

Conclusions: Despite the limited evidence about the efficacy and safety of dietary supplement use for mental health, people tend to use them quite often. Although the use of supplements among Saudi population shown to be prevalent, limited studies assessed their use for the improvement of mental health.

Disclosure: No significant relationships.

Keywords: Dietary Supplements; mental health; sleep; Depression

EPV0814

An approach to identify people with mental illness that can be expected to benefit from integrated community care in Germany.

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Introduction: Although integrated community care programs specifically tailored to patients with severe mental illness (SMI) are available, recent studies show that these programs are not always provided to the population which would benefit the most from it.

Objectives: Aims of this study were the selection of clinical and psychosocial characteristics and the development of a screening algorithm indicating the need for integrated community care services in people with mental disorders.

Methods: Data of an observational longitudinal study including N=511 participants has been used to examine the hypothesized determinants. At baseline, self-reported empowerment has been assessed via the EPAS and psychosocial impairment and perceived needs have been rated by research workers via the HoNOS and the CAN, respectively. Use of integrated community care services was defined as at least four appointments with service providers over six months and has been recorded via the CSSRI twelve to 18 months after baseline. Mixed-effects regression analyses have been performed to test the predictive value of the hypothesized determinants and marginal predictions were used to define cut-offs for the assessment tool.

Results: EPAS, HoNOS and CAN scores each proved to be significant predictors for using integrated community care services. Cut-off scores for each predictor are presented, forming practical assessment guidelines for future studies.

Conclusions: A screening tool and an algorithm for the identification of mentally ill patients who can be expected to benefit from integrated community mental health care programs is available for the German health care system.

Disclosure: No significant relationships.

Keywords: severe mental illness; Community-based mental health care; Integrated community care; Assessment

EPV0815

The impact of early and late childcare experience on cognitive functions

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Introduction: Previous studies have found long lasting cognitive delays among children with early childcare experience, especially institutionalised experience. However, little is known about institutions' effect in late childhood.

Objectives: Our goal is to identify the characteristics of cognitive functions in connection to attachment related anxiety among adopted children and children living in institutional care.

Methods: The participants' (N=68, Mage=14.20, 29 boys and 39 girls) cognitive functions were measured with the following tests: Rey15 Memory Task, Knock And Tap Task, Simon Says Test, Verbal Fluency Task, D-KEFS 20 Questions Test. Participants completed two questionnaires: the Family Affluence Scale and the Experiences In Close Relationships Revised Scale. The results from the adopted children (N=19) and children living in institutional care (N=18) were compared to the matched control group: children living with their biological parents (N=31).

Results: Children living in institutional care did not differ significantly from their (SES-based) matched controls. Children adopted after the age of 2 years (N=7, M =56,57month) and the low SES control group (N=14) differed from the high SES control group on tests of attention (*Verbal Fluency Task*, *Mhigh.c.*=212.50, *Mad. aft.2*=193.50, *U*=59.50, *z*=-2.62, *p*=0.009) and verbal memory (*Rey15*, *Mhigh.c.*=17.94, *Mad. aft.2*=9.18, *U*=35.00, *z*=-2.79, *p*=0.005). Children adopted before the age of 2 years differed from the high SES control as well, in inhibition (*Simon Says Test*, *Mhigh.c.*=12.26, *Mad. bef.2*=18.88, *U*=55.55, *z*=-2.23, *p*=0.026).

Conclusions: Our findings suggest that only in the early years is child protection experience associated with long-lasting cognitive delays and attachment related anxiety.

Disclosure: No significant relationships.

Keywords: childcare; Executive functions; institutionalisation; attachment security

EPV0816

Measurement-Based Care in Treatment of Substance Use Disorders

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Introduction: Measurement-Based Care (MBC) is an emerging healthcare model with a number of potential advantages over traditional approaches for the treatment of substance use disorder (SUD). Despite SUD treatment programs being theoretically well suited for the implementation of MBC, its uptake has been minimal, which in turn limits further research, knowledge synthesis, and translation into clinical practice.

Objectives: The goal of this knowledge synthesis project is to stimulate greater consideration of MBC models in addictions programs, with three interrelated objectives: 1. To summarize the

existing evidence from research literature 2. To complement the literature findings with the data from our clinical research and quality improvement projects 3. To explore potential risks and difficulties of MBC implementation in the SUD treatment programs

Methods: Narrative review. Knowledge synthesis.

Results: To date, only two published randomized controlled trials, which along with the data from our pragmatic clinical research, support the wider implementation of MBC in the substance abuse treatment settings, but also indicate the high need for larger-scale clinical trials and quality improvement programs. Potential barriers to the implementation of MBC for SUD are outlined at the patient, provider, organization, and system levels, as well as challenges associated with the use of MBC programs for clinical research. Critical thinking considerations and risk mitigation strategies are offered toward advancing MBC for SUD beyond the current nascent state.

Conclusions: The state-of-the-art of MBC in SUD care settings reviewed and the strategies for further development from administrative, clinical, and research perspectives outlined.

Disclosure: No significant relationships.

Keywords: Measurement-Based Care; Concurrent Disorders; addictions; Alcohol use disorder

EPV0817

Healthcare professionals' encountering Experience of the Youths with Non-suicidal Self-injury in Acute Psychiatric Ward

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Introduction: Non-suicidal Self-Injury (NSSI) refers to causing damage on body tissue without attending to death. It is mostly presented among the youths and not approved by the society. Studies nowadays have explored the perspectives, feelings or experience of the youths or healthcare professionals. However, negative feelings and misunderstandings toward each other remain from both sides.

Objectives: The aim was to explore the encountering experience of the youths with NSSI and the healthcare professionals during the same hospitalization in a psychiatric acute ward.

Methods: Qualitative study was employed by using narrative approach. In-depth interview was conducted for the youths with NSSI and their primary nurse and resident from a medical center in southern Taiwan.

Results: Narratives from the patients and healthcare professionals showed that the youths seemed to be comfortable as encountering with the healthcare professionals' caring. In contrast, the healthcare professionals' struggles had been hidden inside and remained uneasy and unsolved. Two extreme experiences have been reported by the youths with NSSI: felt satisfied and understood about being cared vs. felt numbness and not been understood. Four kinds of experience were identified as: struggling on caring them, feeling confused and helpless, keeping a safe distance, and having contradicted values.

Conclusions: This study found that the healthcare professionals suffer from varied aspects when encountering the youths with NSSI, which they often hid inside without expressing. Future improvement such as care guideline or staff's support system should be built to decrease the negative effects inside the healthcare professionals' mind.

Disclosure: No significant relationships.

Keywords: encountering experience; narrative inquiry; Healthcare professionals; Non-suicidal self-injury

EPV0818

The association between lifestyle factors, and physical and mental health in inpatients with MI: a network analysis

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Introduction: People with mental illness (MI) have a reduced life expectancy compared to the general population, mostly attributable to somatic diseases caused by poor physical health. Lifestyle factors (exercise, sleep, diet, substance use) are associated with poor physical and mental health. Although lifestyle factors, and physical and mental health are believed to be interconnected, research has mainly focused on one-sided relationships. Currently, we are implementing a lifestyle focussed approach in treatment, in which we assess lifestyle factors as well as physical and mental health of people with MI on a large scale (~850 places of residence).

Objectives: To investigate the association between lifestyle factors, and physical and mental health in people with MI.

Methods: Baseline data from an open cohort cluster randomized stepped wedge study. Lifestyle factors (exercise, sleep, diet, substance use), physical health, medication use and psychological health (symptoms, quality of life) were assessed using data from patient files and questionnaires. Associations will be analysed with network analyses.

Results: First results (N≈1600) show that 54% of patients have high blood pressure, 51% have excessive waist circumference, 46% are experiencing sleep problems, 71% smoke and 88% do not meet exercise guidelines. Patients experience a lower quality of life compared to the general population.

Conclusions: Initial results show that patients have poor physical health, low quality of life and an unhealthy lifestyle. Further analyses are currently being conducted to gain insight in the complex pattern between lifestyle factors, and physical and mental health. This can contribute to the improvement of routine clinical care.

Disclosure: No significant relationships.

Keywords: Lifestyle; physical health; mental health