

Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by communication impairments and difficulties in social interaction. These impairments can affect relationships with family members, increase stress and frustration for both the patient and family members, and contribute to behavioral disturbances in these patients. They are frequently associated with high rates of psychiatric comorbidity.

Objectives: Given the impact of this disorder on the family unit, we set out to assess the clinical effectiveness of systemic family therapy, its influence on improving communication and coping with this disorder, strengthening relationships and mental health in these patients and their families.

Methods: A literature review was performed by searching for articles in Pubmed on May 24, 2023, focusing the terminology used on “Autism Spectrum Disorder” and “Systemic Family Therapy”. The search was limited to full text articles in English and Spanish, published in the last 10 years.

Results: Several authors have stated that systemic family therapy could be beneficial:

- Providing education.
- Reporting additional educational resources.
- Focusing sessions on improving social and communication skills, mood and coping behaviors.
- Providing therapy to all family members to cope with this disorder and what it implies. It will be very important that the patient with ASD understands his condition and can receive support from his family, working with siblings on the bonding and coping with this condition.
- Contributing to facilitate mourning the loss of the condition of “neurotypical” person, exploring emotions, feelings and belief systems, valuing the social and cultural context of the family.

Conclusions: Reviewing a variety of literature on this therapeutic approach, the authors concluded that “strategic, narrative and structural interventions can be applied from multiple approaches, especially suited to the challenges often faced by patients with ASD and their families”. Therapeutic work needs to involve different family members at different times. Therapeutic conversations will consider the child, the family and the family unit in context. Studies so far have not been able to establish whether particular systemic approaches have more favorable outcomes than others, which warrants further research.

Disclosure of Interest: None Declared

EPV0869

The effect of music type in ketamine-assisted group therapy on treatment-resistant mental health conditions: a prospective observational study

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Introduction: Currently, Ketamine is the only safe, effective, and widely used psychedelic-like medicine in Canada. It has demonstrated notably efficacy in providing relief to those experiencing

treatment resistant mental health conditions. Pairing Ketamine treatment with psychotherapy, known as Ketamine Assisted Therapy (KAT), has been shown to yield more enduring outcomes. Work by Greenway et al. has demonstrated that playing music following ketamine administration for patients with bipolar disorder can help the patient feel more in control and reduce discomfort (Greenway et al. International Clinical Psychopharmacology 2021; 36 218-220).

Objectives: The primary objective is to evaluate and compare the subjective clinical efficacy of two different types of music during ketamine-assisted group therapy. This will be explored through various validated psychiatric questionnaires, including the PHQ-9, GAD-7, and PCL-5. The secondary objective is to compare the objective changes in brain activity between the two music types. This will be evaluated using EEG data collected from MUSE headband before and after each ketamine-assisted therapy session.

Methods: This study is a crossover trial of 32 participants undergoing ketamine-assisted therapy for treatment-resistant mental health conditions. Half of participants will undergo a KAT session with a “weightless” music playlist followed by a session with a “grounding” music playlist. The other half will do the same, in reverse order. All participants will complete several psychiatric questionnaires within 7 days of each session over email. Before and after each session, participants will play a simple game to test executive function while wearing a headband to measure EEG activity.

Results: The absolute and relative changes to the scores of the questionnaires will be examined between participants and music conditions. The change in brain activity from pre-session to post-session will be compared between the different music conditions as well. As this is a crossover trial, any changes in outcomes due to order effects will be controlled for. Relevant demographic and medical factors will also be controlled for.

Conclusions: To date, no studies have explored the influence that different types of music have on patients experience with KAT in a group therapy setting. With the results of this study, we hope to fine tune and improve the use of music in future KAT administration.

Disclosure of Interest: None Declared

Quality Management

EPV0871

Quality Improvement Programme on Implementing Co-Production in Care Programme Approach in an In-Patient Rehabilitation Psychiatric Unit to Enhance Patient Engagement and Positive Step-Down Discharges

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Introduction: This quality improvement (QI) programme was proposed to integrate co-production principles into rehabilitation psychiatry, focusing on enhancing patient-centred care and promoting positive step-down discharges within the mental health

system. The backdrop of the QI programme was the essential role of rehabilitation psychiatry in aiding the recovery and reintegration of individuals with mental health challenges, and sub-optimal audit results about patient's attendance and positive step-down discharges at an in-patient psychiatric unit.

Objectives: The QI programme aimed to implement and explore Co-production, a transformative approach involving patients and healthcare professionals as equal partners.

- To promote co-production in psychiatric in-patient service
- To improve patient experience in the CPA meetings
- To reduce anxiety associated with the CPA meetings and discharge planning
- To assess staff's limitations and barriers in promoting co-production.

Methods: The QI programme was divided into phases, including diagnostic, problem-solving, and evaluation. It employed diagnostic tools such as the fishbone cause and effect diagram and the 5-Why Technique for root cause analysis. The project's aim was aligned with the Model of Improvement, guided by the three fundamental questions. Change ideas were developed using driver's diagram and were then evaluated through PDSA cycles. Quantitative analysis utilized paired t-tests to assess the significance of changes, and qualitative analysis focused on patient perspectives gathered through the co-produced CPA questionnaire. Emerging themes from the questionnaire responses were integrated into the project's trajectory through narrative synthesis. Predictions were formulated to measure project success: 50% patient attendance in the next CPA meetings, 70% positive step-down discharges, and improved Hamilton Anxiety Rating Scale (HAM-A) scores.

Results: The iterative Plan-Do-Study-Act (PDSA) cycles demonstrated the evolving impact of interventions on patient engagement and discharge outcomes. Implementation of patient information leaflets, staff training, and a CPA agenda template led to increased attendance and positive step-down discharges. Analysis of HAM-A scores revealed a substantial decline in anxiety levels for almost all participants, suggesting the effectiveness of the interventions. Discharge outcomes were influenced by patient engagement and tailored interventions. Patient responses revealed themes such as challenges during transitions to community care, empowerment from shared decision-making, and diverse experiences in communication with healthcare professionals.

Conclusions: The CPA agenda template improved patient experiences by enhancing communication and patient-centeredness.

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REVIEW OF MEDICATION INCIDENTS IN MENTAL HEALTH SERVICE

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Introduction: In this review, medication incidents across different mental health care facilities was reviewed and nuances, challenges, and advancements in the administration and management of

psychiatric medications was noted. Through gaining a better understanding of the complexities surrounding these incidents, valuable information can be gathered that will enhance patient safety, improving healthcare practices, and fostering a deeper understanding of the critical intersection between mental health care and medication management.

Objectives: To identify the most frequent types of medication errors or patterns of medication errors in a mental health service across different settings including inpatient, outpatient, liaison and long term residential unit

Methods: This is a multicentre project as it covers medication incidents in mental health care in a regional area in Ireland. It includes an acute psychiatric Unit, the General Hospital and patients admitted in medical and surgical wards and as well long term residential care. Using the National Incident Management System we collected National Incident Report Forms (NIRF) relating mental health care provided and medication prescribed within a region in Ireland. From these we selected the ones where medication hazard was noted. Data collection happened between July 2020 and July 2021. A statistical analysis was then performed to identify any patterns to medication errors.

Results: A total of 22 incidents were included. On review of these, it was noted, among other findings, that there was a significant increase in the frequency of medication errors during the month of December. It was also noted errors ranged from medication being given to the wrong patient, medication being given twice and medication being missed.

Conclusions: Minimising medication errors requires a comprehensive, multidisciplinary approach that involves healthcare providers, patients, and healthcare systems. Healthcare organizations should foster a culture of safety where medication errors are seen as preventable and where providers are encouraged to report errors without fear of retaliation.

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EPV0873

Compassion and the quality of life of the inpatient healthcare team

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Introduction: Nurse-patient relationships and interactions during inpatient care evoke feelings of empathy and compassion. Compassion can lead to satisfaction, but also to exhaustion. Compassion fatigue is a commonly used concept that signifies the exhaustion of healthcare personnel due to the specific activities and repeated exposure to the suffering of others. This manifests through physical and emotional over-tiredness, anxiety, anger and irritability, low vitality, social isolation, diminished sense of enjoyment of one's career, cognitive disorders, and sleep disturbances.

Objectives: To assess the level of compassion of the healthcare staff employed in a Romanian general hospital.