cases of language impairment, however, there are still few instruments for acessible cognitive investigatio 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 ans 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 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-tes phase, 10 parents answers the PROFOCO-ASD , in addition to a separate questionnaire containing questions regarding: a. Understanding of the questions. b. Understanding of the vocabulary userd. 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 párents and guardians could identify them.

**Conclusions:** The Cognitive Speech-language Pathologist pROTOCOL (PROFOCO-ASD) is a intrument aimed at the speech´language patholist capable of proving a means of identifying fundamental cognitive alterations of language development. In search of greater effectiveness, a pre test was applied in wich parents and guardians answered the questions. The results of the pre-test led to a modification of the protocol, wich had now passed though the expert panel stage.

**Disclosure of Interest:** None Declared

## EPV0888

## INTERNALIZED STIGMA – HOW WE VIEW OUR MENTAL ILLNESS

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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

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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.