

with Romberg Test to evaluate the static and dynamic balance as well as flexibility of the upper and lower body.

Conclusions: Properly planned and carried out qualification for the physical therapy program allows to adjust the activities to the needs of the patient. Additionally, it can be a tool to evaluate the achieved results at the end of the rehabilitation process.

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EPV0885

Do we have an “anti-stigmotic”? – Addressing Mental-Illness Related Stigma as the main issue

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Introduction: For people with mental illness, internalized stigma, also referred to as self-stigma, is characterized by a subjective perception of devaluation, marginalization, secrecy, shame, and withdrawal. It has many adverse effects on individual's psychological well-being and clinical outcomes. The iatrogenic effects it has during psychotherapeutic treatment can significantly reduce utilization of mental health care services, reduce quality of life and increase avoidant coping. Overall, internalized stigma is considered a risk factor for poorer mental health prognosis. Although some interventions have recently been developed to specifically intervene on this target as part of psychological recovery goals over the course of treatment, most clinicians are not yet aware or empowered to correctly address this.

Objectives: Description of a clinical case illustrating the relevance on addressing internalized mental illness related stigma during the recovery process.

Methods: Clinical case report and review of the literature on the subject.

Results: We present the case of a 47-year-old female patient, C.S., single, graduated in social work (currently unemployed), who was admitted at the Psychiatry Day Hospital, where she was referred by her Psychiatry Assistant because of abulia, social withdrawal and isolation, depressed mood, thoughts of shame, guilt and self-devaluation and work incapacity. She had been admitted in the Psychiatry ward one year earlier for a first psychotic breakthrough, presenting persecutory and grandiose delusions and auditory hallucinations. After three weeks of inpatient treatment with anti-psychotics, a full remission of the symptoms was achieved, without any posterior relapse. Before that first psychotic episode, the patient had been taking anti-depressive medication (escitalopram 20 mg id) for many years, prescribed by her General Practitioner, for mild to moderate depressive symptoms. After being discharged from the Psychiatry ward, C. kept following an outpatient treatment with anti-depressives and behavioural activation-based psychotherapy. She started to believe she was mentally ill and therefore weak, incapable, and less deserving than her peers or her previous self. These self-stigmatizing ideas were enhanced by the lack of family support and the beliefs that were fostered by her mother, with whom she started to live after the hospitalization.

These factors led to a dysfunctional internalization of an illness behaviour, jeopardizing the patient's ability to reach full recovery.

Conclusions: This case reinforces the importance of targeting mental illness related stigma during the recovery process. Also, involving the family is of extreme importance to achieve support and address shared beliefs and the interchange between social and internalized stigma.

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Brain trauma and family group therapy for acceptance and better communication

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Introduction: After severe brain trauma, patients undergo long periods of intrahospital treatment, rehabilitation and multidisciplinary evaluations. When they are sufficiently autonomous, they can be admitted to institution for health care, psychotherapy, occupational therapy as well as various efforts to improve their autonomy. The place taken by family can vary according to the project of the institution and their disponibility.

Objectives: The family group therapy with an organized and structured program aim to improve the place that family have in this institution.

Methods: Family group therapy can vary from support group to structured cognitive behavioural therapy and psycho-education. To meet our goal, we used the model from an experienced brain trauma center.

Results: As a result, better communication between family and resident, family and staff, improved acceptance and a relief for families were found.

Conclusions: In spite of lesser disponibility, the families already stress their need and gratitude for family group therapy.

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EPV0887

PRE-TEST: SPEECH THERAPY PROTOCOL FOR COGNITIVE ASSESSMENT.

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Introduction: Autism Spectrum Disorders (ASD) refersto a condition where behavioral and social communication aspects are altered, at different levels of impairment. Relating the characteristics of ASD to the united of brain functioning, alterations in the state of alertness or brain wlkefulness are observed; in the reception, analysis and storage of information and elaboration, programming and execution os activities. The speech therapist is the professional capable of evaluating, diagnosing, preventing and intervening in