

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.

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EPP0713

Revisiting the approaches of psychotherapy in Ayurveda with Research Domain Criteria (RDoC) framework: a review

W. Upadhyaya^{1*} and A. Iyer²

¹Centre Ahimsa, Verrières-le-Buisson, France and ²Independent and unaffiliated researcher, London, United Kingdom

*Corresponding author.

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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
3)	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.

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EPP0714

What do patients find most helpful in group treatment? Importance of group therapeutic factors in standardized psychological group treatments

A. Rodríguez-Rey^{1*}, F. Piazza¹, X. Segú¹, A. Ruiz², C. Sorroche², G. Virgili², X. Torres¹ and I. Morilla²

¹Clinical Health Psychology Section, Psychiatry and Clinical Psychology Service and ²Collaboration Program with Primary Care, Psychiatry and Clinical Psychology Service, Hospital Clinic to Barcelona, Barcelona, Spain

*Corresponding author.

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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, ages, mental health states and life problems

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