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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

## EPV0830

### 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

F3X patients (2). Majority of F4X patients (61,6%) did not follow the recommendations or stopped seeing psychiatrist, while only 13,7% were persistent. Conversely, 48,4% of F3X patients followed the recommendations and only 43,5% stopped. In comparison, other spectrum patients followed recommendations in 32.0% of cases and ignored - in 56.6%.

**Conclusions:** Patients were actively self-referring themselves to psychiatrist. Highest adherence to psychiatrist recommendations was found in patients with affective disorders compared to other spectrum patients. In contrast, adherence was the lowest in patients with neurotic disorders.

**Disclosure:** No significant relationships.

**Keywords:** out-patient; affective disorders; Patient adherence; neurotic disorders

### EPV0831

#### Features of different severities of reduced working capacity states as an indicator of the self-regulation in students of different courses

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**Introduction:** The relevance of studying of self-regulation styles of young people who face various difficulties at a stage of vocational training has increased in the situation of a pandemic.

**Objectives:** The purpose of our work is to describe the functional states of students at different stages of education, characterized by different degrees of satisfaction with educational and professional activities and different levels of self-regulation, to substantiate programs of psychological support for students during the formation of their professional identity.

**Methods:** The sample consisted of 153 students enrolled in 1 and 3 courses in Moscow higher educational institutions. They were asked to fill out a package of methods aimed at diagnosing self-regulation styles (Morosanova, 2020), the severity of states of reduced performance (Leonova, Velichkovskaya, 2002).

**Results:** Indicators of reduced working capacity among third-year students are statistically significantly higher ( $p \leq 0.05$ ) and are in a critical range of severity than among freshmen. Despite a similar level of satisfaction, third-year students demonstrate a whole palette of states of reduced performance, characterized by the experience of monotony of activity with high tension associated with the requirements of the educational situation. The absence of significant differences in the diagnostic indicators of self-regulation obtained in these two groups does not give grounds to assert that the general self-regulation of senior students is higher than that of first-year students.

**Conclusions:** The data obtained confirm the “painfulness” of the crisis of the “middle” of education and necessarily raise the question of developing a targeted program for mastering the means of conscious self-regulation by students.

**Disclosure:** No significant relationships.

**Keywords:** self-regulation; students; reduced working capacity states; satisfaction with educational activities

### EPV0832

#### Inventory of Sources of Stress During Medical Education - Further Validation

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**Introduction:** The Inventory of Academic Sources of Stress in Medical Education (IASSME) evaluates the presence and intensity of the main sources of academic stress for Portuguese Medicine students in five dimensions: Course demands/CD, Human demands/HD, Lifestyle/LS, Academic competition/AC, and Academic adjustment/AA.

**Objectives:** To further validate the ISSME using Confirmatory Factor Analysis and to analyze[ATP1] the psychometric properties of a new version including additional sources of stress.

**Methods:** Participants were 666 Portuguese medicine (82.6%) and dentistry (17.4%) students (81.8% girls); they answered an online survey including the ISSME and other validated questionnaires: Maslach Burnout Inventory – Students Survey (MBI-SS) and Depression Anxiety and Stress Scales (DASS).

**Results:** Confirmatory Factor Analysis showed that the second order model composed of five factors (the original structure by Loureiro et al. 2008), but excluding item 11 (loading=.371), presented good fit indexes ( $\chi^2/df=3.274$ ; RMSEA=.0581,  $p < .001$ ; CFI=.917; TLI=.904, GFI=.919). The Cronbach’s alphas were  $\alpha=.897$  for the total and from  $\alpha=.669$  (F2-HD) to  $\alpha=.859$  (F1-CD) for the dimensions. The expanded version, including two additional items related to lack of interest in medicine/dentistry (F6,  $\alpha=.543$ ) and two additional COVID-19 stress-related-items (F7,  $\alpha=.744$ ) also showed acceptable fit indexes ( $\chi^2/df=3.513$ ; RMSEA=.061,  $p < .001$ ; CFI=.88; TLI=.866, GFI=.892). This new version’s  $\alpha$  was of .896. Pearson correlations between ISSME and the other measures were significant ( $p < .01$ ) and high:  $>.55$  with DASS and  $>.50$  with MBI-SS. Girls presented significantly higher ISSME scores. F6 score was significantly higher in dentistry students.

**Conclusions:** This further validation study underlines that IASSME presents good validity (construct and convergent) and reliability.

**Disclosure:** No significant relationships.

**Keywords:** Stress; medical education; validation; inventory