Discussion: The current study examined the associations between race, trauma, PEs, discrimination, and psychiatric treatment-seeking in college students with high levels of psychosis-like experiences. Self-reported PE scores and race were significantly associated with all treatment-seeking variables, while experiences of discrimination were not significantly associated with help-seeking. Results suggest race-related disparities in help-seeking patterns among college-educated youth and young adults. These findings have implications for engaging racial and ethnic minorities in mental health treatment who are experiencing psychosis-like symptoms to alleviate these symptoms and any associated functional impairments or distress.

M242. PREDICTORS OF CRIMINAL SENTIMENTS SCALE (CSS-M) SCORES AMONG OUTPATIENTS WITH PSYCHOTIC DISORDERS

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Background: Individuals with serious mental illness (SMI) are over-represented in the criminal justice system. One factor that impacts likelihood of incarceration is criminal thinking, and the Criminal Sentiments Scale – Modified (CSS-M) has been shown to predict recidivism. However, no one has examined the CSS-M in outpatients with schizophrenia and other psychotic disorders, and little is known about what predicts high CSS-M scores.

Methods: The data for the current investigation comes from a larger sample of individuals with SMI receiving services from outpatient mental health clinics who were enrolled in a randomized-controlled trial. The CSS-M was verbally administered to everyone during a baseline assessment. The 264 individuals in the sample all have a diagnosis of schizophrenia or another psychotic disorder, and all had been arrested in the last five years. We first explored the impact of demographic factors and adverse childhood experiences (ACE) on CSS-M scores. For the 258 participants with complete data for all five sub-scales (attitudes towards law, attitudes towards courts, attitudes towards police, tolerance for law violations, and identification with criminal others), we conducted a hierarchical analysis using Ward’s method to explore and define the number of clusters. We determined the number of clusters using the Elbow method. We then repeated the cluster analysis using a non-hierarchical method with the K-means technique and fixing the number of clusters to three.

Results: The current sample exhibited considerably higher CSS-M scores than those previously published (mean = 32.1±14.4). The total CSS-M score demonstrated high reliability (alpha = 0.898), and four of the sub-scales exhibited moderate to high reliability (alpha = 0.741; alpha = 0.808; alpha = 0.762; alpha = 0.696). When controlling for age, race, gender, and ACE score, the multiple linear regression model accounted for 8.6% of the variability in total CSS-M score (p < 0.001), though only ACE score and age were significant predictors (beta = 0.218, p = 0.001; beta = -0.167, p = 0.008, respectively). The cluster analysis produced three clusters. Given that the ICO sub-scale had the lowest Cronbach’s alpha (alpha = 0.328), we repeated the cluster analysis process with the four other sub-scales, which confirmed the three clusters. An ANOVA with the four sub-scales and total CSS-M score showed that the three clusters could be defined as those with low, medium, and high scores on the scales. Confirming the results from the MLR, an ANOVA of the three clusters with ACE scores (F = 4.49, p = 0.012) and age (F = 3.77, p = 0.024) were both significant.

Discussion: The average total CSS-M score is considerably higher than previous investigations. Both high ACE scores and younger age significantly predicted higher CSS-M scores. Because CSS-M scores have been shown to predict recidivism, it is critical to further understand the foundation of these negative attitudes towards the criminal justice system to prevent the continued over-representation of people with serious mental illness in the criminal justice system.

M243. EFFECTIVENESS AND SATISFACTION WITH A SCHIZOPHRENIA RECOVERY DAY PROGRAM

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Background: Schizophrenia is a complex disorder typically defined by the presence of positive symptoms that include hallucinations, delusions, and disorganisation in speech and behaviour, negative symptoms of avolition and social withdrawal, and a decline in functioning. Despite an ability to treat clinical symptoms, functional recovery in schizophrenia remains poor. The Recovery Day Program at the Royal Ottawa Mental Health Centre is a multi-disciplinary intervention tailored to help people living with schizophrenia attain recovery goals, lead more satisfying lives, engage in activities, develop a social network and assist in community reintegration. Eligibility criteria are: 18 years of age or older, meet DSM V criteria for Schizophrenia Spectrum illness, have clinical needs that cannot be met in the community, have housing, require intensive recovery support/ integration into community, be able to engage in day hospital programming and develop recovery goals. Maximum number of day clients in Day Program is 20. Client admissions began in June 2016. As of November 2019, there have been 50 admissions with 29 discharges. Age range of clients was 20-60 years (mean 36.5). Clients were invited to provide feedback on their experience with the Day Program for program evaluation and improvement of service.

Methods: A qualitative and quantitative evaluation of functional outcomes and patient satisfaction was conducted. Measures were administered at admission and discharge: The Illness Management and Recovery Scale (IMRS), a custom-generated activity and goal attainment scale, Quality of Life Scale, The World Health Organization Disability Assessment Schedule 2.0, the Modified Global Assessment of Functioning Scale and the Clinical Global Impression Scale. The Ontario Perception of Care Survey for Mental Health and Addictions (OPOC) was administered during a two month period from January 2019.

Results: Discharge results were available for 29 individuals out of 50 admissions. Clients identified goals in areas including vocational, social, educational, symptom management, optimizing independence, minimizing substance use, managing finances and stable housing; group and individual interventions targeted these areas. Interventions occur at the hospital and in the community. Results of the activity summary identify significant change in community integration in the following areas: employment (admission 5% and discharge 47%), unpaid/volunteer work (admission 11% and discharge 42%), course or study (admission 0% and discharge 32%), social/recreation/ group activities (admission 63% and discharge 100%). Results show a significant increase in IMRS scores over time. Goal achievement was statistically significant according to the goal attainment scale (mean at intake 3.4 and at discharge 8.6). Results show that goal importance did not change over time. Open ended questions about day programming were added to the OPOC. Of 15 respondents, the average length of time in the Program was 16 months. Majority of respondents attended as much as they liked, while those unable to attend as much as they wanted, identified that increased attendance may have been helpful to achieving their goals.

Discussion: Overall, clients were very satisfied with services provided. There were significant achievements in goal attainment over time with targeted interventions provided in functional domains including employment, unpaid/volunteer work, course of study and social/recreation activities. Our data suggest that a medium term, intensive day program increases functional outcomes and personal satisfaction for individuals with a Schizophrenia Spectrum disorder. Further study would be important to assess how these changes are sustained over time.

M244. PENNSYLVANIA FIRST-EPISODE PROGRAM EVALUATION OF COORDINATED SPECIALTY CARE: SIX- AND 12-MONTH OUTCOMES

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Poster Session II
S229

M245. AN RCT PROTOCOL OF HYBRID-ECT FOR SCHIZOPHRENIA
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Background: Electroconvulsive therapy (ECT) is an rapid and effective treatment for schizophrenia patients. ECT may achieve significant antipsychotic effects in the several initial sessions, but significant side effects limit its use. However, our low-charge electrotherapy (LCE) pilot trial demonstrated antipsychotic effects with significantly fewer side effects. The aim of this trial is to propose a novel two-step charge set strategy for ECT treatment, referred to as Hybrid-ECT, try to decrease side effects by using a lower charge while preserving treatment efficacy.

Methods: A randomized, double-blinded, standard-controlled, parallel-group design will be used. We plan to enroll 62 inpatients diagnosed with acute schizophrenia and randomly assign them to routine ECT (control group) or to Hybrid-ECT (treatment group, 3 ECT sessions followed by LCE sessions (approximately half of seizure threshold per session)). The primary outcome measure is the change in total PANSS score after the last ECT/LCE session. The secondary outcome measures include the response rate, remission rate, CGI auditory hallucination rating scale, and everyday memory questionnaire (EMQ) scales. Neuropsychological metrics include the repeatable battery for the assessments of neuropsychological status (RBANS) and the stroop test, and detailed side effects will be evaluated. Structure and functional magnetic resonance imaging (MRI) assessments during treatment will be performed to explore brain changes between ECT and hybrid-ECT groups. The follow-up phase is set at the one-month after the last ECT/LCE session.

Results: No results

Discussion: This research will propose a simple but completely novel ECT strategy that aims to rapidly relieve psychosis symptoms and minimize side effects. If Hybrid-ECT is found to have the potentiality mentioned above, this could have important implications for future ECT strategies in treating schizophrenia patients in the acute phase. In addition, by using the detailed neuropsychological assessments and MRI scanning, this study may improve the knowledge of ECT-related antipsychotic mechanisms.

M246. DIGITAL SELF-MONITORING AND EMBODIMENT IN FIRST EPISODE PSYCHOSIS: ETHICAL CONSIDERATIONS
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Background: Smartphone technology has seen expanding interest across nearly all areas of medicine, including psychiatry, where app-based technologies frequently function as proxies for digitized behavioural phenotypes (Firth and Torous 2015). In the area first episode psychosis especially, there has been a rising interest in the use of digital platforms for patient self-management as well as for assessment of symptom domains (Ben-Zeev et al. 2014; Bell et al. 2018).

Methods: This paper discusses findings from a 3 year-long ethnographic study carried out within a first episode psychosis program in Toronto, Canada, in combination with a discourse analysis of the clinical and research literature relating to the use of self-monitoring technologies within first episode psychosis contexts. The qualitative data consists of formal and informal interviews with psychiatric service users, family members, and clinicians (n=45 interviews), in addition to observational field work within the clinical setting. Data were analyzed thematically within an interpretivist-constructivist frame, and triangulated through reflexive field notes, member-checking, and the authors’ clinical experience within the field. Themes were reviewed with senior clinicians in the first episode clinic setting as well as psychiatric service users for reliability and fidelity.

Results: Self-monitoring technologies are increasingly used in both research and clinical care settings, most frequently related to the management of medication side effects and the tracking of the phenomenological aspects of psychotic and psychotic-like experiences. The uptake of these technologies by psychiatric service users in this setting was varied: at times, symptom and side effect tracking facilitated conversations about uncomfortable topics such as sexual side effects of antipsychotics, while in other instances the use of self-monitoring technologies was intrusive. Challenges with self-monitoring were likely to arise when issues relevant to understanding complex phenomena such as medication adherence were prematurely narrowed or when experiential...