Objectives: Studying the physical fitness and PA of HCP and the relationship with their attitudes and referral practices related to PA interventions

Methods: HCP at the Dutch Association for Psychiatry conference (2019) were invited to an online questionnaire (demographic/work characteristics, stress, PA levels, knowledge/attitudes regarding PA and referral practices) and cycle ergometer test. Linear and logistic regression were used to study the strongest associations.

Results: 115 HCP completed the questionnaire. 40 also completed the ergometer test. 43% (n=50) met the national PA guidelines (≥150min moderate-to-vigorous PA and ≥2x bone/muscle-strengthening exercises a week). Women, HCP in training and HCP with more stress were less active and less likely to meet PA guidelines. HCP with personal experience with an exercise professional were more active and met guidelines more often. Knowledge/attitudes on physical health and PA were positive. Patients were more often referred to PA interventions by HCP who met PA guidelines (OR=2.56, 95%CI=0.85–7.13) or had higher beliefs that exercise professionals can increase adherence to PA interventions (OR=3.72, 95%CI=1.52–9.14).

Conclusions: It’s positive that HCP report importance and relevance of PA in mental healthcare. Although there is strong evidence for PA interventions in the treatment of people with mental illness, referral to such interventions can partly depend on the PA behaviour and attitude of patients’ physician/clinician.

Disclosure: No significant relationships.

Keywords: physical activity; exercise; referral practices; Healthcare professionals

EPV0842

The feasibility of an implementation fidelity tool for the monitoring of a multidisciplinary lifestyle focused approach for inpatients with mental illness

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doi: 10.1192/j.eurpsy.2022.1594

Introduction: Lifestyle behaviours (e.g. physical activity and dietary habits) play a major role in the well-known premature mortality caused by poor physical health in people with mental illness. There is increasing evidence for the efficacy of lifestyle interventions on both physical and mental health, and consensus about important factors for success (e.g. targeting multiple lifestyle behaviours). However, implementation remains challenging and there is little change in clinical care. Studies that include measures of fidelity (the extent to which an intervention is implemented as intended) are able to gain insight in variations in actual implementation, which may affect intended health outcomes. However, there is currently no suitable fidelity tool for our lifestyle intervention.

Objectives: A pilot study to evaluate the feasibility of a tool that assesses and monitors the implementation fidelity of a multidisciplinary lifestyle focused approach (MULTI+).

Methods: MULTI+ can be tailored to various psychiatric wards and consists of 10 essential components based on scientific evidence, existing guidelines and consensus in the field of ‘lifestyle psychiatry’. We developed a tool to assess the 10 components and thereby the implementation fidelity of MULTI+. Qualitative observational data about compliance to these components is collected in 45 psychiatric wards. Adherence is converted to a gradual score (0-50). A higher score indicates higher fidelity.

Results: Preliminary results show that the tool is feasible for use in clinical practice. Scores give insight in how various wards have implemented MULTI+.

Conclusions: These outcomes can be used to further improve and understand the implementation and effectiveness of lifestyle interventions.

Disclosure: No significant relationships.

Keywords: Lifestyle; Fidelity; Implementation; mental illness

EPV0843

Cardiac arrest survivors – Psychiatric comorbidity and cognitive impairment

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