Although our original sample included currently employed patients, the following groups were examined as a function of vocational drift: a) Never (n=150), individuals who have never had a job and b) Formerly employed (n=138), individuals who had a job for at least two years in the past but are currently unemployed. Among unemployed patients, we identified those with Short (less than 2 years; n=65), Intermediate (2 to 5 years; n=87), and Extended (more than 5 years; n=136) unemployment.

**Results:** In the overall comparison of Formerly employed patients, those with Short and Intermediate duration of unemployment did not differ from each other on any variables and performed better than Extended duration unemployment patients on measures of premorbid intelligence (WRAT, p<.01), processing speed (Symbol coding, p<.01), emotion recognition (BLERT, p<.01 and ER-40, p<.01), theory of mind (Hinting test, p<.05) and hostile cognitive bias (AIHQ Blame, p<.01). Interestingly, patients with Extended unemployment had less depression (BDI total, p<.01) compared to patients who Never worked. The Extended unemployment patients performed worse than the Never employed patients on premorbid intelligence (WRAT, p<.01), processing speed (Symbol coding, p<.05), emotion recognition (BLERT, p<.01 and ER-40, p<.01), theory of mind (Hinting test, p<.05), social inference (TASIT, p<.01), hostile cognitive bias (AIHQ Blame, p<.01), and had higher clinical ratings on PANSS Blunted affect (P<.01) and Poor Rapport (p<.01).

**Discussion:** The development of long-term unemployment in patients with schizophrenia is associated with multiple neurocognitive and social cognitive deficits, particularly when compared to patients who have never been employed. These deficits were also notable when compared to patients with a shorter duration of unemployment. It is not possible to determine if these long-term unemployed patients always exhibited these deficits, suggesting additional support for vocational drift among patients with schizophrenia. The possible deterioration in neurocognitive and social cognitive performance over time may be driving the development of long-term unemployment in previously employed patients, who in many ways, underperform compared to patients who had never worked.

**Background:** The treatment in the years following a first-psychosis episode is most crucial as typically, the illness onset occurs in a delicate phase of the young adults (Correll, 2018). To address the specialities in the care for this patient population both, the Child and Adolescent, together with the adult department of the Psychiatric University Hospital Zürich implemented the ZEN psychosis first episode program.

**Methods:** Participants of the ZEN Program included in 2017 and 2018 were followed up to duration of 24 months. The following measures were assessed before and after enrolment in the program: Satisfaction with life, measured with the Manchester Short Assessment of Quality of Life (MANS; Priebe et al., 1999); Number of rehospitalisations and coercive treatment; Global assessment of functioning (GAF) (Endicott et al., 1976); and measures of Social and vocational recovery.

**Results:** In Florence, results and implications will be presented for included patients. Rates of rehospitalisations will be compared against literature. Mean relapse rates at 24 months have been reported to vary from 38% under specialized integrated care, to up to 49% under treatment as usual (Fusar-Poli et al., 2017).

Social and vocational recovery will be rated at follow-up and compared to baseline on a three-point scale (‘no’, ‘partial’ and ‘full’ recovery) (Craig et al., 2004, Garety et al., 2006). In addition, correlation coefficients will be determined to detect any associations among sociodemographic factors and clinical data such as amount of neuroleptic medication.

**Discussion:** The ZEN program is specialized for patients with first episode of psychosis. The intensive care together with an intensified communication between players of a patient’s network aims to achieve better outcomes. The evaluation of the clinical program is of importance. The study provides recent data for ongoing discussions about the quality of the treatments and its cost-effectiveness compared to standard treatment.

**S224. TREATMENT IN THE PSYCHOSIS FIRST EPISODE PROGRAM “ZÜRCHER ERSTPSYCHOSEN NETZWERK (ZEN)” : QUALITY CONTROL OF THE OUTCOME**

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**Background:** The treatment in the years following a first-psychosis episode is most crucial as typically, the illness onset occurs in a delicate phase of the young adults (Correll, 2018).

**Methods:** Thirty, first year students took part in two laboratory sessions where stress was induced using a modified version of the Montreal Imaging Stress Task (MIST), one week apart. Baseline measures of psychopathology were collected using the Symptom Checklist 90 (SCL-90). During the laboratory sessions, continuous ECG signals were collected, as well as five subjective stress measures per session. We calculated average heart rate (HR) and heart rate variability (HRV) per condition. Multilevel models testing the three-way interaction between psychopathology, session, and condition with individual data points nested within days were used to assess overall psychopathology and more specifically subclinical symptoms of psychosis in repeated stress reactivity.

**Results:** Mixed models investigating repeated stress in overall psychopathology indicate a significant three way interaction for HR (β = -.15, SE=.01, p< .01), and HRV (β = -.01, SE=.04, p = .02), with individuals scoring lower on the scl-90 exhibiting comparable increases in HR and decreases in HRV on both sessions. In contrast, individuals scoring higher on the scale show a blunted response on the second session compared to the first. Analyses with stress (β = .03, SE=.01, p=.01), and NA (β = .06, SE=.29, p=.03) show that generally the stressor elicited a mild negative subjective response with a decrease in stress and NA that was comparable on both sessions for individuals scoring lower on the scl-90. No subjective reactivity was reported on the second session for participants scoring higher on the scale.
high on the scale. Likewise, models that focused on subclinical psychotic symptoms found similar significant interactions. In the same way as in the analyses with psychopathology we find significant interactions for stress (β = .36, SE =.11, p < .01), NA (β = .06, SE =.03, p = .03) HR (β = -1.08, SE =.13 p < .01), and HRV (β = 3.72, SE =.39, p < .01). Analyses show the same comparable patterns of reactivity in both sessions for participants low in psychosis, and a blunted response on the second session for participants high in psychosis.

**Discussion:** Symptoms of psychopathology and more specifically psychosis are related to blunted stress reactivity during a second exposure to the same stressor. Psychopathological vulnerability may be reflected in a blunted response to repeated stress in healthy individuals with subclinical symptoms. Findings suggest that dysregulation in the stress system may be present long before individual complaints, further highlighting the need for early intervention.

**S226. DEVELOPMENT OF EARLY DETECTION AND EARLY INTERVENTION SERVICES WITHIN PSYCHIATRIC CARE IN THE CZECH REPUBLIC**

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1National Institute of Mental Health

**Background:** Early Detection (ED) and Early Intervention (EI) are specialized services aiming at early diagnosis and early treatment of psychosis. There are evidence-based effects of ED and EI services that cannot be overlooked, such as early recognition of prodromal symptoms, preventing the adverse effects of untreated psychosis, lowering the risk of hospitalization, and therefore it has become part of the ongoing mental health care reform in the Czech Republic.

**Methods:** A total of 12 mental health professionals were trained in order to provide specialised ED and EI services within three regions in the Czech Republic – Prague 8, Pilsen and Blansko. All people aged 16 to 60 years who live in a predefined catchment area and are (a) at risk of developing psychosis, (b) in the first episode of psychosis or (c) are treated with psychosis for less than 3 years, are eligible for the service. Standardised assessment tools are being used for clients’ assessment (GAF, HoNOS, PANSS and CAARMS).

**Results:** Three multidisciplinary ED and EI teams were established in 2019 in the Czech Republic. Psychiatrist, psychologist, nurse and social worker are involved in each team. Presented data will describe psychosocial interventions and detection activities from 1/4/2019 to 1/4/2020.

**Discussion:** The psychiatric care system in the Czech Republic is predominantly built on large psychiatric institutions and there is a lack of community mental health services. Since the hospitalization is usually the first contact with mental health care services, there is a high potential of ED and EI services to prevent admission and readmission to the psychiatric hospital through early recognition of prodromal symptoms and reduction of the duration of untreated psychosis.

**S227. PARENTAL BONDING IN RECENT ONSET OF PSYCHOSIS PATIENTS**

Abstract not included.

**S228. SOCIAL AND OCCUPATIONAL FUNCTIONING AND SATISFACTION WITH CARE IN FINNISH FIRST-EPIsODE PSYCHOSIS PATIENTS**

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**Background:** Patient satisfaction with care (PSC) is a valuable predictor in both quality of life and treatment outcomes with psychiatric patients. First episode psychosis (FEP) patients are a diverse group of usually young adults. Determining the factors behind PSC in FEP patients could be an important tool in planning better care programs and predictive tools for the outcome of FEP. Many FEP patients are still on the cusp of their adult lives. Achieving better treatment adherence by higher PSC could help many people back to their studies or work lives and enhance their quality of life and social and occupational functioning. Determining background factors and associations with better PSC would help tailoring treatment options for FEP patients.

**Methods:** The Helsinki Early Psychosis Study recruited FEP patients (aged 18 to 40 years old) who were having their first treatment of psychosis in the catchment area of the Helsinki University Hospital and the psychiatric services of Helsinki City in the time period from December 2010 to June 2016. The diagnoses of psychotic disorders were later verified using the Structured Diagnostic Interview for DSM-IV, Research Version, as well as a review of all medical records. Substance-induced psychotic disorders and psychotic disorders due to a general medical condition were excluded. Baseline assessment was conducted as soon as the patient had entered treatment and was able to give informed consent according to the treating personnel. Follow up were conducted at 2 months after baseline.

Data was gathered on symptoms, sociodemographic factors, functioning, overall health, aspects of treatment and medication. Duration of untreated psychosis was determined as accurately as possible with the help of patient records and diagnostic interview. Patient satisfaction was evaluated by PSQ (Patient satisfaction questionnaire) developed by Swedish researchers for their early intervention program for first episode psychosis patients. The questionnaire contains ten questions about different aspects of the patients’ care and was part of the 2-month follow-up protocol.

**Results:** 97 patients were recruited in the study. Out of those patients, 72 patients participated in the 2-month follow up and 51 filled out the PSC questionnaire. The results of the PSQ were translated into a dichotomous scale of “satisfied” (very or rather satisfied) or “not satisfied” (neither satisfied nor dissatisfied; rather or very dissatisfied). Interestingly, DUP was not associated with higher or lower satisfaction with care unlike in other studies. Conversely, higher SOFAS score at the 2-month follow up was associated with better treatment satisfaction. Especially patients who felt they had been able to influence their care, who felt that the sessions with the psychiatric staff been helpful, and who were satisfied with the concern and understanding the psychiatric staff had shown had significantly higher SOFAS than those who were not satisfied with these aspects of care, whereas e.g. attitudes regarding medication were not significantly associated with SOFAS. A summary score of the PSQ correlated positively with the 2 month SOFAS scores (Spearman rho 0.40, p=0.007).

**Discussion:** Unlike in many other studies, longer DUP was not associated with poorer PSC. Instead, satisfaction with qualitative aspects of treatment contact and being able to influence treatment decisions were associated with better functioning. This suggest that the staff-patient relationship and empowering patients in treatment decisions are important in the treatment of FEP.

**S229. THE EFFECT OF FAMILY ENVIRONMENT ON LONGITUDINAL FUNCTIONING IN FIRST PSYCHOTIC EPISODES**

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