S384 e-Poster Presentation

Psychotherapies have shown efficacy in their treatment, they have not yet been thoroughly studied in Italian public mental health services. In Detached Mindfulness, negative thoughts are acknowledged and avoided by turning them into actions using a standardized, time-limited, metacognitive intervention.

Objectives: The purpose of this study is to examine the efficacy and cost-effectiveness of Detachment Mindfulness for twelve patients with Generalized Anxiety Disorder (GAD) not being treated pharmacologically.

Methods: We enrolled 12 patients diagnosed with GAD according to DSM-V in an 8-session program of Detached Mindfulness Psychotherapy (once a week). The Generalized Anxiety Disorder - 7 Scale (GAD-7) and the Kellner Symptom Questionnaire (SQ) were used to assess anxiety symptoms at baseline (T0), after 4 sessions (T1), and at the end of treatment (T2). The Client Satisfaction Questionnaire (CSO-8) was used to assess treatment satisfaction.

Results: The GAD-7 score showed consistent reductions in generalized anxiety symptoms after Detached Mindfulness treatment (mean decrease of -42% at the end of the program). As measured by SQ, patients also reported improvement in physical well-being, relaxation, and somatic symptoms significantly respect to baseline. As for treatment satisfaction, ten out of twelve patients rated their treatment as satisfactory. As reported by patients, mindfulness can become a powerful and effective means to relate to one's own internal experiences such as anxiety or fear, learning to recognize them, staying with them and avoiding their consequences.

Conclusions: These results showed that detached mindfulness was an effective and cost-effective intervention for GAD, given the short amount of time it requires and the ease with which it can be implemented. For its extensive use in the public mental health system to be further supported, studies on larger populations are needed.

Disclosure of Interest: None Declared

EPP0711

Attention-deficit/hyperactivity symptoms and personal strengths in adults

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent chronic neuropsychiatric disorders in children and adolescents; however, it continues into adulthood in 4-77% of the cases. Due to executive dysfunction, adults with ADHD may have deficits in personal strengths, as well as difficulties utilizing existing strengths in challenging situations, which may add to the functional impairments associated with ADHD in adults.

Objectives: Therefore, we aimed to explore the association between personal strengths and ADHD symptoms in a community sample of adults.

Methods: Five hundred and twenty-eight adults (mean age = 21.41 years, SD = 2.29, range: 18-28, female: N = 488, 92.4%) filled

out an online questionnaire after giving their informed consent. Personal strengths were assessed using Bernstein's Strengths Scale (BSS) which measures sixteen positive attributes grouped into four higher-order factors: self-directedness (Identity, Self-reflection, Self-confidence, Self-assertion, Imagination/Creativity), self-regulation (Emotional balance, Resilience, Self-control, Self-care, Reality testing), connection (Empathy, Compassion, Humour, Responsibility), and transcendence (Gratitude and Wisdom). ADHD symptoms were measured by the screening version (Part A) of the Adult ADHD Self-Report Scale (ASRS).

Results: Participants who were screened positive in ASRS (N = 247, 46.7%) scored lower in all but four BSS subscales than participants who were screened negative (N = 280, 53.3%). Effect sizes reached the medium level (Cohen's d > .5) for Self-confidence, Self-care, Responsibility and Wisdom, and were small (Cohen's d > .2) for Identity, Self-assertion, Imagination, Resilience, Reality-testing, Emotional balance, and Gratitude. However, no group differences were found in the Self-reflection, Empathy, Compassion, and Humour subscales of the BSS.

Conclusions: Our results suggest that ADHD symptoms in adults may be associated with deficits in personal strengths; that is, adults with ADHD may have difficulties, especially in trusting in their abilities, qualities, and judgements, in taking care of their own emotional and physical well-being, in taking responsibilities and in being open to learning from their experiences. Addressing personal strengths in psychosocial interventions for adult ADHD may improve patients' functioning.

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Disclosure of Interest: None Declared

EPP0712

A Cohort Based Case Series: Learnings from an Iterative Group Therapy Model to Support Psilocybin-Assisted Therapy for Patients with a Terminal Diagnosis

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Introduction: While much is known about psilocybin-assisted therapy for individuals, little is known about the experience of participants in a group psilocybin therapy model.

Objectives: In an attempt to bridge this gap in the literature, a program development and quality improvement effort was launched.

Methods: Thirty-one psychedelic-assisted therapy (PaT) sessions were provided for 25 participants within four iterative cohorts over the span of one year. This article reports participant feedback in an effort to inform the benefits and challenges of group-administered-PaT.

Results: Six to eight once-weekly group resilience-based community of practice (CoP) sessions were combined with one psilocybin-assisted therapy session for patients experiencing distress related to a terminal health condition. The virtual hybrid group therapy model is research informed, with a curriculum that provides knowledge-based content, combined with the relational elements

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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
 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.

Disclosure of Interest: None Declared

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,

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

ages, mental health states and life problems