

## EPV0897

### Implementation supports to promote fidelity within a flexible, presentation-responsive MHPSS intervention model: A case study of Baby Friendly Spaces in Cox's Bazar, Bangladesh

K. Le Roch<sup>1\*</sup>, K. S. Rahaman<sup>2</sup>, P. Bubendorff<sup>3</sup>, L. Clouin<sup>1</sup>, S. M. Murray<sup>4</sup> and A. J. Nguyen<sup>5</sup>

<sup>1</sup>Mental Health and Psychosocial Support, Action contre la Faim, Montreuil, France; <sup>2</sup>Mental Health and Psychosocial Support, Action contre la Faim, Cox's Bazar, Bangladesh; <sup>3</sup>MHPSS Independent expert, Nantes, France; <sup>4</sup>Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore and <sup>5</sup>School of Education and Human Development, University of Virginia, Charlottesville, United States

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1500

**Introduction:** As evidence has converged on the feasibility and effectiveness of focused, non-specialized, manualized interventions for treating mental distress in humanitarian settings, challenges persist in how to promote implementation fidelity and rigorously evaluate interventions designed to be more preventive or promotive in addressing risk and protective factors for poor mental health. One such intervention, Baby Friendly Spaces (BFS), is a psychosocial support program implemented for Rohingya mothers and their malnourished children living in refugee camps of Cox's Bazar, Bangladesh. That follows a place-based intervention model in which various activities may be offered either individually or in groups with no specified sequence.

**Objectives:** This presentation describes the process of establishing standards for implementing optimal mental health and psychosocial support (MHPSS) interventions, training BFS workers, and building monitoring and supervision systems to promote implementation fidelity within this flexible support program.

**Methods:** As BFS services were already being offered as part of Action Against Hunger programming, we first conducted an audit of current services, determining that there was limited current standardization or support for implementation. Therefore, a manualized protocol was designed and covered the program curricula and self-care using didactic and practice-based learning. A series of online training sessions were conducted for 13 psychosocial workers and psychologists at centers delivering the enhanced intervention. Following the training, a baseline evaluation of attitudes, confidence, and knowledge for delivering BFS services was administered. We also collaboratively designed a systematic supervision process to meet the staff's needs with a focus on capacity building and self-care.

**Results:** Following the initial training, BFS workers receiving the re-training showed similar levels of knowledge, but greater confidence ( $p=0.01$ ) than MHPSS workers proceeding as usual. Participants reported that the training was useful for their field of work and for improving the quality of their work, and acknowledged they would be able to integrate the new learnings into their work and daily life. The follow-up with the supervision process confirmed their capacity to deliver the services and highlighted the need for workspace improvements, the lack of continuous motivation, their ability to identify specific issues for which they requested additional trainings.

**Conclusions:** There is a particular need for careful attention to implementation supports and supervision when offering flexible, place-based mental health and psychosocial support interventions. In that process, ensuring a continuity between the training and the supervision is essential for the quality of both the program and the research project.

**Disclosure of Interest:** None Declared

### Schizophrenia and other psychotic disorders

## EPV0897

### Neurocognitive functioning and emotional recognition in first-episode psychosis: protocol for a follow-up study

D. Bošnjak Kuharić<sup>1</sup>, P. Makarić<sup>2</sup>, K. Brozić<sup>1</sup>, L. Tomasić<sup>1</sup>, A. Savić<sup>3</sup>, D. Ostojic<sup>3</sup> and M. Rojnic Kuzman<sup>4\*</sup>

<sup>1</sup>Department for psychotic disorders- female; <sup>2</sup>Department for affective disorders; <sup>3</sup>Department for first episode psychosis, University Psychiatric Hospital Vrapce and <sup>4</sup>Department of Psychiatry and Psychological Medicine, Zagreb University Hospital Centre, Zagreb, Croatia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1501

**Introduction:** Although deficits in neurocognitive functioning and emotional recognition impact treatment outcomes in schizophrenia since the development of the first psychotic episode (FEP), there is still a lack of longer follow-up studies showing the course of these deficits over time.

**Objectives:** Our objective is to investigate the changes of cognitive functioning over years in a cohort of patients, since their FEP.

**Methods:** This study is developed as a follow-up of the project Biomarkers in schizophrenia- integration of complementary methods in longitudinal follow-up of FEP, that was conducted in several Croatian psychiatric clinics during the period from 2014 to 2019. A cohort of patients with FEP took part in the project with psychopathology, neurocognitive functioning and emotional recognition assessment at two time points- at baseline, during the subacute phase of a psychotic episode, and after 18 months of follow-up. In this study, patients with FEP who completed the baseline assessment of the project ( $n=159$ ), will be contacted and included in the follow-up. Follow-up assessment will consist of sociodemographic data including information of their treatment so far, battery of neurocognitive tests (Rey Auditory Verbal Learning Test, Rey-Osterrieth complex figure Test, Wechsler paired memory, trail making test a & b, Digit symbol, Digit span, Semantic & Phonetic Fluency, Stroop 1, 2, 3 and Block design test), emotional recognition test (Penn Emotion Recognition Task) and several scales assessing psychopathology (Positive and Negative Syndrome Scale, Self-evaluation of Negative Symptoms, Scale for the Assessment of Negative Symptoms), functioning (Global Assessment of Functioning, WHO Disability Assessment Scale 2.0), quality of life and recovery. The study is funded by the University of Zagreb programmes (Project No. 10106-23-2394).

**Results:** We plan to analyze the differences between the three time points (baseline, 18 months, 5 years), taking in account possible correlations with psychopathology, functioning, quality of life and different treatment options.

**Conclusions:** Identifying specific deficits can help in providing more effective treatment plan including various interventions that can improve treatment outcomes in schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0900

### Quality of life and objective-subjective functionality in individuals with schizophrenia

A. M. Lisincki\*, L. Csizmadia, F. Á. Szabó, J. Réthelyi and É. Jekkel

Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1502

**Introduction:** Chronic mental illnesses can significantly impact an individual's quality of life and lead to functional disabilities. Scientific interest in overall quality of life and health-related quality of life has been gradually increasing, especially in the context of chronic diseases where the relationship between patients' long-term functionality and symptom development is not always linear.

**Objectives:** Our research aimed to investigate the factors influencing subjective-objective well-being and in patients diagnosed with schizophrenia and schizoaffective disorder. Specifically, we examined the effects of anticipated discrimination on patients' quality of life, satisfaction with health care, and overall functionality.

**Methods:** We recruited 25 patients from Semmelweis University Department of Psychiatry and Psychotherapy in Budapest, Hungary. To be eligible, patients had to meet the diagnostic criteria for schizophrenia or schizoaffective disorder according to DSM-5, cooperate with pharmacotherapy, and meet remission criteria (Andreasen et al., *Am J Psychiatry* 2005; 162 441-449). We collected socio-demographic data and clinical history, utilized the Mini International Neuropsychiatric Interview (M.I.N.I.) and the Positive and Negative Syndrome Scale (PANSS) to identify our clinical sample and assess the severity of symptoms. Objective and subjective functionality and well-being were measured using the Lancashire Quality of Life Profile (LQoLP). Self-reported medication adherence were measured with Morisky Medication Adherence Scale (MMAS-8). Additionally, we assessed anticipated discrimination (QUAD), and satisfaction with healthcare (CACHE).

**Results:** Our findings have unveiled a cross-sectional association between higher self-reported medication adherence and improved quality of life among patients with schizophrenia. Moreover, increased adherence levels, as well as greater satisfaction with healthcare, were linked to enhanced objective and subjective functionality and overall well-being. Additionally, the anticipation of discrimination was found to be associated with reduced quality of life and functionality.

**Conclusions:** The overall quality of life and objective-subjective functioning in patients diagnosed with schizophrenia and

schizoaffective disorder can be influenced by various factors. Further research is needed to gain a better understanding of the factors associated with higher quality of life in patients.

**Disclosure of Interest:** None Declared

## EPV0901

### Cariprazine as monotherapy in a case of First Episode of Psychosis (FEP)

P. Nasiou and D. Antoniadis\*

Psychiatric Hospital, Thessaloniki, Greece

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1503

**Introduction:** First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. (Marques et al., *European Psychiatry* 2016; 33 S258) The treatment is antipsychotic medications, which are generally divided into two categories: first and second generation antipsychotics, and they are dopamine antagonists or dopamine partial agonists.

**Objectives:** The purpose of this presentation is to assess the efficacy of monotherapy treatment with cariprazine of the First Episode of Psychosis (FEP) in a young patient.

**Methods:** A 19-year old man was involuntarily admitted to the psychiatric intensive care unit because of aggressive and inappropriate behaviour towards his mother including threats to kill her and exhibiting his genitals. His medical history included short periods of depressed mood, as well as physical symptoms such as loss of hair and gastrointestinal symptoms, since he was 18 years old.

When the patient was admitted he was cautious and anxious. During the interview he made reference to auditory hallucinations that commanded him to sexually stimulate himself in front of his mother and also persecutory delusions. Upon admission his total PANSS score was 127. The positive subscale score was 21. The patient was treated with monotherapy cariprazine, gradually increasing the dose from 1,5 mg to 6 mg per day. Furthermore, he was adjunctively treated with sertraline, gradually increasing the dose from 50 to 150 mg.

**Results:** After a period 24 days since admission the patient clinically improved and was discharged. His total PANSS score was 73 and the positive subscale was 9. He suffered no adverse effects from his treatment.

**Conclusions:** The use of cariprazine as a treatment for a FEP of a young male significantly improved his PANSS score after a 24-day treatment and also his disorganised behaviour. Of note, rapid tranquilization was avoided. According to the literature this is considered satisfactory response to treatment (Leucht et al. *Schizophr Res.* 2005; 79:231-8.). Nevertheless further investigation on the efficacy of the particular medication is necessary as its use is relatively recent in the treatment of psychosis. (Garnock et al. *CNS Drugs.* 2017; 31:513-525)

**Disclosure of Interest:** None Declared