expanding options such as sports, theatre, karaoke, and art, and integrating patients' hobbies and interests into rehabilitation. A second audit cycle will be conducted in 3–6 months to assess whether these changes enhance satisfaction and engagement.

Disclosure of Interest: None Declared

EPV1454

Features of mental development in preschool children with intellectual disabilities: designing a comprehensive support path

A. Zakrepina[1,2], O. Azbukina[1] and Y. Sidneva[2,3]*

[1]Psychoeducation, Federal State Budgetary Scientific Institution Institute of Correctional Pedagogics; [2]neurorehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma and [3]neuropsychiatry, N.N.Burdenko National Medical Research Institute of Neurosurgery, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11696

Introduction: A comprehensive observation of the mental development of preschool children with intellectual disabilities at a medical center revealed numerous variations in mental developmental difficulties. The path to correcting mental disorders was determined by the child's individual support program and depended on the family's request for the type of support provided by the medical center's specialists.
Objectives: to study mental disorders in preschool children with mental retardation in the context of individual training and comprehensive support by specialists of the medical center.
Methods: The sample consisted of 104 children with intellectual disabilities (ages 3 to 5) attending the Medical Center. Of these, 74 children were assigned to the experimental group (EG), which was trained using the center's integrated solutions algorithm, and 34 children were assigned to the control group (CG), which was trained by an individual specialist at the family's request.
Methods: parental survey, observation, pedagogical and psychiatric testing, comparative analysis.
Results: Children in the EG showed uniform positive dynamics in mental development in the main areas: 58% of children showed positive dynamics in social-communicative development, cognitive-speech development with persistent mild difficulties in cognitive development; 32% showed positive dynamics in social-communicative and cognitive development with persistent moderate difficulties in cognitive development; 10% showed positive dynamics in social-communicative development and pronounced difficulties in cognitive development and the emotional-volitional sphere.
In the children of the control group, there was an unexpressed dynamics in cognitive development, and only those areas that were identified at the request of parents (speech and communication) were indicative: 38% - with positive dynamics in social and communicative development with persistent difficulties in cognitive development; 35% - with positive dynamics in speech development and persistent mild difficulties in cognitive development and the emotional-volitional sphere; 27% - with unexpressed dynamics in cognitive and social development, and persistent difficulties in the emotional-volitional sphere.
Conclusions: Variability in the mental development dynamics of children with intellectual disabilities in the experimental and control groups determines the most effective approach to correcting mental developmental deviations through comprehensive medical, psychological, and pedagogical support, compared to implementing individual parental requests for support from a specific specialist. Our study aims to further develop and test an action plan for center specialists to address the problem of comprehensive support for children with intellectual disabilities.

Disclosure of Interest: None Declared

EPV1455

Reaction and execution time rehabilitation among a child with CAS - single case study

E. Vashdi[1]* and R. Popa[2]

[1]Yaelcenter, Haifa, Israel and [2]Dinamic Equilibrium, Bucharest, Romania
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11695

Introduction: Being non-verbal has a vast influence on child development and requires thorough rehabilitation process using significant tools and accuracy. It is similar to a non-mobile condition, but has more cognitive and emotional consequences. In this research we examine an advanced phase in helping a completely non-verbal child, 7 years old, to over come an obstacle on the way to spoken language. This child was able to acquire all syllables and hundreds of words under imitation in 3 years since he was 4 years old. However, the production time is very slow and requires many efforts. The research is examining techniques to reduce the reaction and execution time of words and syllables.
Objectives: The objective was to test VML techniues for the improvement of reaction time in speech treatment for a child with developmental delay and apraxia of speech.
Methods: Prospective Single case study design. We tested most single syllables in Dutch and a few word structures for typical execution time , reaction time, execution time, ratio between RT and expected RT, and ratio between CAS execution and typical one. Intervention based on VML method is designed for three months, afterwards a final test will take place.
Results: RT was found elongated, about 5 times more then expected, and was growing with the length of structure usually. Execution time was found elongated, 4 times more for the CV and lower ratio for the words. The reason is probably elongated words production by the examiner which wasn't typical.
Conclusions: The elongated time for processing and execution damage the ability to use spoken language even when all sounds exist under imitation. The influence of this situation on daily life and rehabilitation into typical environment is significant and life changing.
At presentation we will present the full process and results, including sound samples.

Disclosure of Interest: None Declared