services, fostering stronger therapeutic relationships. Professional resistance diminished as the added value of ESPs became evident. The "FareAssieme" model also fostered the establishment of a Participatory Planning Group (GPP), a diverse team including ESPs and professionals. The GPP discusses relevant topics for the SSM's operations and has produced several "Operational Guidelines"—recommendations compiled into booklets serving as operational instructions for all users, families, and service operators.
Conclusions: The "FareAssieme" model in Trento represents an effective example of recovery-oriented community psychiatry. ESPs have uniquely contributed to improving perceived service quality and promoting a culture of respect and co-participation, reducing the stigma associated with mental illness. The GPP has also served as a representative for mental health issues, voicing the SSM's shared views through mass media to disseminate anti-stigma messages.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

O064

Level of functioning and symptoms in children and adolescents with early-onset psychosis - baseline characteristics of participants in the OPUS YOUNG trial

N. K. Andersen[1,2]*, N. Larsen[1,2], C. F. Nielsen[1,2], T. L. Andersen[1,2], M. S. Madsen[1,2], A. K. Pagsberg[1,2] and T. O. Y. group[1,2]

[1]Child and Adolescent Mental Health Center, Copenhagen University Hospital –Mental Health Services CPH and [2]Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark
*Corresponding author.
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Introduction: Level of functioning is often severely affected in individuals diagnosed with psychosis. Often, negative symptoms have been proposed as an important treatment target to improve functioning. Most research on the topic is conducted in adult samples, but the functional impairments associated in adolescents with schizophrenia spectrum disorders might differentiate from adults. A detailed understanding of the functional impairments and its association to clinical symptoms is important to develop meaningful and effective treatments adjusted to the needs of this young patient group.
Objectives: The aim of this study is 1) to explore functional capacity across different domains of function, and 2) to examine associations between functioning and clinical symptoms in youth with early-onset psychosis.
Methods: The study sample consists of 290 children and adolescent aged 12-17 years with early-onset psychosis included in the OPUS YOUNG trial. All participants' level of functioning was assessed with the Personal and Social Performance Scale (PSP), ranged 0-100. The level of psychosis symptoms was assessed with Scale for the Assessment of Positive Symptoms in Schizophrenia (SAPS) and Scale for the Assessment of Negative Symptoms in Schizophrenia (SANS). Data on affective symptoms, duration of untreated psychosis, cognitive functioning, quality of life, and substance use was also collected.
Results: The participants had a mean age of 15.6 (SD=1.6) years and 72% were females. Mean PSP total score was 49.9 (SD=13.8) and most participants had manifest to marked difficulties on the domains Socially useful activities, Personal and social relationships, and Self-care. Few participants had impairments in the domain of Disturbing and aggressive behavior. On average, levels of positive symptoms, negative symptoms, disorganized symptoms, and affective symptoms were of mild severity. Preliminary correlation analyses showed that all symptom categories were statistically significantly associated with PSP total score, and negative symptoms showed the strongest association.
Conclusions: Level of functioning was markedly impaired across most domains while symptom levels were of mild severity in most participants. We suggest that improvement of functioning should be a primary treatment target in parallel with symptom alleviation of this patient group.

Disclosure of Interest: None Declared

O065

Metacognitive Functioning and its Relationship with Clinical Insight and Functional Outcomes in Schizophrenia: The Role of Illness Duration

C. Brasso[1]*, A. Carluccio[1], G. Colli[1], C. Montemagni[1], R. Sgro[1] and P. Rocca[1]

[1]Neuroscience, University of Turin, Turin, Italy
*Corresponding author.
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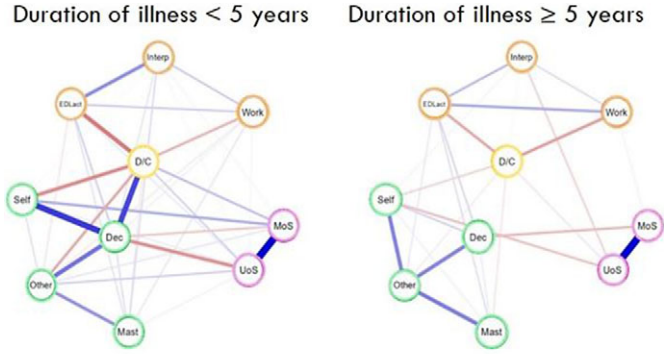
Introduction: Understanding the complex interplay between cognitive and functional domains in schizophrenia is crucial for improving patient functional outcomes.
Metacognition has emerged as a critical factor in the functioning and rehabilitation of individuals with schizophrenia. Additionally, the role of disorganization and clinical insight in this complex disorder has been extensively studied due to their role in shaping in the trajectory and real-life functioning outcomes of the disorder.
Objectives: This study aimed to assess the differences and relationships between disorganization, clinical insight, metacognition, and various functional domains in patients with short (< 5 years) and long (≥ 5 years) illness duration.
Methods: A network representation of the relationships between variables and the calculation of centrality and clustering indices were performed within each group. The two groups were compared with a network comparison test.
Results: Eighty-nine patients with early and one hundred and six with late phase SZ were included. We found no significant differences in the overall network structure between the two groups despite patients with longer illness duration showing significant worsening across all examined domains. Interestingly, the relationships between the network variables remained stable regardless of disease duration.
One notable difference emerged in the correlation between interpersonal functioning and unawareness of symptoms, negatively correlated only in the group with longer illness duration. These results suggest that the link between social functioning and clinical insight may become more pronounced as the disorder progresses.

Decentration was more central in the group with short disease duration, whose patients do not yet show marked impairment of metacognition, particularly in the 'understanding other's mind' domain. Regarding clustering indices in the group with short illness duration, the misattribution of symptoms to the disorder is more clustering. On the other hand, metacognitive mastery, was highly clustering in both the short and long illness duration.

Image 1:



Node	Meaning
Interp	SLOF- Interpersonal relationships
EDLact	SLOF- Everyday activities
Work	SLOF- Work skills
Self	MAS- Self-reflectivity
Dec	MAS- Decentration

Node	Meaning
Other	MAS- Awareness of other
Mast	MAS- Mastery
MoS	SUMDa Misattribution of symptoms
UoS	SUMDc Unawareness of symptoms
D/C	PANSS- Disorganization

Conclusions: The stability of the relationships between metacognitive variables, clinical insight, and functional outcomes, regardless of disease duration, suggests that interventions targeting metacognition may be beneficial for improving functioning in patients with schizophrenia. Additionally, the emerging negative correlation between interpersonal functioning and unawareness of symptoms in patients with longer illness duration highlights the importance of addressing both social skills and clinical insight as the disease progresses. These findings underscore the potential utility of integrated treatment approaches that address cognitive, social, and functional domains to optimize functional outcomes for individuals with schizophrenia across the course of the illness.

Disclosure of Interest: None Declared

O066

How do polygenic and exposomic risk factors for schizophrenia impact distressing and persisting psychotic experiences during early adolescence? A longitudinal analysis from the ABCD Study

M. Di Vincenzo[1]*, T. Prachason[2], G. Sampogna[1], A. Arias-Magnasco[3], B. D. Lin[3], L.-K. Pries[3], J. van Os[3,4,5], B. P. F. Rutten[3], R. Barzilay[6,7,8], A. Fiorillo[1] and S. Guloksuz[3,9]

[1]Department of Psychiatry, University of Campania "Luigi Vanvitelli", Naples, Italy; [2]Department of Psychiatry, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand; [3]Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University Medical Centre, Maastricht; [4]Department of Psychiatry, UMC Utrecht Brain Centre, University Medical Centre Utrecht, Utrecht University, Utrecht, Netherlands; [5]Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom; [6]Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania; [7]Lifespan Brain Institute of the Children's Hospital of Philadelphia and Penn Medicine; [8]Department of Child and Adolescent Psychiatry and Behavioral Science, Children's Hospital of Philadelphia, Philadelphia and [9]Department of Psychiatry, Yale University School of Medicine, New Haven, United States
*Corresponding author.
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Introduction: Psychotic experiences (PEs) are subclinical symptoms of psychosis affecting about 10% of children and adolescents. They may cause significant distress and impair daily functioning. Moreover, when persisting over time they are more likely to result in psychotic disorders.
Objectives: This longitudinal study aimed at assessing the effects of polygenic and environmental risk factors for schizophrenia on distressing and persisting PEs in a cohort of adolescents.
Methods: Data were obtained from participants of European ancestry derived from the *Adolescent Brain and Cognitive Development Study,* Release 5.1. Past-month PEs were assessed using the *Prodromal Questionnaire-Brief Child Version.* The primary outcome was distressing PEs at 3-year follow-up. Secondary outcomes included varying levels of persistence of distressing PEs, occurring in 1, 2, 3, or all 4 waves. Polygenic risk score for schizophrenia (PRS-SCZ) was calculated using the continuous shrinkage approach (PRS-cs). The exposome score for schizophrenia (ES-SCZ) was generated by summing up the weighted risk of nine environmental exposures across lifetime: emotional neglect, physical neglect, emotional abuse, physical abuse, sexual abuse, cannabis use, winter birth, hearing impairment, and bullying. Multilevel logistic regression was carried out to test the individual associations of PRS-SCZ and ES-SCZ with the outcomes; the relative excess risk due to interaction was calculated to determine the additive interaction between PRS-SCZ and ES-SCZ on distressing PEs. Main analysis was adjusted for age and sex as covariates; sensitivity analysis also included family income and parental education.
Results: ES-SCZ was significantly associated with 3-year follow-up distressing PEs (OR 1.27 [95% CI 1.14, 1.43], p<.001) and lifetime distressing PEs at all degrees of persistence, with an increasing magnitude of association for a higher degree of symptom persistence (≥1 wave: OR 2.77 [95% CI 2.31, 3.31], p<.001; ≥2 waves: OR 3.16 [95% CI 2.54, 3.93], p<.001; ≥3 waves: OR 3.93 [95% CI 2.86, 5.40], p<.001; all 4 waves: OR 3.65 [95% CI 2.34, 5.70], p<.001). PRS-SCZ was significantly associated with distressing PEs persisting for more than one (OR 1.29 [95% CI 1.08, 1.53], p=.040) or two waves (OR 1.34 [95% CI 1.08, 1.65], p=.070) and also additively interacted with ES-SCZ for these outcomes (≥1 wave: RERI 1.26 [95% CI 0.14, 2.38], p=.027; ≥2 waves: RERI 1.79 [95% CI 0.35, 3,23] p=.015). Sensitivity analysis confirmed all main results.
Conclusions: PRS-SCZ and ES-SCZ showed independent and joint effects on distressing PEs. The more pronounced contribution of ES-SCZ on distressing PEs and its gradient effects on the degree of persistence calls for particular attention to environmental risk