(SMI). However, adherence to these interventions is often low, with high dropout rates posing challenges to successful outcomes. Understanding the factors that influence patient adherence, and dropout is essential for improving program efficacy and patient well-being.
Objectives: This study aims to analyze the demographic, clinical, and motivational factors that contribute to adherence or dropout from the "*Programa Mais de Perto*" (PMDP), a psychosocial rehabilitation initiative for individuals with SMI, in order to enhance patient retention and optimize therapeutic outcomes.
Methods: The study included all patients with SMI enrolled in the PMDP activities until December 2023. Data were collected through clinical file reviews and telephone interviews using a structured questionnaire, including the World Health Organization Disability Assessment Schedule (WHODAS 2.0). Demographic and clinical variables, as well as patient-reported experiences, were analyzed to identify factors associated with continued participation or dropout.
Results: The study initially included 87 patients, of whom 41 adhered to the program and 46 dropped out. However, after further filtering and questionnaire analysis, a subset of 36 patients was evaluated in detail (22 in the adherence group and 14 in the dropout group). The adherence group had lower disability scores on WHODAS 2.0 and reported higher intrinsic motivation, such as improving physical and mental well-being. In contrast, the dropout group highlighted external pressures from mental health professionals as reasons for initial participation and cited fatigue, lack of integration, and distance from the program as reasons for discontinuation. *Tai Chi Chuan* was the most popular activity (39% participation), while the *Book Club* had the lowest engagement (3%).
Conclusions: Intrinsic motivation is a key predictor of adherence to psychosocial rehabilitation programs, while external pressures may increase dropout risk. Enhancing flexibility, offering a wider range of activities, and fostering peer support systems could improve retention rates. These findings reinforce the importance of adapting psychosocial interventions to the needs and motivations of individuals with SMI for better long-term outcomes.

Disclosure of Interest: None Declared

EPP609

Assessing the Impact of a Men's Mental Health Peer Support Program Using Participatory Methods

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Introduction: There is a growing interest in the field of men's mental health, given that men experience elevated rates of certain mental health outcomes including suicide, substance use disorder and overdoses. Evidence suggests that certain male sub-populations are at particular risk, including fathers who are divorced or separated. This increased risk has been attributed to several factors including painful separation from children, an intense decrease in social support, and a sense of failure and shame associated with marital breakdown. Despite these risks, there is a lack of official services targeted at divorced or separated fathers with mental health issues, with only a few grassroots programs available for this demographic. One such service is a peer support program known as Pères Séparés (seperated fathers). This program is officially accredited by the *ministère de la Santé et des Services sociaux du Québec* to provide psychosocial support including one-on-one peer coaching, weekly support groups and financial/legal advice to divorced or separated men in Montreal.
Objectives: We set out to conduct a project using a method known as participatory video. The aim was to elicit the lived experience of service users, including their experiences within the peer support program, and represent these experiences in a short video that can be used for the education of other peers, health care providers, family members and the general public.
Methods: The project involved creating a workgroup of program service users who were initially trained in basic video-techniques. Workgroup members then interviewed each other about their experiences on camera. All interviews were transcribed, with workgroup members reading the transcripts and distilling prominent themes from these interviews for inclusion in the final video.
Results: The resultant 20 minute video contained three themes (i) the unique struggles of separated fathers including intense loneliness, isolation, depression, and suicidality; (ii) the important of the program in reducing this isolation and providing invaluable social support; and (iii) the rehabilitative role of peer support in providing psychosocial education regarding self-care, social reintegration and pathways to recovery from mental health issues. The video was shown in a series of screenings at targeted settings including health-care, community and educational venues. It was also uploaded to social media where it has been viewed over 5,000 times.
Conclusions: The results imply that such grassroots peer-support programs are very well-situated to help vulnerable fathers in their recovery. Moreover, this program provides a model that can be used as a template elsewhere. Indeed, relevant organizations, funders and service providers could consider creating and implementing similar peer support programs oriented towards seperated fathers. These can benefit such men, their families and society as a whole.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP610

Phase 3 program of evenamide, a glutamate release modulator, as add-on in patients with treatment-resistant schizophrenia: design of a potentially pivotal, international, randomized, double-blind, placebo-controlled trial

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Introduction: Treatment-resistant schizophrenia (TRS) develops in ~30% of patients, resulting in higher hospitalization rates, morbidity, mortality, and suicidality, and increased costs (Pompili et al CNS NDDT 2017; 16 870-884). Despite inconsistent findings of its efficacy, antipsychotic polypharmacy (APP) is frequently prescribed in an attempt to treat refractory symptoms (Correll ClinNorthAm 2012; 35 661-681). While marketed APs all act through the modulation of 5HT/DA transmission, clozapine, the only drug approved for TRS,