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An integrative, systemic day-clinic approach for the treatment of psychiatric disorders in young adults: a detailed study of two cases

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Introduction: More than 75% of the psychiatric disorders arise before the age of 30. Adolescence and young adulthood pose numerous developmental challenges like identity development, educational and occupational concerns, gaining autonomy and boundary-setting skills. The adolescent crises, which can involve a broad spectrum of psychiatric symptoms, demands a multidisciplinary approach to diagnosis and treatment.

Objectives: Our goal is to present a best practice example of an interdisciplinary day clinic through two case presentations, aiming improving innovative strategies for assessment/treatment of psychiatric disorders in young adulthood.

Methods: Via two comprehensive case presentations, we will introduce a psychotherapeutic day-clinic concept from a psychiatric training hospital in Germany.

Results: The day clinic's interdisciplinary team uses therapeutic approaches like dynamic, cognitive-behavioral, and systemic therapy to understand young adults beyond just their symptoms. Milieu-therapeutic methods, family constellations, socio-therapeutic approaches and non-verbal therapies are incorporated into our concept.

Case 1: A 20-year-old male patient, previously diagnosed with schizophrenia, was referred due to symptoms of living in an unreal world with perceived magical abilities and family conflicts. In the evaluation the features of high-functioning autism spectrum disorder (ASD) were more prominent than the psychotic symptoms. Developmental history and diagnostic tools yielded the diagnosis of ASD. Magical abilities in an unreal world appears to align more closely with repetitive/restrictive patterns of behavior, hereby we excluded in the follow-up the diagnosis of schizophrenia. Psychoeducation, social-skills-training and family interventions helped him to comprehend his strengths and discover a clearer direction in his life.

Case 2: Another 20-year-old male patient was referred with depressive symptoms, a sense of emptiness and self-mutilation. Following routine evaluation, we employed systemic methods (genogram constellations) to gain deeper insight into the patient's psychopathology. His mother's migration history from Thailand, coupled with unfulfilled aspirations, echoed in his recurring thought: "Where are my roots?" During follow-up, we recognized his passive stance toward therapeutic change, addressed through a systemic intervention known as 'taking the side of non-change.' This shifted his position from resistance to openness. Non-verbal approaches, family interventions, and corrective in-vivo experiences significantly contributed to his stabilization.

Conclusions: Specialized psychiatric centers tailored to the unique needs of young adults play a critical role in evaluating, diagnosing, and treating psychiatric crises during this developmental stage. Achieving this requires the implementation of interdisciplinary holistic therapeutic approaches.

Disclosure of Interest: None Declared

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Improving Access to Psilocybin-Assisted Therapy: Barriers, Challenges, and Recommendations

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Introduction: Psilocybin-assisted therapy (PAT) has demonstrated significant potential in alleviating anxiety, depression, and psychological distress among individuals with terminal illnesses. However, numerous barriers prevent equitable access to this transformative treatment.

Objectives: This study seeks to gather the perspectives of patients on the waitlist of PAT.

Methods: Semi-structured interviews highlight the challenges faced by patients seeking PAT and their care providers and propose recommendations to enhance accessibility.

Results: Through a case study of Roots to Thrive, a non-profit healthcare practice offering group-based PAT, obstacles such as complex application processes, fear of judgement, logistical and financial constraints, and systemic inequities are revealed. Moreover, Health Canada's stringent control of PAT access via clinical trials and the Special Access Program (SAP) presents challenges for primary care providers and hinders the involvement of trained practitioners. The moral distress experienced by patients and providers due to delayed or denied access further emphasizes the urgency of addressing these barriers.

Conclusions: Advocates are calling for streamlined referral systems, expedited services for end-of-life patients, formal billing infrastructure, practitioner education, expanded coverage, legislative adjustments, post-therapy support, and collaboration with non-profit organizations and Indigenous Healers to promote equitable and effective PAT. By implementing these recommendations, barriers to PAT can be overcome, allowing more individuals to benefit from this therapy and find relief from the psychological distress associated with their conditions.

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Providing psychiatric diagnosis and intervention in patients with chronic medical illness in the community: A novel collaboration between the Psychiatry team and the community team in a Singapore restructured hospital

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Introduction: Home nursing and medical services have an established role in delivering chronic medical care to populations which face difficulty accessing physical clinics. Those with chronic medical conditions and reduced mobility face a higher likelihood of suffering from psychiatric co-morbidity. However, till date there