European Psychiatry S311

Image:

Figure 1. PPF Proportion for outpatient and inpatient ward.

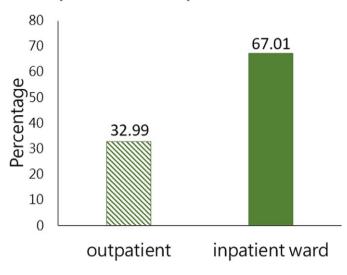


Image 2:

Table 1. Demographic data of proportion of outpatient PPF

and inpatient ward PPF.			
Items	Code	Outpatient ^a	
General hospital bed inpatient consultation	02007A	-	32.58
Psychiatric outpatient consultation - more than two	00180B	11.31	•
Special treatment for psychiatric inpatients	45037C	-	14.35
Psychiatric outpatient consultation-adjusted	01019B	6.62	-
General occupational therapy	45031C	-	5.54
Inpatient consultation	02005B	-	4.68
Psychiatric diagnostic interviews - adults	45085B	4.36	0.27
Physical and psychological function examination	45046C	4.46	0.40
Special Psychotherapy - adults	45087C	3.10	0.34
Special occupational therapy	45095C	-	3.05
Psychiatric Appraisal - Injunction Cases	24	0.96	-
Supportive individual psychotherapy	45010C	0.71	1.41
Psychiative nursing care	45040C	-	1.29
Psychiatric social life function assessment	45102C	0.54	0.09
Supportive group psychotherapy	45016C	-	1.01
Special drug therapy	45034C	-	0.86
In-depth group psychotherapy	45019C	-	0.72
Special Psychotherapy - 6 to 15 y/o	45088C	0.29	-
Type B medical certificate (ordinary, leave)	21	0.28	0.04
Physiological and psychological function examination - 6 to 15 y/o	45098C	0.18	-
Occupational assessment	45049C	-	0.19
Psychiatric diagnostic interview - 6 to 15 y/o	45092B	0.09	-
Special Psychotherapy - Under 6 to 6 y/o	45089C1	0.04	
Multiphasic psychological test	45058C	0.03	0.14
Behavior modification planning	45101C	-	0.03
Personality assessment	45055C1	0.02	0.02
SUM		32.99	67.01

^{*} Unit: percentage

Conclusions: National Health Insurance is an important system to assist in epidemic prevention during the COVID-19 period. The most PPF of psychiatrist service in a general hospital came from the service of inpatient ward items, including the general hospital bed inpatient consultation with the highest CP ratio. These findings may suggest that the inpatient service could offer psychiatrists fair PPF, and the hospital environment could be favorable for recruitment.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0376

The Vineyard Project: exploring new paths toward community integration and competitive employment

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doi: 10.1192/j.eurpsy.2023.692

Introduction: Employment as a critical domain of functioning is an important target of recovery-oriented programs for people with psychiatric disabilities. Evidence shows that persons participating in competitive employment which meets their vocational needs are more likely than people in sheltered work programs to feel included in their communities, to report satisfaction with work and a high quality of life.

Objectives: The Vineyard Project is a program engaging young people with different forms of mental ill-health in local practices of hand-harvesting grape. The program stems from a pilot carried out in September 2022 with a group of people aged 16-25, who worked with professional vine growers in the renowned area of Langhe (Italy). Aims were manifold: i) for the group: involvement in a culturally meaningful activity that is part of the transformative process of winemaking, as a way to overcome social anxiety symptoms and poor self-efficacy; ii) for the community: to attempt overcoming structural stigma that may undermine an employer's willingness to hire a person with a psychiatric diagnosis; iii) to develop an evidence-based rehabilitation program aimed at competitive employment.

Methods: To foster community integration, the program was hosted in a real-world setting. The program is multidisciplinary, involving psychiatrists, psychologists, rehabilitation specialists and sociologists. Clinical assessment and semi-structured interviews with participants are performed.

Results: Preliminary research findings provide evidence to develop the program according to the following principles: on-site practical training provided in a 1:1 relationship with professional workers (i.e. natural supports), supplemented by extra educational resources available in the community (e.g. local School of Enology); covering of all the vineyard activities throughout the year (pruning, binding, harvesting...); growth of expertise on an individual as well as on a group level, to foster the building of a cohesive team that can compete on the labour market and that provides participants with a sense of membership and identity; opportunity for new participants to join the team on an annual basis, acknowledging their peers as

^{*} The calculation of outpatient was by dividing the PPF of the outpatient item by the sum of the PPF of the outpatient and inpatient ward and multiplying by 100%.

b The calculation of inpatient ward was by dividing the PPF of the inpatient ward item by the sum of the PPF of the outpatient and inpatient ward and multiplying by 100%.

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experts who can in turn pass on their knowledge; continual assessment of the ever-changing needs of participants and qualitative inquiry of their perspective, to provide time-unlimited support and ongoing adjustment of the program.

Conclusions: The Vineyard Project aims to eventually establish a rehabilitation tool, resulting from the combination of multi-disciplinary approaches, that can be tested and applied to work settings different from the viticultural environment where it had its origin.

Disclosure of Interest: None Declared

EPP0378

The VML method intervention effectiveness for childhood Apraxia of speech – professional and non-professional treatment

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Introduction: The VML (Verbal Motor Learning) method (Vashdi, 2013, Vashdi, 2014, 2017) is an organized, structured method which includes unique evaluation, algorithmic analysis, manual techniques, motor learning principles and unique treatment principles. The VML method targets the Apraxia of speech syndrome deficits, while teaching the learner how the plan the speech movements and time the speech systems for an accurate pronunciation.

Being a multidimensional entity in nature, as a speech therapy tool developed by a physical therapist, the VML method crosses disciplinary boundaries of agreement and proposing new policies for treatment. The speech tool serves other professions then speech therapists and is also given to parents for practice and learning. The parent's role in the therapeutic team is controversial, however, we have found that parent's intervention in some cases can be very effective, contributing to treatment process.

Objectives: The purpose of this retrospective study is to answer two major questions; What is the efficacy of the professional and non-professional VML treatment.

Methods: A retrospective study was conducted analyzing 900 evaluations of which 136 longitudinal treatment processes of children diagnosed with CAS or suspected CAS, were extracted. The participants contacted the early age intervention clinic for VML speech evaluation on their own will, and were examined by a VML expert. The data was collected over the years 2006-2018 based on children evaluated at the clinic in Israel. A set of variables based on the VML method assessment (Vashdi, 2013; Vashdi, 2014) was established for the retrospective data collection

136 speech treatment processes passed the inclusion criteria and were examined (59 professional treatment and 77 non-professional treatment

Results: There were no differences between the professional and non-professional group's baseline data. The entry syllables score for all participants was 16.32%. The average improvement in syllables for all participants was significant (33.18%, p<0.05, paired t-test). It was also found significant for the professional and non-professional treatment groups (45.49% and 23.75% respectively, p<0.001, t-test). Single syllables improvement was found higher for professional group (P=0.02).

Conclusions: Both groups demonstrated significant improvement in the single syllables production skill, while the professional group was found significantly more effective than the home-based treatment. The findings regarding the professional group are not surprising, however support the efficacy of the VML intervention for children with severe CAS, even with one session per week of intervention. The non-professional home based treatment results were surprising and promosing for future practice.

Disclosure of Interest: None Declared

EPP0379

Improving sport-based psychosocial interventions in Europe: results from the EASMH training programme for professional sport coaches

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doi: 10.1192/j.eurpsy.2023.694

Introduction: In the framework of the EU-Erasmus+, the European Alliance for Sport and Mental Health (EASMH) project has been funded, aiming to promote the improvement of good clinical practice for sport-based psychosocial interventions throughout Europe. A specific training programme tailoring professional sport coaches has been developed in order to improve their skills in engaging and involving patients with severe mental disorders in sport-based rehabilitation activities.

Objectives: to evaluate the perceived quality and utility of the EASMH training programme by sport coaches from different European countries (including Italy, UK, Romania, and Finland). **Methods:** As part of the EASMH project, the University of Campania "L. Vanvitelli" has coordinated the development of training materials for professional sport coaches. The training programme has been tested in a pilot training programme. An ad-hoc questionnaire has been developed and administered at the end of the training, during a meeting held in Brussels in July 2022.

Results: The EASMH training programme consists of six modules, dealing with the following topics: definition of mental health/ mental disorders; classification systems; essential clinical features of severe mental disorders; personal and social burden associated with severe mental disorders; how to build a therapeutic relationship with a patient with severe mental disorders; verbal and nonverbal communication; evaluation of patient's preference in selecting sport activities; definition of a personalized plan; motivational interview/problem-solving strategy. A total of eight professional coaches involved in different sport coming from Italy, Romania, United Kingdom and Finland participated in the entire training, consisting of six 4hr training modules. Seven out the eight coaches compiled the questionnaire. The overall feedback has been extremely positive. Overall, coaches have judged the modules as