

**Conclusions:** It can be assumed that visuospatial training in children with SLI benefits specific language abilities for understanding sentences with spatial prepositions.

**Keywords:** specific language impairments; visuospatial training; visuospatial abilities

### EPP1125

#### The level of consciousness and mental reactions of children after acute brain injury (interdisciplinary rehabilitation)

A. Kamelkova<sup>1,2\*</sup>, D. Martyshevskaya<sup>1,2</sup>, A. Zakrepina<sup>1,2</sup> and Y. Sidneva<sup>3,4</sup>

<sup>1</sup>Department Of Rehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Moscow, Russian Federation; <sup>2</sup>Laboratory Of Psychological And Pedagogical Research And Technologies For Special Education Of Persons With Intellectual Disabilities, The Federal State Budget Scientific Institution "Institute of Special Education of the Russian Academy of Education", Moscow, Russian Federation; <sup>3</sup>The Department Of Rehabilitation, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (CRIEPST), Moscow, Russian Federation and <sup>4</sup>Psychiatric Research Group, N.N.Burdenko National Medical Research Center of Neurosurgery, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1343

**Introduction:** The process of recovery of mental reactions in children after acute traumatic brain injury is determined by complex methods with an interdisciplinary approach. Studies of emotional, communicative and behavioral reactions are based on an assessment by a psychiatrist and a teacher-defectologist.

**Objectives:** To study mental reactions and identify predictors of positive recovery of consciousness after acute brain injury in children in early rehabilitation.

**Methods:** 48 children (14–36 months) with acute severe traumatic brain injury who were admitted for treatment and rehabilitation (in CRIEPST). Methods: psychiatric and pedagogical examinations; also - neuroimaging data and others.

**Results:** Three groups of children were identified, depending on the different severity of emotional, communicative and behavioral indicators: Group 1 (11%): The level of consciousness is minimal positive. Reactions: stable gaze fixation; emotional reaction to sound (smile) and the face of an adult; short-term tracking of the gaze of the object; the ability to touch an object and hold it; sits himself. Group 2 (33%): The level of consciousness is minimal positive / negative, with an advantage of positive. Reactions: unstable gaze fixation; emotional reaction and involuntary movements to sound; reflex seizure of an object; sits with support. Group 3 (56%): The level of consciousness is minimal negative. Reactions: no emotional reactions, low motor and sensorimotor activity.

**Conclusions:** Predictors of emotional-communicative and behavioral indicators of recovery of the level of consciousness were identified: sensory and motor, cognitive and socially-oriented. These predictors are the basis for choosing a rehabilitation program with interdisciplinary support and a treatment strategy.

**Keywords:** interdisciplinary approach; child rehabilitation; mental recovery; minimal consciousness

### EPP1126

#### Phenomenology of psychiatric stigma: A factor of patients' motivation to treatment

M. Sorokin\*, N. Lutova and V. Wied

The Integrative Pharmacopsychotherapy Of Mental Disorders, V.M. Bekhterev National medical research center for psychiatry and neurology, Saint-Petersburg, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1344

**Introduction:** Psychiatric patients often are self-stigmatized and hardly involve in the treatment.

**Objectives:** Associations of self-stigmatizing beliefs in psychiatric inpatients and their treatment motivation.

**Methods:** 63 inpatients; ICD-10: F2–65%, F3–13%, F4+F6–14%, F06–8%; mean age 34±13, illness duration 12±11 years. Treatment Motivation Assessment Questionnaire (TMAQ), Internalized Stigma of Mental Illness scale (ISMI); K-mean cluster analysis; dispersion analyses;  $p \leq 0.05$ .

**Results:** 18 patients of cluster 1 (C1) demonstrated explicit self-stigmatization. In comparison with 25 subjects from cluster 3 (C3) stigmatized patients (C1) had higher levels of overall ISMI scores (2.9±0.3) caused by alienation (3.1±0.5), stereotype endorsement (2.5±0.5), social withdrawal (2.7±0.4), and discrimination experience (2.7±0.4). 20 patients of cluster 2 (C2) had an implicit stigma. They were more self-stigmatized (ISMI score 2.7±0.3) in contrast with subjects from cluster 3 (1.9±0.2) due to a lower level of stigma resistance (C2: 3.8±0.5 and C3 3.1±0.6 – reverse scores). Patients with implicit self-stigma (C2) had the lowest intensity of treatment motivation (Z-scores -1.2±0.6) comparing with others (C1 and C3) due to the lowest TMAQ factor 1 (reliance on own knowledge and skills to cope with the disorder: -1.0±0.6) and factor 4 (willingness to cooperate with doctor: -0.9±1.0). Differences between explicitly and implicitly stigmatized patients manifested also in lower TMAQ factor 3 for the second group (awareness of the psychological mechanism of maladaptation: -0.5±0.9).

**Conclusions:** Despite alienation, stereotype endorsement, social withdrawal, discrimination experience some patients could sustain stigma due to cooperation with doctors and reliance on their own knowledge and skills to cope with illness.

**Keywords:** Stigma; motivation; adherence

### EPP1127

#### Psychosocial rehabilitation for severe mental illness: A community project adjustable to the needs and resources of the population

S. Freitas Ramos<sup>1\*</sup>, G. Farelo<sup>2</sup>, M. Moura<sup>2</sup>, M. Araújo<sup>3</sup>, S. Carvalho<sup>4</sup>, F. Ferreira<sup>2</sup> and R. Quelhas<sup>2</sup>

<sup>1</sup>Department Of Psychiatry And Mental Health, Local Health Unit of Guarda, Guarda, Portugal; <sup>2</sup>Mental Health Department, Hospital Pedro Hispano, Matosinhos Local Health Unit, Matosinhos, Portugal; <sup>3</sup>Porto School Of Education, Porto Polytechnic, Porto, Portugal and <sup>4</sup>Ciap, Centro Incentivar a Partilha, Matosinhos, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1345