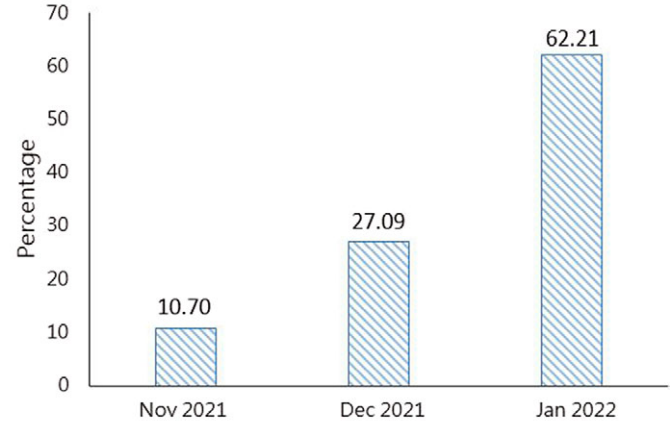
proportion of psychiatric outpatient consultation – more than two consecutive transfers increased continuously and the proportion of psychiatric outpatient consultation – adjusted by the hospital decreased, the other items has not changed significantly.

Image:

Figure 1. Proportion of PPF for the first three months.



* Nov = November; Dec = December; Jan = January

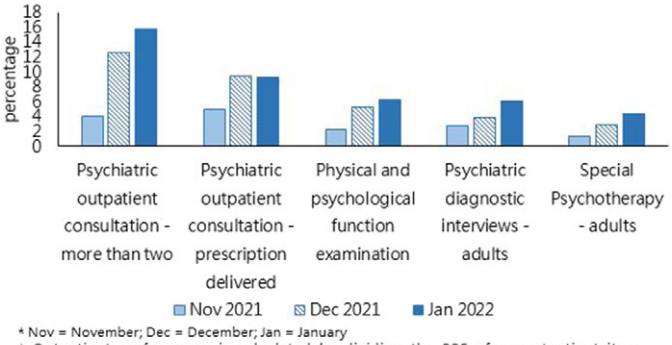
Image 2:

Figure 2. Proportion of inpatient ward PPF for the first three months.

* Nov = November; Dec = December; Jan = January
* Inpatient ward performance is calculated by dividing the PPF of an inpatient ward item by the sum of the PPF of the inpatient ward for three months, and multiplying by 100%.

Image 3:

Figure 3. Proportion of outpatient PPF for the first three months.



* Nov = November; Dec = December; Jan = January
* Outpatient performance is calculated by dividing the PPF of an outpatient item by the sum of the PPF of the outpatient for three months, and multiplying by 100%.

Conclusions: In the first three months of the psychiatrist employment, the performance showed an increasing trend. These findings may suggest that the psychiatrist could be competent in a general hospital with patients' confidence. In addition, under an optimal model of PPF and medical service, psychiatrists would more like to work in the general hospital, to serve acute psychiatric patients in need.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPV0884

Model of qualification for physical therapy program: experiences from the Mental Health Support Centre in Tarnowskie Góry, Poland.

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Introduction: In terms of physical and mental health benefits, psychiatric rehabilitation requires diverse therapeutic activities offered by an interdisciplinary team. In order for patients to be able to fully participate in social life, it is necessary to strengthen health-promoting activities, control the symptoms and side effects of pharmacological treatment, effectively manage resources and counteract interpersonal and environmental barriers caused by disability. Physical activity and exercise programs answer both psychosocial and biological aspects of health leading to higher self-efficacy, lower self-perceived stigma, longer lifespan and overall better quality of life

Objectives: The aim of this study is to present qualification process of adult patients for physical therapy program at the Mental Health Support Centre's (Centrum Wsparcia Zdrowia Psychicznego, CWZP) daily rehabilitation unit in Tarnowskie Góry.

Methods: Adult patients with diverse diagnoses (schizophrenia, affective disorders, anxiety disorders or organic mental disorders) and varied degree of functioning who met the admission criteria were accepted to the ward for a period of 12 weeks. During the stay, a wide range of therapeutic activities was offered, including individual psychological support, group work, art therapy, relaxation sessions, culinary/ dietary workshops, individual training and general fitness group exercises, as well as cognitive training (also via computer-based programs). Due to the COVID-19 epidemic, some of the activities have been limited.

Results: Physical exercises, just as any treatment, should be offered in appropriate doses. Patients with mental disorders, especially severe mental illnesses, experience many barriers in engaging in physical activity and are under a greater risk of sedentary lifestyle. Thus, for the qualification, exercise tolerance assessment was performed in the form of 6-min Walk Test (6MWT) with Borg scale for subjective fatigue. Through aerobic capacity and endurance assessment patients' respiratory system, cardiovascular system, and neuromuscular system functions can be evaluated. Functional fitness was assessed through 3 elements of Senior Fitness Test (SFT) (Back Scratch test, Up and go test, Chair Sit-and-Reach test) along

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.

Disclosure of Interest: None Declared

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, uncapable, 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.

Disclosure of Interest: None Declared

EPV0886

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.

Disclosure of Interest: None Declared

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