention. About 57% of the sample were female, with a mean age of 45.8 ± 11.8 , and BMI of 32.5 ± 5.5 . All of them were receiving almost one psychotropic drug. At one year, we observed a reduction in HOMA-IR index (from 4.3 ± 5.5 to 3.1 ± 2.9 , $p < 0.01$) and triglycerides (from 162.5 ± 78.1 mg/dL to 131.4 ± 76.0 mg/dL, $p < 0.001$), as well as an increase in HDL (from 46.2 ± 14.6 mg/dL to 50.9 ± 26.7 mg/dL, $p < 0.05$). Moreover, a reduction in the values of BPRS "Affectivity" (from 8.7 ± 3.0 to 7.2 ± 2.5 , $p < 0.001$), "Activity" (from 4.7 ± 1.9 to 4.2 ± 1.3 , $p < 0.01$) and "Negative Symptoms" subscale (from 7.7 ± 3.1 to 7.0 ± 2.7 , $p < 0.001$) was also observed, along with an improvement in perceived quality of life (MANSA total score from 4.0 ± 1.0 to 5.3 ± 0.8 , $p < 0.01$).

Conclusions: The results support the evidence that the LIFESTYLE intervention has long-lasting positive effects on physical and mental health of people with mental disorders. More efforts need to be done in order to increase the availability of these treatments in routine clinical settings.

Disclosure of Interest: None Declared

O0025

Sport-based psychosocial interventions for people suffering from severe mental disorders: EASMH pilot actions from 4 European Countries

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Introduction: The *European Alliance for Sport and Mental Health* (EASMH) is a partnership of scientific institutions, charity associations and sport organizations, funded by EU-Erasmus+. It aimed at developing good clinical practice in psychiatric rehabilitation through sport-based interventions as an integration of pharmacological and psychological therapies. Within the framework of the EASMH projects, several actions have been promoted including an assessment of the dissemination of sport-based interventions, a training course for specialized coaches and the implementation of pilot actions in four European Countries.

Objectives: To briefly describe EASMH pilot actions performed in Finland, Italy, Romania and United Kingdom, where trained coaches delivered sport-based interventions to patients with severe mental disorders.

Methods: After completing pilot actions, charity associations and sport organizations belonging to EASMH network described general and specific aims, sport activities, composition of staff, timing and tools for assessing the outcomes.

Results: In Italy, "Crazy for Rugby", including adolescents and young patients, and "Not only headshots", a football project for adults with severe mental disorders were performed. In UK, a football-based activity called "Imagine Your Goal" and a walking-football program for participants aged more than 40 were delivered. In Romania, two courses including gymnastics, yoga and pilates called "Get fit!" were provided. Different team sport-based activities were implemented in Finland, where "Multiple Sport Group" and "Rehabilitating Sports" aimed at increasing patients' autonomy. Assessment of psychopathological, social, cognitive and sport/fitness outcomes confirmed the overall beneficial effects of sport on mental health.

Conclusions: Pilot actions represent the final step of EASMH project, which showed improvement of mental health outcomes by also delivering sport-based rehabilitation to patients with severe mental disorders. Institutions and stakeholders are now called to promote the implementation of such initiatives on a broader scale.

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Research Methodology

O0026

Geographical variation in compulsory mental health care: cause for concern and source of causal inference

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Introduction: Compulsory mental health care remains a controversial practice. The many difficulties in performing Randomised Controlled Trials (RCT) on the topic means there is limited evidence to support its effectiveness. For ethical and legal reasons, compulsory mental health care should only be used when necessary. Yet, geographical variations, which can indicate both overuse and underuse, have been observed. In the funded research project "Controversies in Psychiatry" we intend to use this variation as a source of knowledge production. We propose that this naturally occurring variation mimics randomisation, and can therefore permit causal inference from registry data.

Objectives: We will estimate the causal effect of compulsory inpatient mental health care on a range of outcomes, including injuries, self-harm, and all-cause mortality; violent crime; employment vs benefit allowance; rehospitalisation and outpatient commitment.

Methods: Observed variation in register data on all episodes of compulsory inpatient mental health care in Norway between 2015-2016 ($N \approx 300\,000$), will serve as a source of as-random variation. Provider-preference for compulsion usage will be used as an instrumental variable (IV).

Results: Outcomes will be observed from 2017-2025. If assumptions underlying IV-analysis do not hold, the project will still provide important and complete descriptive data on long-term outcomes for a whole population.