

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.

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## 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 Symptomical 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 Symptomical Index) dropped from 1.53 to 1.44. PST (Positive Symptomical 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