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Introduction: Spain went into lockdown in March of 2020 due to the COVID-19 outbreak. We had to stop the third randomization of our ongoing clinical trial (Mediavilla et al., 2019), pausing weekly group psychotherapy for 12 people with a first episode of psychosis. Only 5 weekly sessions had been delivered, thus many were just starting to form a therapeutic link with the group. In a public health emergency context, psychotherapeutic groups are considered avoidable gatherings. However, stopping psychological therapy abruptly can make participants more vulnerable. The intervention groups were launched in an online format because we could not let anyone go without psychological support in such a difficult time.

Objectives: Communicate how we adapted an ongoing clinical trial to an online format during the lockdown in Spain.

Methods: In light of our participants' needs and their acute deterioration the first two weeks of lockdown, we adapted our intervention. First, both arms (mindfulness-based v. psychoeducational multicomponent intervention) began online adaptations of the interventions. Second, a research assistant made weekly phone calls to provide basic psychosocial support, assure participants groups would continue, and later remind them of each online session. Third and last, the phonenumber was accessible 24/7 (WhatsApp).

Results: The third randomization concluded in December. Six participants were lost in the transition to online groups. However, adherence was comparable to the previous two randomizations (4/12 completed the intervention).

Conclusions: Online psychotherapy may be used in emergencies such as a lockdown. However, the psychological mid- and long-term effects of a lockdown and online group therapy remain unknown.

Disclosure: No significant relationships.

Keywords: healthcare psychotherapy clinical trial

EPV0829

“Care is needed the most, when it is deserved the least” – the experience of BPD-women

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Introduction: BPD are often characterized by dependence, affectability, unpredictability, impulsivity and self-destructiveness. Paradoxically, the symptoms associated with BPD are the same behaviors that makes them difficult to accommodate by health professionals. They constitute the most excluded and stigmatized patient group.

Objectives: To gain knowledge on how BPD patients felt acknowledged when they experienced the need for professional help.

Methods: We conducted semi-structured interviews with six BPD-women, aged between 18 to 46, all inpatient at different psychiatric units in the Capital Region of Denmark. The data were analyzed and interpreted through meaning condensation. We entered the philosophical hermeneutic framework of Hans-Georg Gadamer.

Results: We found that the women experienced that; the diagnosis was a filter, in which they were always viewed and judged through as “just another BPD-patient” and not a unique individual. their cry for help was expected to be verbalized in a certain manner and therefore was often not understood nor heard, but instead they experienced to be scolded by health professionals. the emergency plan became a legitimate way for the health care professionals to avoid spending to many resources, rather than a helpful tool. the psychiatry as a unit was largely characterized by stigmatization and a distrustful attitude towards them. Therefore they felt deeply dependent on meeting that one special health professional who were experienced to have a genuine interest and desire to help them.

Conclusions: Findings correspond with the findings of existing research. Hence, there also seems to be significant barriers nationally for patients with BPD to experience being acknowledged and helped, when in need of professional help.

Disclosure: No significant relationships.

Keywords: Qualitative research; stigmatization; borderline personality disorder; BPD

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Patient adherence to out-patient psychiatric care for neurotic and affective disorders (Should I stay, or should I go?)

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Introduction: Referral is not a necessity for a patient who wants to get psychiatrist consultation in Latvia. The good thing about it is the availability and the possibility to consult with highest educated mental health specialist for any person in society without barriers. On the other hand, there is an overwhelming work load for psychiatrists.

Objectives: To explore the prevalence of self-referred patients in out-patient care and the adherence to psychiatrist recommendations.

Methods: The medical documentation of all consecutive first-time out-patient center “Pardaugava” psychiatrist patients over the period of 01.01.2020. to 30.04.2020. with one year follow-up was analyzed.

Results: 236 patients were included in the study, 31.2% of them were men. The average age was 49 (SD ± 22.65) years. Patients with Affective (F3X) and Neurotic (F4X) disorders were self-referred more often compared to Organic mental (F0X) disorder or other spectrum patients (83.3% and 77.5% vs 33.3% or 56.0%, p<0.001). Median appointment count was 4, higher in F4X (6) and lower in