

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 answers 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

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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.

Methods: We retrospectively assessed the employment outcomes of 79 consecutively evaluated patients. Patients were referred at the inception of an FND Program for adults. The majority of patients were unemployed, on sickness leave and or disability benefits at the time of their referral ($n=71$). Their median age was 48 years. Most patients were of female gender ($n=50$), in a relationship ($n=53$), with no dependants ($n=64$). Most patients had a referral diagnosis of mixed functional neurological symptoms ($n=35$), presenting with a combination of motor, sensory, cogniform or dissociative seizure symptoms. Among patients distinct phenomenological presentations, the most common referral diagnosis was functional sensory disorder ($n=16$). Twenty two patients had a concurrent structural neurological disorder. Seven patients had an accident compensation claim, and twenty had a workers' compensation or employment insurance claim at the time of referral.

Results: Approximately 30 % of patients were able to return to some work ($n=24$) within five years or less, and all those who were in employment at the time of the referral continued to hold a job for the duration of their treatment. We identified a negative correlation between patients' ability to return to work and the length of employment interruption, with patients more recently out of work (within a year prior to the referral) being most able to return to work (odds ratio = 2; 95% CI, 1.2 to 3.8). We previously analyzed employment figures at 18 months of the service operation. Return to work was moderately lower at that point at 19%, but with maintained negative correlation with the length of employment interruption.

There was a negative correlation between having a work-related financial claim and the ability to return to work ($p < 0.001$). There was no statistically significant correlation between demographic variables (gender, age, relationship status, or having dependants) and the ability to return to work, nor was there a statistically significant correlation between the phenomenology of Functional Neurological Disorder (motor, sensory, cogniform, non-epileptic attack disorder or mixed) and the ability to return to work.

Conclusions: Early and continuous treatment of employed or recently unemployed patients with Functional Neurological Disorder is associated with better occupational outcomes. Having a work-related compensation claim is correlated with negative occupational outcomes. There is a need for further research into occupational rehabilitation, specially for patients receiving work-related compensation claim.

Disclosure of Interest: None Declared

EPV0890

Sensorimotor accuracy and dynamic muscular endurance in war veterans (amateur athletes) during rehabilitation after battle trauma

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doi: 10.1192/j.eurpsy.2023.2192

Introduction: During the war, the rehabilitation of combatants after injuries of varying degrees of complexity has particular

importance. The effectiveness of rehabilitation of athletes-war veterans can be assessed by the level of physical performance, functional properties and state of all body systems. The reduction of functional asymmetry, accuracy of the sensorimotor response and dynamic muscular endurance (DME) of hand movement by the tapping test are effective and objective indicators of physical rehabilitation.

Objectives: The aim of this study was to evaluate functional asymmetry, accuracy of sensorimotor response and dynamic muscular endurance of hand movement by tapping test during the rehabilitation of amateur field-and-track athletes after battle traumas.

Methods: 10 war veterans (amateur field-and-track athletes, right-handed male aged between 28 and 60 years) took part in the study. To determine the state of psychophysiological functions and the maximum tempo of movement of the hand Diagnostic complex "Diagnost-1" (Ukraine) was used. We analyzed indicators of the tapping test, indicators of a simple visual-motor reaction (SVMR) and a reaction of choosing one of three signals (RCh1-3) separately for the right and left hand, indicators of a reaction of choosing two of three signals (RCh2-3). Non-parametric statistics methods (Spearman's rank correlation coefficient) were used to process data.

Results: The accuracy of the sensorimotor reaction (according to the SVMR indicators) corresponded to the average level in the majority of athletes (60%). The indicators of the simple response of the choice of RCh1-3 were below the average (20%) or at a reduced level (50% of the examined). DME of the dominant hand was high or medium in 40% and 60% participants respectively. In 90% of the surveyed athletes, asymmetry in terms of the tapping test is moderately expressed. Results showed the significant correlation between the stability index of the simple visuomotor reaction (SVMR) and the dynamic muscular endurance (DME) indicators for the dominant and subdominant hand ($r = 0.75$, $r = 0.71$, $p < 0.05$, respectively) - the greater DME corresponded to the lower stability of the SVMR. Latency periods of simple visuomotor reaction and their components (motor components of SVMR, RCh1-3, RCh2-3 reactions and the time of central processing of information in choice reactions) were not associated with tapping test indicators.

Conclusions: Therefore, it can be assumed that motor components of a simple visuomotor reaction, choice reactions and the time of central processing of information in choice reactions were not related to dynamic muscle endurance. The revealed interrelations between the stability of the sensorimotor response and the dynamic muscular endurance of the hand movement can be indicators of the successful rehabilitation of amateur athletes after injury.

Disclosure of Interest: None Declared

EPV0891

Evaluation of the effectiveness of psychosocial treatment of patients with schizophrenia at different stages of its rendering

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doi: 10.1192/j.eurpsy.2023.2193

Introduction: Currently, there is an active introduction of modern types of psychosocial treatment (PST). At the same time, an