Introduction: Recovery is much broader than experiencing remission of symptoms. It is understood as the experience of a subjectively significant and satisfying life, even if some symptoms of mental illness persist. The recovery process from borderline personality disorder (BPD) is complex and includes recognizing the need for change and developing greater self-acceptance.
Objectives: Provide an overview of personal recovery from BPD.
Methods: The authors did a non-systematic review in pubmed with the words: "borderline personality disorder" and "Recovery".
Results: BPD is a serious mental disorder characterized by a pattern of instability in interpersonal relationships, self-image and affections, marked by impulsiveness and (para) suicidal behaviors. Unemployment and difficulties in obtaining and maintaining employment are highly prevalent on BPD and add social exclusion and deterioration of physical and mental health. Recent long-term follow-up studies offer a optimistic scenario, indicating high rates of clinical remission (not equivalent to full recovery). Most psychotherapies, such as dialectical behavioral therapy (DBT) or mentalization-based therapy, have proven their effectiveness in treating emotional dysregulation, impulsivity and interpersonal difficulties. Teams working with people with BPD should develop comprehensive multidisciplinary care plans. The care plan should identify long-term goals that should be realistic, and linked to the short-term treatment aims and develop a crisis plan that identifies potential triggers that could lead to a crisis.
Conclusions: Cognitive rehabilitation and psychoeducational interventions can be effective in individuals with BPD. These interventions can be easily implemented in mental health settings and offer benefits for improving overall functioning, which often remains affected after clinical remission in long-term follow-up.

Keywords: recovery; Borderline personality disorder

EPP1131

Successful discharge from a mental health halfway house: A personalized process with integrated approaches

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Introduction: In Taiwan, residents of mental health halfway houses (MHHH) receive psychiatric rehabilitation services, aiming for independent living and community integration. Research is yet to investigate how MHHH may effectively assist residents' discharge in this cultural context.
Objectives: To examine the processes of assessment, preparation, assistance, and appraisal of discharge from MHHH staff's perspectives.
Methods: Semi-structured in-depth interviews were conducted with 11 halfway house staff members. Verbatim transcripts were analyzed with dimensional analysis procedures of the grounded theory methodology.
Results: Successful discharge is a personalized process with integrated approaches addressing three essential factors: (a) regular community involvement, (b) the residents' capacity to work, and (c) the family's acceptance and support. Staff supported individual residents' community involvement by attending to residents' personal interests, resource availability, financial concerns, and transportation. Moreover, staff provided rehabilitation trainings to develop work capacity. However, residents' motivation and functioning as well as job opportunities might affect their employment. Finally, in Taiwan, residents were rarely discharged without their family members' consent because residents tended to co-reside with their family after discharge or rely on family support while living separately. Staff worked to engage families, which was influenced by family relationship quality, past traumatic events, financial concerns, capacity to assist the resident, and/or the resident's ability to assist with family affairs.
Conclusions: To achieve successful discharges, MHHH staff need to assist each resident by developing an integrated plan to enhance conditions of the aforementioned factors, including strategies for different familial situations to garner family support in this cultural context.

Keywords: psychiatric rehabilitation; mental health halfway house; discharge

EPP1132

Assessment of the effectiveness of psychosocial rehabilitation in schizophrenia patients using biological markers

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Introduction: An important aspect of rehabilitation programmes is assessment of their effectiveness, which is carried out mainly through clinical and psycho-pathological examinations, psychometric and psychological scales and questionnaires. The use of biological markers of the schizophrenic process to assess the effectiveness of rehabilitation assistance is of considerable interest.
Objectives: To compare the clinical and socio-psychological characteristics of schizophrenia patients receiving psychosocial treatment in various forms of psychiatric care with the level of immune system activation reflecting the activity and severity of the pathological process in brain.
Methods: 77 schizophrenia patients in remission of varying quality were examined, of which 52 patients (the 1st group) participated in a long-term comprehensive rehabilitation programme $(3.7 \pm 2.5$ years) in non-profit organization, and 25 patients (the 2nd group) received medical and rehabilitation assistance in the psychiatric day hospital (duration of treatment no more than 60 days). PANSS, HDRS, SAS-SR, SF-36, BRS scales were used. The activity of the pathological process was evaluated by the level of inflammatory markers.
Results: Both patient groups showed a similar increase in the level of inflammatory and autoimmune markers compared to control $(p<0,01)$. The 1st group compared to the 2nd one had a significantly higher level $(p<0,05)$ of social functioning, stress resistance, awareness of the disease, motivation, comprehensiveness, as well as less the severity of psychopathological symptoms.
Conclusions: The results indicate the effectiveness of a long-term comprehensive rehabilitation programme to stabilize clinical

remission, improve social functioning and the quality of life in schizophrenia patients, despite the active pathological process in brain.

EPP1133

The efficacy of social skills training in the treatment of schizophrenia

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Introduction: Social cognition and skill deficits have been largely documented in subjects with schizophrenia (SCZs), and have a strong influence on the functional outcome of these subjects. Different behavioural interventions have been developed to target and improve social skills in SCZs. For instance, the Social Skills Training (SST) focuses on improving communication skills and assertiveness to facilitate disease management, independent living and real-life functioning of SCZs. SST seems also to have an impact on negative symptoms and social cognition.
Objectives: The study aims to evaluate the effectiveness of SST in improving social cognition and negative symptoms in SCZs.
Methods: The sample included 8 chronic SCZs (age between 18 and 60), who completed 6 months of SST. The intervention consisted of two weekly group sessions of 2 hours each. We assessed psychopathology, neurocognition, real-life functioning, functional capacity and social cognition at baseline and after training. Paired samples t-tests were performed to evaluate the differences of the variables considered after completing the treatment.
Results: Significant improvements in negative symptoms (p<.05), social cognition (p<.05), functional capacity (p<.001), activities of daily living (p<.001) and interpersonal relationships (p<.011) were found.
Conclusions: The present findings suggest that SST might ameliorate social cognition and negative symptoms which are generally not influenced by antipsychotic treatment. The integration of pharmacological and SST interventions might have an impact on major determinants of poor real-life functioning in SCZs.

EPP1134

Effectiveness of social skills training conducted in a group of subjects with first-episode psychosis

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Introduction: Cognitive deficits are considered a key feature of schizophrenia due to their substantial influence on the psychosocial outcome of subjects affected by this disorder. Several studies showed that moderate to severe cognitive impairments, including dysfunctions of social cognition, are already present during the early phases of the illness, in subjects with first-episode psychosis (FEPs). Psychosocial interventions, such as social skill training (SST), could therefore be implemented already upon occurrence of the first episode of psychosis to improve the overall functional outcome of schizophrenia, which represents to date an unmet need in the care of these patients.
Objectives: The study aims to evaluate the use of SST to enhance social skills and real-life functioning in FEPs.
Methods: The sample included 7 FEPs (age between 15 and 40). The SST intervention included 30 sessions lasting 2 hours and delivered twice a week. Psychopathology, neurocognition, real life functioning, functional capacity and social cognition were assessed at baseline ad after training. Paired samples t-tests were performed to evaluate the effects of the intervention. All subjects were treated with second generation antipsychotics.
Results: Significant improvements were observed in negative symptoms, social cognition, problem solving skills, as well as in global functioning (all p<0.05). Within real-life functioning, the improvement was greater for the domain of interpersonal relationships.
Conclusions: These preliminary findings suggest that SST might complement pharmacological treatment in FEPs to improve functional outcome in these subjects. Further studies with a higher sample size and a longer follow-up are required in order to confirm the present results.

EPP1136

Stigmatisation of schizophrenia, psychosis and autism in flemish newspapers

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Introduction: Stigma is a major burden and impediment for treatment and recovery in serious mental disorders, especially psychotic disorders. Therefore, it has been proposed to replace the term schizophrenia by psychosis susceptibility or psychosis spectrum disorder.
Objectives: We have assessed stigma in the media through a 10-year survey of Flemish daily newspapers (2008-2017) by comparing the way schizophrenia and autism are portrayed. We added the term psychosis for the years 2013-17 to assess its suitability as a less stigmatising alternative.
Methods: Via the websites of the seven Flemish newspapers, we searched for all articles published between 01 Jan 2008 and 31 Dec 2017 containing the keywords autism, schizophrenia, and related terms. The collected articles (n = 5,337) were then graded to their stigmatising content. We added the term psychosis for the years 2013-17.
Results: In the collected articles the coverage of autism was mostly positive, whereas the coverage of schizophrenia was predominantly negative. The contrast was very substantial (p < 0.0001) and stable