

existing evidence from research literature 2. To complement the literature findings with the data from our clinical research and quality improvement projects 3. To explore potential risks and difficulties of MBC implementation in the SUD treatment programs

**Methods:** Narrative review. Knowledge synthesis.

**Results:** To date, only two published randomized controlled trials, which along with the data from our pragmatic clinical research, support the wider implementation of MBC in the substance abuse treatment settings, but also indicate the high need for larger-scale clinical trials and quality improvement programs. Potential barriers to the implementation of MBC for SUD are outlined at the patient, provider, organization, and system levels, as well as challenges associated with the use of MBC programs for clinical research. Critical thinking considerations and risk mitigation strategies are offered toward advancing MBC for SUD beyond the current nascent state.

**Conclusions:** The state-of-the-art of MBC in SUD care settings reviewed and the strategies for further development from administrative, clinical, and research perspectives outlined.

**Disclosure:** No significant relationships.

**Keywords:** Measurement-Based Care; Concurrent Disorders; addictions; Alcohol use disorder

## EPV0817

### Healthcare professionals' encountering Experience of the Youths with Non-suicidal Self-injury in Acute Psychiatric Ward

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**Introduction:** Non-suicidal Self-Injury (NSSI) refers to causing damage on body tissue without attending to death. It is mostly presented among the youths and not approved by the society. Studies nowadays have explored the perspectives, feelings or experience of the youths or healthcare professionals. However, negative feelings and misunderstandings toward each other remain from both sides.

**Objectives:** The aim was to explore the encountering experience of the youths with NSSI and the healthcare professionals during the same hospitalization in a psychiatric acute ward.

**Methods:** Qualitative study was employed by using narrative approach. In-depth interview was conducted for the youths with NSSI and their primary nurse and resident from a medical center in southern Taiwan.

**Results:** Narratives from the patients and healthcare professionals showed that the youths seemed to be comfortable as encountering with the healthcare professionals' caring. In contrast, the healthcare professionals' struggles had been hidden inside and remained uneasy and unsolved. Two extreme experiences have been reported by the youths with NSSI: felt satisfied and understood about being cared vs. felt numbness and not been understood. Four kinds of experience were identified as: struggling on caring them, feeling confused and helpless, keeping a safe distance, and having contradicted values.

**Conclusions:** This study found that the healthcare professionals suffer from varied aspects when encountering the youths with NSSI, which they often hid inside without expressing. Future improvement such as care guideline or staff's support system should be built to decrease the negative effects inside the healthcare professionals' mind.

**Disclosure:** No significant relationships.

**Keywords:** encountering experience; narrative inquiry; Healthcare professionals; Non-suicidal self-injury

## EPV0818

### The association between lifestyle factors, and physical and mental health in inpatients with MI: a network analysis

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**Introduction:** People with mental illness (MI) have a reduced life expectancy compared to the general population, mostly attributable to somatic diseases caused by poor physical health. Lifestyle factors (exercise, sleep, diet, substance use) are associated with poor physical and mental health. Although lifestyle factors, and physical and mental health are believed to be interconnected, research has mainly focused on one-sided relationships. Currently, we are implementing a lifestyle focussed approach in treatment, in which we assess lifestyle factors as well as physical and mental health of people with MI on a large scale (~850 places of residence).

**Objectives:** To investigate the association between lifestyle factors, and physical and mental health in people with MI.

**Methods:** Baseline data from an open cohort cluster randomized stepped wedge study. Lifestyle factors (exercise, sleep, diet, substance use), physical health, medication use and psychological health (symptoms, quality of life) were assessed using data from patient files and questionnaires. Associations will be analysed with network analyses.

**Results:** First results (N≈1600) show that 54% of patients have high blood pressure, 51% have excessive waist circumference, 46% are experiencing sleep problems, 71% smoke and 88% do not meet exercise guidelines. Patients experience a lower quality of life compared to the general population.

**Conclusions:** Initial results show that patients have poor physical health, low quality of life and an unhealthy lifestyle. Further analyses are currently being conducted to gain insight in the complex pattern between lifestyle factors, and physical and mental health. This can contribute to the improvement of routine clinical care.

**Disclosure:** No significant relationships.

**Keywords:** Lifestyle; physical health; mental health