program the subjects will show improvement in relation to the performance of these skills.
Objectives: To quantitatively and qualitatively analyze the effect of speech therapy stimulation on the development and quality of social skills in adolescents victims of childhood mistreatment. The hypothesis is that after the intervention program the subjects will show improvement in relation to the performance of these skills.
Methods: 10 adolescents, between 12 and 16 years old, have participated in the research. The following inclusion criteria were used: 1) being between 7 and 17 years old; 2) having experienced mistreatment in childhood; 3) be treated in a highly complex health service. The intervention programs consisted of 12 follow-up sessions, carried out in person. The main focus was on stimulating communicative and pragmatic skills, also covering theory of mind skills, personal problem solving and paralinguistic skills. After the 12 sessions, patients underwent reevaluation and the results were tabulated and analyzed by the researcher.
Results: Participants had considerable difficulties with social skills before speech therapy intervention, the initial difficulties was mainly in self-control and assertiveness skills. After the 12 intervention sessions, a significant improvement in the social skills was observed, especially in empathy and assertiveness.
Conclusions: The participants progressed after the intervention in all areas evaluated, with more significant improvements in empathy and assertiveness. These results demonstrate the positive impact of speech-language therapy intervention for the stimulation of social communication and pragmatic skills.
It is important to emphasize that this population has many specificities, making it difficult to work with isolated variables. Therefore, more studies involving speech-language therapy, particularly speech-language therapy intervention, with adolescent victims of abuse are needed.

Disclosure of Interest: None Declared

EPV1723

Features of Self-stigmatization of Patients with Schizophrenia Spectrum Disorders at the Initial Disease Stage

V. Mitikhin[1]*, T. Solokhina[1] and D. Oshevsky[1]

[1]Mental Health Research Centre, Moscow, Russian Federation
*Corresponding author.
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Introduction: Patients with schizophrenia spectrum disorders (SSD) are the most vulnerable category in terms of formation of self-stigmatization (Rayan A., Aldaieflih M., 2019). However, clinical and psychological features of their self-stigmatization were studied mainly at the longer stages of the disease. Self-stigmatization- of patients at the initial stages of the disease rarely got to the attention of researchers, what determined the relevance of the study.
Objectives: To identify characteristics of self-stigmatization patients with SSD at the initial stage of the disease; to determine their needs in psychosocial treatment.
Methods: Questionnaire for assessing the phenomenon of self-stigmatization of mentally ill people (Mikhailova et al., 2005) and PANSS were used. A group of 39 patients (23 women and 16 men) with SSD (F20.xxx, F23.xxx, F25.xxx according to ICD-10) were examined. The average age of the patients was 28.95 ±8.53 years. The duration of the disorder varied within 0.5-3 years.
Results: Patients at the initial stages of SSD demonstrated relatively low level of self-stigma. The indicator «General level of self-stigma» was slightly lower than the average values and constituted 0.86±0.53 points. Patients believed that mental disorder and associated changes will not limit their education and work (0.80±0.57 points), social activities (0.78±0.49 points) and self-realization (0.60±0.48 points). Rejection to restrictions caused by mental illness, underestimation of possible social and interpersonal problems and desire to distance from people with mental disorders (0.74±0.56 points) were identified. Correlation analysis of the named Questionnaire on self-stigmatization and PANSS scales revealed the strongest correlations across parameters «Readiness to distance oneself from mentally ill people in the sphere of internal activity», characterizing the rejection of changes that have occurred as a result of the disease, with scales: P2 - judgment disorders, G-12 - decreased criticality to one's condition and N-1 - dullness of affect (r=0.61 at p=0.003, r=0.54 at p = 0.003, r=0.52 at p=0.006, correspondingly). Thus, relatively low level of self-stigmatization of patients with SSD at the initial stage of the disease is associated with insufficiently critical self-assessment of their state, underestimation of possible social and interpersonal problems, and desire to distance from people with mental disorders.
Conclusions: It is necessary to carry out psychoeducation programs for patients with SSD, aimed at developing an adequate perception of mental disorder and prevention of possible consequences of self-stigmatization, as well as social and communication skills' development trainings.

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EPV1724

Effectiveness of a social cognition remediation intervention for patients with schizophrenia: a randomized-controlled study

P. Pezzella[1]*, L. Giuliani[1], A. Mucci[1], D. Palumbo[1], E. Caporusso[1], G. Piegari[1], G. M. Giordano[1], P. Blasio[1], S. Torriero[2], C. Mencacci[2] and S. Galderisi[1]

[1]University of Campania "Luigi Vanvitelli", Naples and [2]Department of Psychiatry and Addiction, ASST Fatebenefratelli-Sacco, Milan, Italy
*Corresponding author.
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Introduction: Individuals with schizophrenia often experience significant deficits in social cognition, including emotion processing, social perception, and theory of mind (ToM). These deficits have a greater impact than symptoms on occupational and social functioning.
Objectives: The present randomized controlled trial aimed to evaluate the effectiveness of a new integrated and personalized social cognition rehabilitation intervention, the Social Cognition Individualized Activity Lab (SoCIAL), in improving performance in social cognition and consequently the clinical and functional outcome of subjects with schizophrenia (SCZ).
Methods: SoCIAL, consisting of 10 weekly sessions, was compared with treatment as usual (TAU). Two recruitment centers (Naples and Milan) were involved. Repeated measures MANOVA was used to investigate between-group differences in changes from baseline to follow-up in terms of psychopathology, cognitive performance, and functioning.
Results: Twenty people with schizophrenia were blindly assigned to SoCIAL and twenty to TAU. After 10 weeks, SoCIAL significantly

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improved disorganization, emotion recognition, functional capacity and real-life functioning. As compared to TAU, the SoCIAL group showed a significant improvement in minimal and enriched social inference domain of theory of mind, and in key domains of real-life functioning (interpersonal relationships, everyday life skills, and work skills).
Conclusions: SoCIAL improved social cognition and real-life functioning of people with schizophrenia. These results highlight the importance of social cognition deficit treatment in schizophrenia and the necessity for these interventions to be multifaced and personalized. Such an approach ensures that improvements in social cognition translate into enhanced functional outcomes.

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EPV1726

The Singapore Inpatient Psychiatric Rehabilitation Experience

T. Teoh[1]
[1]Rehabilitation Service, Institute of Mental Health, Singapore, Singapore
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Introduction: Stepping Stones Rehabilitation Centre(SSRC) is a one-year old psychiatric rehabilitation centre in the Institute of Mental Health Singapore.
SSRC was initially created as a 100-bed inpatient ward to address a treatment gap and fast-track the psychiatric rehabilitation of patients admitted for acute psychiatric conditions. SSRC serves as the 'stepping stone' for acutely unwell inpatients as they transcend the hospital back to the community. To do so, SSRC actively engages our upstream partners (teams managing acutely unwell patients) as well as downstream partners (social service agencies) to continually assess the treatment gap between acute and community psychiatric care and evolve our programme and processes to close this gap and smoothen the transition.
Objectives: The overall objective is to provide patients with the relevant levels of rehabilitation by training and equiping them with the necessary skills to intergrate back to society at the level for which they have set their goals on.The levels of rehabiliatation range from intermediate rehabilitation following acute illness to regain their functional status to perform their daily activities to tertiary rehabilitation which provides higher intensity rehabilitation programmes to help patients return to their daily function and to work and life as much as possible. This is achieved via a multi-disciplinary team comprising of patient, psychiatrists, doctors, nurses, occupational therapists (OT), medical social workers (MSW), psychologists, peer support specialists (PSS) and case managers(CM) to derive a bespoke rehabilitation programme for each patient over their course of stay in the ward.
Methods: Patient are referred to the SSRC from the acute inpatient wards of IMH or from the outpatient setting. Upon acceptance to the ward, patients are reviewed and a timetable is created based on the goals the patient would like to achieve. Patients are reviewed at weekly MDT (multi-disciplinary team) meetings at frequencies which commensurate to their rate and intensity of rehabilitation. Measures obtained to assess the progress of each patient and the programme are:
1. CGI-I (Clinical Global Impression - improvement) scale
2. GAF (Global Assessment of Functioning)
3. RAS-DS (Recovery Assessment Scale - Domains and Stages)
4. SLOF (Specific Level of Functioning)
5. Acceptance rates to stepdown care
6. 30-day readmission rates

Results: At the latest tabulation of data, there has been 117 patients successfully discharged from SSRC. The other data are currently being tabulated and analysed and updated results will be shared at the meeting.
Conclusions: SSRC is one of few psychiatric rehabiliatation entities that reside in an acute psychiatric hospital. It was assessed that patients who present with acute decompensation in their mental state could benefit from intense fast-tracked rehabilitation measures before stepping down to community provided services.

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EPP247

Psychoeducation for caregivers of patients with first psychotic episode

A. Magay[1]* and M. Kuzminova[1]
[1]Mental Health Research Center of Russian Academy of Medical Sciences, Moscow, Russian Federation
*Corresponding author.
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Introduction: Caregivers of patients with first psychotic episode (FPE) are under considerable stress. The onset of schizophrenia results in significant limitations for the relatives, and resulting maladaptive behavior. It is crucial to provide psychoeducation to those caring for a patient with FPE.
Objectives: To assess the impact of psychoeducation on the psychological state of caregivers of patients with FPE.
Methods: A total of 48 caregivers of patients with FPE (40 women and 8 men) were assessed before and after psychoeducation. Psychometric and statistical methods were used.
Results: Analysis of functioning in interpersonal roles of relatives of FPE patients using the SAS-SR scale before the intervention showed significant distress in various domains (above 66 T-scores). 32.9% of relatives had impaired social interactions (withdrawal, conflicts, sensitivity to criticism). 25.4% of caregivers had strained family relationships (conflicts, guilt), and 12.4% reported difficulties in intimate relationships. 10.8% of relatives experienced problems in their relationship with the patient (overprotection combined with emotional coldness, distancing). After psychoeducation distress decreased in most areas, but some relatives still had problems of social functioning and deterioration in marital relationships. According to the SCL-90 questionnaire, distress decreased after the intervention. GSI (General Symptomatical Index) dropped from 0.69 to 0.38 (with a norm of 0.31). Anxiety and hostility also approached normal levels (from 0.68 to 0.33 and from 0.59 to 0.28, with a norm of 0.30, respectively). However, scores for paranoia (from 0.72 to 0.40, with a norm of 0.34) and depression (from 0.79 to 0.43, with a norm of 0.36) remained elevated, reflecting ongoing stress. PSDI (Positive Distress Symptomatical Index) dropped from 1.53 to 1.44. PST (Positive Symptomatical Index) dropped from 37.06 to 23.56.
After psychoeducation caregivers members' stress coping strategies improved. Confrontation decreased (from 9 to 8 points), while social support-seeking increased (from 13 to 14 points). Avoidance behavior and distancing also decreased. Medication adherence