

with Romberg Test to evaluate the static and dynamic balance as well as flexibility of the upper and lower body.

Conclusions: Properly planned and carried out qualification for the physical therapy program allows to adjust the activities to the needs of the patient. Additionally, it can be a tool to evaluate the achieved results at the end of the rehabilitation process.

Disclosure of Interest: None Declared

EPV0885

Do we have an “anti-stigmotic”? – Addressing Mental-Illness Related Stigma as the main issue

C. Cabaços^{1*}, J. Andrade², F. Pocinho², M. Carneiro¹, G. Santos², D. Loureiro² and A. Macedo¹

¹Institute of Psychological Medicine, Faculty of Medicine, University of Coimbra and ²Psychiatry Department, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2187

Introduction: For people with mental illness, internalized stigma, also referred to as self-stigma, is characterized by a subjective perception of devaluation, marginalization, secrecy, shame, and withdrawal. It has many adverse effects on individual's psychological well-being and clinical outcomes. The iatrogenic effects it has during psychotherapeutic treatment can significantly reduce utilization of mental health care services, reduce quality of life and increase avoidant coping. Overall, internalized stigma is considered a risk factor for poorer mental health prognosis. Although some interventions have recently been developed to specifically intervene on this target as part of psychological recovery goals over the course of treatment, most clinicians are not yet aware or empowered to correctly address this.

Objectives: Description of a clinical case illustrating the relevance on addressing internalized mental illness related stigma during the recovery process.

Methods: Clinical case report and review of the literature on the subject.

Results: We present the case of a 47-year-old female patient, C.S., single, graduated in social work (currently unemployed), who was admitted at the Psychiatry Day Hospital, where she was referred by her Psychiatry Assistant because of abulia, social withdrawal and isolation, depressed mood, thoughts of shame, guilt and self-devaluation and work incapacity. She had been admitted in the Psychiatry ward one year earlier for a first psychotic breakthrough, presenting persecutory and grandiose delusions and auditory hallucinations. After three weeks of inpatient treatment with anti-psychotics, a full remission of the symptoms was achieved, without any posterior relapse. Before that first psychotic episode, the patient had been taking anti-depressive medication (escitalopram 20 mg id) for many years, prescribed by her General Practitioner, for mild to moderate depressive symptoms. After being discharged from the Psychiatry ward, C. kept following an outpatient treatment with anti-depressives and behavioural activation-based psychotherapy. She started to believe she was mentally ill and therefore weak, incapable, and less deserving than her peers or her previous self. These self-stigmatizing ideas were enhanced by the lack of family support and the beliefs that were fostered by her mother, with whom she started to live after the hospitalization.

These factors led to a dysfunctional internalization of an illness behaviour, jeopardizing the patient's ability to reach full recovery.

Conclusions: This case reinforces the importance of targeting mental illness related stigma during the recovery process. Also, involving the family is of extreme importance to achieve support and address shared beliefs and the interchange between social and internalized stigma.

Disclosure of Interest: None Declared

EPV0886

Brain trauma and family group therapy for acceptance and better communication

D. Goujon

Secteur 1, Centre Hospitalier Spécialisé de l'Yonne, Sens, France
doi: 10.1192/j.eurpsy.2023.2188

Introduction: After severe brain trauma, patients undergo long periods of intrahospital treatment, rehabilitation and multidisciplinary evaluations. When they are sufficiently autonomous, they can be admitted to institution for health care, psychotherapy, occupational therapy as well as various efforts to improve their autonomy. The place taken by family can vary according to the project of the institution and their disponibility.

Objectives: The family group therapy with an organized and structured program aim to improve the place that family have in this institution.

Methods: Family group therapy can vary from support group to structured cognitive behavioural therapy and psycho-education. To meet our goal, we used the model from an experienced brain trauma center.

Results: As a result, better communication between family and resident, family and staff, improved acceptance and a relief for families were found.

Conclusions: In spite of lesser disponibility, the families already stress their need and gratitude for family group therapy.

Disclosure of Interest: None Declared

EPV0887

PRE-TEST: SPEECH THERAPY PROTOCOL FOR COGNITIVE ASSESSMENT.

M. V. Stilpen* and D. M. AVEJONAS

FONOAUDIOLOGIA, UNIVERSIDADE DE SÃO PAULO, SAO PAULO, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2189

Introduction: Autism Spectrum Disorders (ASD) refersto a condition where behavioral and social communication aspects are altered, at different levels of impairment. Relating the characteristics of ASD to the united of brain functioning, alterations in the state of alertness or brain wlkefulness are observed; in the reception, analysis and storage of information and elaboration, programming and execution os activities. The speech therapist is the professional capable of evaluating, diagnosing, preventing and intervening in

cases of language impairment, however, there are still few instruments for accessible cognitive investigation that can guide the professional in the elaboration of a more effective therapeutic plan. Such a lack leads to the need for a longer period of evaluation and intervention. The present study aims to develop a Cognitive Protocol for Speech language Pathology investigation aimed at children with ASD.

Objectives: Elaboration of the Speech-Language Pathology Protocol for cognitive Investigation aimed at children with ASD (PROFOCO-ASD). In this process, a pre-test was developed to identify difficulties observed by parents and guardians in understanding, vocabulary, perception of changes and in the response time, in search of better affectiveness of the instrument.

Methods: PROFOCO-ASD has been developed as a doctoral thesis by São Paulo University (USP) and is based on literature review, authors experience, pre-test in target audience and panel of experts. It is a cognitive investigation protocol aimed at children aged between 2 and 12 years with a diagnosis of ASD. In the pre-test phase, 10 parents answer the PROFOCO-ASD, in addition to a separate questionnaire containing questions regarding: a. Understanding of the questions. b. Understanding of the vocabulary used. c. Perception of the child's changes, according to the questions asked. d. response time.

Results: the results demonstrated the need for changes in the preparation of the questionnaires, in the vocabulary used, in the size of the questionnaire and in the need for guidance on cognitive alterations, so that parents and guardians could identify them.

Conclusions: The Cognitive Speech-language Pathologist PROTOCOL (PROFOCO-ASD) is a instrument aimed at the speech language pathologist capable of providing a means of identifying fundamental cognitive alterations of language development. In search of greater effectiveness, a pre test was applied in which parents and guardians answered the questions. The results of the pre-test led to a modification of the protocol, which had now passed through the expert panel stage.

Disclosure of Interest: None Declared

EPV0888

INTERNALIZED STIGMA – HOW WE VIEW OUR MENTAL ILLNESS

M. Vieira*, B. Fonseca Silva and J. Silva Ribeiro

Psychiatry, Vila Nova de Gaia/Espinho Hospital Center, Vila Nova de Gaia, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2190

Introduction: Stigma in mental health settings is described as a set of negative and unrealistic beliefs about those with mental illness. Authors suggest that stigma is consistently underdefined and overused, leading to resources toward preventing and managing this problem lacking intention and efficiency. Three interacting levels of stigma are defined: social, structural, and internalized or self-stigma. Internalized stigma refers to how people with mental illness see themselves as mentally unwell and, therefore, of lesser value.

Objectives: We aim to discuss the impact of internalized stigma on psychiatric patients and ways of prevention and stigma resistance.

Methods: We performed a non-systematic literature review from the data base *PubMed* using the key words “internalized stigma” and “mental illness”.

Results: Internalized stigma is one of the major factors leading to delayed contact with psychiatric care up to two years in outpatients. In psychiatric patients, higher internalized stigma was associated with weakened social support and integration, hopelessness and lower self-esteem and sense of coherence. Low self-esteem is the most significantly associated factor and mediates lower quality of life and higher treatment avoidance. The risk of self-esteem loss seems higher in patients with more insight, especially if they also have a loss of valued social identity. Although some studies suggest higher levels of internalized stigma in female, single and lower educated patients, adjusted statistical analyses do not validate these sociodemographic variations. It is however more prevalent in those with depression and who had been hospitalized because of their mental illness. The impact of internalized stigma is often compared to the levels of the illness burden itself, leading to higher levels of depression and greater psychiatric symptom severity. Additionally, more self-stigma seems to predict suicidal ideation, particularly in young adults.

Conclusions: The internalization of negative stereotypes undermines empowerment and negatively impacts the evolution and recovery of psychiatric patients. There's strong evidence that general stigma constitutes a risk factor for poor biopsychosocial health outcomes. Programs addressing multiple stigma components seem to be most effective in improving suicide prevention. However, most self-stigma interventions involve groups, which can create barriers for people who are not comfortable disclosing a mental health condition to others. Anti-stigma programs are most effective when they involve people with lived experience of mental health conditions in all aspects of development. Interventions from a younger age should focus on prevention of general stigma by improving understanding of mental illness and reducing self and outwards discrimination. Working on professionals own stigmatizing behaviors is also key to improve the way we communicate and educate populations on how to internally process mental health problems.

Disclosure of Interest: None Declared

EPV0889

Predictors of Return to Work Among Patients Attending a Long-term Treatment and Rehabilitation Service for Functional Neurological Disorder (FND) and Related Conditions

M. Gheis^{1*}, S. Ellis², K. Lenk³ and C. Lamb⁴

¹Psychiatry, University of British Columbia; ²Neurorehabilitation, Vancouver Island Health Authority; ³Administration, Program for Functional Neurological Disorder and ⁴Clinical physiotherapy, Docks Community Rehabilitation, Victoria, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2191

Introduction: Limited data is available on the prognosis of patients with FND concerning their ability to return to work.

Objectives: To identify factors associated with the ability to return to work in patients with FND following treatment and rehabilitation.