

screening procedures for individuals reporting specific vulnerabilities and treatment strategies tailored on patients' needs.

Disclosure: No significant relationships.

Keywords: complexity; integrated treatments; psychosis; vulnerability

Cognitive remediation in schizophrenia: New evidences and future perspectives in the digital era

S0177

Effectiveness of cognitive remediation in schizophrenia: What works and what does not work?

A. Vita¹, G. Deste², A. Ceraso³, G. Nibbio³ and S. Barlati¹

¹Department Of Clinical And Experimental Sciences University Of Brescia, And Department Of Mental Health And Addiction Services, Spedali Civili Hospital, University of Brescia, Brescia, Italy;

²Department Of Mental Health And Addiction, ASST Spedali Civili di Brescia, Brescia, Italy and ³Department Of Clinical And Experimental Sciences, University of Brescia, Brescia, Italy

*Corresponding Author.

doi: 10.1192/j.eurpsy.2021.148

Introduction: Cognitive function in schizophrenia is one of the main elements related to functional outcomes. Although there is enough evidence that cognitive remediation (CR) is beneficial, there is still a limited understanding of how the active therapy ingredients contribute to brain changes and translate into improved real-world functioning.

Objectives: Identify neurobiological, psychopathological, cognitive, and functional CR response or resistance predictors in schizophrenia, considering both cognitive and functional outcomes.

Results: We still lack a precise understanding of how CR produce its effects with different programs, different numbers of sessions, with and without a therapist. CR exerts its maximal benefit when delivered in the context of psychiatric rehabilitation, but it is not yet clear what are the mechanisms of integrated treatment effectiveness. Only a few studies have looked for the relationship between CR response or resistance and the biological, socio-demographic, clinical and cognitive features in schizophrenia. The current knowledge on efficacy predictors of CR is sparse and include: age, illness duration, premorbid adjustment, baseline cognitive performance, intrinsic motivation, hostility, disorganized symptoms, neurobiological reserve, genetic polymorphisms, antipsychotics amount, the type of CR, etc. All of these limitations may have contributed to the poor implementation of CR in national and international guidelines, as well as in clinical practice.

Conclusions: It is important that future research shift from studies of group efficacy to individual efficacy of treatments, in the perspective of precision medicine. Issues related to individual effectiveness predictors and interactions between specific pharmacologic, specific CR technique and individual patients' characteristics should be further addressed.

Disclosure: No significant relationships.

Keywords: schizofrenia; cognition; cognitive remediation

S0180

Cognitive remediation in the era of new technologies: Applications and innovations

T. Wykes

Department Of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom

doi: 10.1192/j.eurpsy.2021.149

Most cognitive remediation therapies now involve computer presentation that differ in their level of sophistication and incorporation of gaming technology. But sophistication doesn't seem to affect the benefits as few outcome differences have been noted. Rather there seems to be a need for some interaction between a therapist and client with two recent meta-analyses reporting this therapist effect. For the large-scale roll-out of cognitive remediation this poses a problem – how do we train these therapists? We know that training or at least educational background is important, so we need clear training packages and supervision. Covid-19 has also given us a greater challenge as it has limited our face-to-face interactions. To remove these two challenges we can use technology. For training we need online processes to increase training availability and for a lack of face to face contact we can provide the bridge with suitable platforms which allow the sharing of screens. Both would ensure that cognitive remediation is available to a wider group, although that requires overcoming the digital divide often experienced by people with a diagnosis of schizophrenia. The tools and the training programme issues are discussed with reference to some initial data.

Disclosure: No significant relationships.

Keywords: cognitive therapy; schizofrenia; cognitive remediation; psychological therapy

Symposium with the European Institute for Women's Health: Mental health of women: What can we do to improve it?

JS0001

Mental health and human rights of women

M. Amering

Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

doi: 10.1192/j.eurpsy.2021.150

Introduction: Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment.

Objectives: Present and discuss the challenges and opportunities of a human rights based approach to women's mental health.

Methods: Non-systematic review of policy and practice of human rights based interventions for women's mental health.

Results: Current mental health as well as gender equality legislation converge towards the realization of longstanding demands of equality for women as well as for persons with mental health problems: removal of barriers, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life.

Essential changes through non-discrimination laws concern key areas, including family planning, marriage and parenthood, employment, housing, education, health, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as the UN-Convention on the Rights of Persons with Disabilities (UN-CRPD) include a focus on gender-specific human rights needs of women and girls. Family advocacy in mental health is prominently supported by female activists as is the user movement.

Conclusions: The opportunities of a successful development towards non-discrimination and gender equality in mental health care are dependent on a viable understanding of these concepts within the mental health community as well as updated expertise concerning tools for implementation of support systems sensitive to the human rights needs of women and girls.

Disclosure: No significant relationships.

Keywords: womens' rights; human rights; non-discrimination; advocacy