

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.

**Disclosure of Interest:** None Declared

## EPV1726

### The Singapore Inpatient Psychiatric Rehabilitation Experience

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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 equipping them with the necessary skills to intergrate back to society at the level for which they have set their goals on. The levels of rehabilitation 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 rehabilitation 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.

**Disclosure of Interest:** None Declared

## EPP247

### Psychoeducation for caregivers of patients with first psychotic episode

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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

improved: before psychoeducation 63% of caregivers had moderate adherence and 35% had low adherence. After the intervention 90% of relatives showed moderate adherence and 2% showed high adherence, and none denied the necessity of treatment.

**Conclusions:** Psychoeducation for caregivers of patients with FPE helps them develop stress management skills, constructive communication with the patient and problem-solving strategies. The intervention reduces anxiety, stigma and improves medication adherence. The study demonstrates that psychoeducation is effective intervention that reduces the risk of relapse during the early years, contributes to the patient's recovery.

**Disclosure of Interest:** None Declared

## Research Methodology

### EPV1727

#### Saccade latency can indicate temporal attention differences in ADHD

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**Introduction:** Temporal attention (TA) is the ability to allocate attention to specific periods in time. Temporal processing is often impaired in individuals with ADHD, but additional studies are needed to expand knowledge about these deficits compared to control groups.

**Objectives:** To analyze the performance of adults in TA tasks based on ADHD symptoms using eye-tracking to measure saccade latency.

**Methods:** Forty young adults (20 meeting ADHD criteria and 20 in the control group - CG) performed an attentional task in which a fixation point (FP) was presented at the center of a computer screen; 1000 ms later, an arrow indicating right or left appeared. The task consisted of two blocks, one with a higher frequency of targets at a 400 ms interval and the other at a 1000 ms interval, among shorter and longer intervals. Participants were instructed to focus on the FP, prepare to respond to the higher frequency interval, and only move their eyes after the peripheral target appeared. Saccade latency—defined as the time between target appearance and the initiation of eye movement—was recorded using a Tobii eye-tracker. A repeated measures ANOVA was conducted for the analysis. Ethical approval was obtained.

**Results:** For longer intervals, saccade latency was significantly different between the ADHD and control groups ( $p = .009$ ). While the CG showed reduced latency, the ADHD group exhibited increased latency, demonstrating a diminished ability to control attention over time.

**Conclusions:** Young adults with ADHD exhibit a reduced capacity to sustain attention over longer periods of time. **Grant:** CNPq process number: 408084/2021-9

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### EPV1728

#### The impact of involuntary-to-voluntary hospitalization transitions on psychiatric decompensation: A protocol for a retrospective cohort study

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**Introduction:** Involuntary hospitalization of a patient with a mental disorder is defined as admission to an inpatient unit without consent. Literature suggests that severe involuntarily admitted patients often present in crisis situations, receive less pharmacologic intervention and therapy, and exhibit poorer prognostic outcomes, such as an increased risk of readmission. Despite being a lifesaving treatment, involuntary admissions can also be stigmatizing, undermine the long-term therapeutic relationship and reduce adherence to care. In this context, little research has been conducted to evaluate how switching a patient's hospitalization from involuntary to voluntary may impact health outcomes, such as psychiatric decompensation.

**Objectives:** To compare the risk of hospital readmission of patients who switched to voluntary hospitalization with those who remain under involuntary hospitalization, and to analyze their sociodemographic characteristics and prognostic outcomes.

**Methods:** An observational retrospective study will be conducted using administrative and clinical data of patients who were involuntarily admitted to inpatient psychiatry of Unidade Local de Saúde São João. All involuntary hospitalizations spanning from January 1, 2022, and December 31, 2022, will be categorized into two groups: patients who switch to voluntary hospitalization or patients that maintained involuntary hospitalization. Data registered in medical records within one year after the index hospitalization will be assessed (whether structured data or free-text). Descriptive, univariate, and multivariate analyses will be performed.

**Results:** For both groups, sociodemographic and clinical variables will be described and compared, as well as the number of previous admissions, their legal status and the presence of previous ambulatory involuntary treatment. Administrative data on patient's hospitalization, such as the length of stay, medical treatment and procedures performed, and the orientation received after discharge will also be compared. Additionally, prognosis outcomes, including readmissions, length of stay of readmissions and legal status of readmission will be analyzed.

**Conclusions:** We expect to elucidate the impact of switching involuntary hospitalized patients to voluntary status on prognosis outcomes. Through this comparative analysis, we hope to provide evidence supporting the prioritization of voluntary treatment whenever feasible.

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