ensure timely delivery of services. One of Canada's first early intervention services, the Prevention and Early Intervention for Psychosis program, set the guideline that all youth referred should receive an appointment within 72 hours. The availability of early intervention programs has increased significantly but the standards these programs have adopted to ensure timely delivery of services remains unknown.

Objectives: This project aims to identify the policies and practices in early intervention programs that ensure timely delivery of services. Secondly, the project aims to understand the level of awareness of the 72-hour recommendation and the level of adoption of this recommendation. Thirdly, the project aims to identify the factors that facilitate and hinder a program's ability to reach and maintain their benchmarks for timely delivery of services.

Methods: Participants included 17 service delivery providers from four early intervention programs located in socio-culturally distinct regions in Canada. Participants completed a survey about their program's service delivery policies and practices. We led individual semi-structured interviews with seven service providers to identify the barriers and facilitators to delivering timely care. We conducted frequency analyses of the survey data and thematic analysis of the interviews to identify emerging themes.

Results: Forty-one percent of survey respondents indicated that their program implemented formal policies to minimize the delay to the first appointment, with benchmarks ranging from 72 hours to 12 weeks. The majority of program managers interviewed were aware of the 72-hour benchmark, voiced satisfaction with standards, and felt that establishing standards was helpful to delivering quality services. Average time between referral and first appointment ranged from 10 days to 12 weeks; however, more than half of survey respondents were unaware of the average delay in their program. Notable barriers to implementation included patient non-responsiveness, insufficient staffing, and missing patient contact information from referrals. The service providers reported engaged staff, flexible schedules, and team-based care as facilitators to meeting service delivery benchmarks.

Conclusions: Benchmarks such as the 72-hour recommendation are an excellent step in improving timeliness of delivery of early intervention services. Common barriers to meeting benchmarks, such as patient adherence and staff resources may be difficult to overcome; however, implementing standardized referral forms and processes, increasing staff engagement, providing flexible schedules, and encouraging team-based care could improve timely delivery of services.

Disclosure of Interest: None Declared

EPP0718

Descriptive study of 100 patients with a diagnosis of psychosis treated with Paliperidone Palmitate 6-Month Long-Acting Injectable.

J. Mesones[1]*, A. Miller[1], N. Bautista[1], J. Dieguez[1], I. Calero[1] and A. Griñant[1]

[1]HOSPITAL UNIVERSITARIO TORREVIEJA, ALICANTE, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.796

Introduction: Psychotic disorders are serious mental illnesses that require long-term antipsychotic treatment that provides sufficient efficacy, safety and therapeutic adherence. The latter is an essential factor that must be emphasized in clinical practice in order to avoid relapses. On this occasion, we have the need to know the long-term impact on our clinical practice and on the evolution of patients after the change in formulation of paliperidone palmitate 1 (PP1M) and 3 Month long-acting injectable antipsychotic (PP3M) to paliperidone palmitate 6 Month (PP6M).

Objectives: The present study describes a sample of patients with severe mental disorders (n= 100) treated with six-monthly paliperidone palmitate (PP6M) studying the diagnoses, sociodemographic characteristics, number of relapses, tolerability and treatment adherence of patients.

Methods: Prospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 15 month (n= 100 outpatients). The patients selected were all those who received 6 monthly paliperidone palmitate treatment from May 2022 to September 2023. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.

Results: Prospective study with consecutive sampling of 100 outpatients (62% men, 38% women; mean age 48 years) diagnosed with psychosis (76 % Schizophrenia, 21 % Unspecified psychosis, 3 % Delusional disorder) those who are administered PP6M long-acting injectable antipsychotic previously treated with PP1M (35%) and PP3M (65%).

After 15 months of the study, 4 patients (4%) have suffered a relapse, one of them (1%) requiring hospitalization. 5 patients (4%) declined to continue PP6M and have returned to their previous injectable. 1 patient (1%) has died of unknown causes outside the treatment. 90 patients continue treatment with PP6M (90% retention rate). 54 patients maintain antipsychotic monotherapy (54%). No additional adverse effects were reported after switching to PP6M. The subjective perception of satisfaction after the switch to PP6M by patients and caregivers was very high.

Conclusions: The present real clinical practice study shows that PP6M could be an effective and well tolerated treatment in patients with severe mental disorder, for patients diagnosed with psychosis, with a high rate of relapse prevention and high rates of compliance. Changing treatment from PP1M or PP3M to PP6M could help patients with severe mental disorder to normalize their lives and functionality.

Disclosure of Interest: None Declared

EPP0719

The relationship between depression and overall, general psychopathology, positive, and negative symptoms in people with schizophrenia spectrum disorders: a cross-sectional study

F. Bartoli[1], A. Calabrese[1], F. Moretti[1], M. Castiglioni[1], L. Prestifilippo[1]*, A. De Pietra[1], M. Gazzola[1], P. Camera[2], C. Crocamo[1] and G. Carrà[1,3]

[1]Department of Medicine and Surgery, University of Milano-Bicocca, Monza; [2]Department of Mental Health and Addiction Services, ASST Nord Milano, Sesto San Giovanni, Milan, Italy and [3]Division of Psychiatry, University College London, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.797