

historically classified, analyzed and evaluated for medical correctness. In summary, it is shown that the early film depicts the condition in a highly ambivalent way, from dangerous and untreatable Insanity to curable illness, thereby reflecting one of the most significant transitions in the history of the understanding delusional symptoms. The presented therapy methods – e. g. psychoanalysis, hypnotherapy, electrotherapy, water therapy and even music therapy –, thus rarely utilized, appear highly modern, while the depiction of the patients seems more influenced by the shadows of the past. Accompanied by scenes from representative works such as *The Other* (1913), *Wolf Blood* (1925), *Shadows* (1923) or the German classic *The Cabinet of Dr. Caligari* (1920), the presentation aims to illustrate all these characteristics of the early ‘psychosis and delusion film’ and explores the important role of cinema as a source of medical history.

Disclosure of Interest: None Declared

WS018

Cinema Therapy: From the Silent Film Era to the Present Day

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doi: 10.1192/j.eurpsy.2025.207

Abstract: Under the rubric of cinema therapy, or movie therapy, research has been undertaken for some time to test the effect of films in different therapeutic settings and with different patient groups. Taking a closer look at the history of film therapy, it becomes apparent that at the time of the silent film, there was already a medical discourse on the effect of films in a therapeutic context. In this lecture, principal philosophical-therapeutic elements of consideration regarding cinema therapy are presented along with historical and current discourses; the most important publications are indicated; and the author's own cinema-therapeutic models, experiences and reflections are reported. In addition, selected case studies show how films can be utilized in a clinical context and which effects and unwanted side effects result from film therapy. The final focus of the lecture is on films that depict psychotherapy, love films, and films that address the phenomena of intoxication, ecstasy, and addiction, and how these have been applied by the author in the inpatient treatment of addicts.

Publication: Martin Poltrum (2025) Cinema Therapy—The Film as a Medicine. From the Silent Film Era to the Present Day. In: Martin Poltrum et al. (eds.) *The Oxford Handbook of Mental Health and Contemporary Western Aesthetics*, Oxford: Oxford University Press.

Disclosure of Interest: None Declared

WS019

‘Film is psychosis’: filmmakers with lived experience

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doi: 10.1192/j.eurpsy.2025.208

Abstract: The presentation juxtaposes the practice of psychiatry with the creative processes involved in filmmaking. It proposes a correlation between the representation of reality in film, and the processing of visual information. It is informed by autobiographical case study films written and directed by individuals with experience of psychosis. In-depth analysis of film conventions employed by filmmakers with experience of psychosis indicate the potential benefits of further research into collaboration with, and contributions from, those filmmakers.

Disclosure of Interest: None Declared

WS020

The EPA guidance publications on neurocognition in schizophrenia

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doi: 10.1192/j.eurpsy.2025.209

Abstract: Introduction: Although cognitive impairment is a core symptom of schizophrenia related to poor outcome in different functional domains, it still remains a major therapeutic challenge. To date, cognition is still poorly assessed in both research and clinical settings and no comprehensive treatment guidelines for assessment and treatment of cognitive impairment in schizophrenia are implemented.

Objectives: The aim of the European Psychiatric Association (EPA) guidance paper was to provide a comprehensive meta-review of the current available evidence for the assessment of cognitive functions in schizophrenia both in research settings and in real-world clinical practice and for treatment of cognitive impairment, structured into three sections: pharmacological treatment, psychosocial interventions, and somatic treatments.

Results: Based on the reviewed evidence, the EPA guidance recommends a comprehensive and systematic assessment of neurocognitive and social cognitive domains in schizophrenia, in all phases of the disorder, as well as in subjects at risk to develop psychosis. It is recommended not only the use of observer reports, but also of self-reports and interview-based cognitive assessment tools. As for treatment, the EPA guidance recommends an appropriate pharmacological management as a fundamental starting point in the treatment of cognitive symptoms in schizophrenia. Among psychosocial interventions, cognitive remediation and physical exercise, and some variables have been confirmed as core elements for cognitive remediation effectiveness.