

et al., 1997; Sperry, 1997; Hermann, 2005). If outcome measures are psychometrically sound and able to measure clinical change, treatment progress can be made transparent for both patients and clinicians.

In this presentation the presenter will update the audience on a research project where the DSM-5 Field Trials, patient-reported dimensional measures and the World Health Organization Disability Assessment Schedule (WHODAS) (Clarke et al., 2013; Narrow et al., 2013; Mościcki et al., 2013) are secured and placed in a newly developed app.

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W33

Addiction component walk along working towards a new app

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Only a very small percentage of adolescents and young adults with mental challenges is able to access specialized care. Access is limited due to a lack of capacity but also internal hurdles and stigma especially among young males. The web creates a new environment for them, which is defining a new culture of communication and interaction. The majority is using smart phones to access the internet and make that their main communication device. Walkalong is a web-based platform, which aims to provide a range of opportunities and tools for youth with especially mood challenges. These tools include screening and assessment, online resources and all kind of orientation and interaction for informed decision making. We are working on that to develop a framework for better online-based mental health care including useful tools beyond crisis based on the principles of empowerment and strength based approaches.

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W34

North Carolina Statewide Telepsychiatry Program (NC-STeP): Using telepsychiatry to improve access to evidence-based care

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Mental disorders are common [1] and they are associated with high levels of distress, morbidity, disability, and mortality. We know today that psychiatric treatments work and there is extensive evidence and agreement on effective mental health practices for persons with these disorders. Unfortunately, at a time when treatment for psychiatric illness has never been more effective, many people with these disorders do not have access to psychiatric services due to the shortage, and maldistribution of providers, especially psychiatrists. This has resulted in patients going to hospital emergency departments to seek services resulting in long lengths of stay and boarding of psychiatric patients in hospital emergency departments. A growing body of literature now suggests that the use of telepsychiatry to provide mental health care has the poten-

tial to mitigate the workforce shortage that directly affects access to care, especially in remote and underserved areas [2,3].

The North Carolina Statewide Telepsychiatry Program (NC-STeP) was developed in response to NC Session Law 2013-360. The vision of NC-STeP is to assure that if an individual experiencing an acute behavioral health crisis enters an emergency department of a hospital anywhere in the state of North Carolina, s/he receives timely, evidence-based psychiatric treatment through this program. Aside from helping address the problems associated with access to mental health care, NC-STeP is helping North Carolina face a pressing and difficult challenge in the healthcare delivery system today: the integration of science-based treatment practices into routine clinical care. East Carolina University's Center for Telepsychiatry is the home for this statewide program, which is connecting 80-85 hospital emergency departments across the state of North Carolina. The plan for NC-STeP was developed in collaboration with a workgroup of key stakeholders including representatives from Universities in NC, hospitals/healthcare systems, NC Hospital Association, NC Psychiatric Association, LME-MCOs, NC-Department of HHS, and many others. The NC General Assembly has appropriated \$4 million over two years to fund the program. The program is also partially funded by the Duke Endowment.

The program has already connected 56 of the projected 85 hospitals in the first 18 months since its inception and over 12,000 encounters have been successfully completed during this time. A web portal has been designed and implemented that combines scheduling, EMR, HIE functions, and data management systems. This presentation will provide current program data on the length of stay, dispositions, IVC status, and other parameters for all ED patients who received telepsychiatry services. NC-STeP is now positioned well to create collaborative linkages and develop innovative models for the mental health care delivery by connecting psychiatric providers with EDs and Hospitals, Community-based mental health providers, Primary Care Providers, FQHCs and Public Health Clinics, and others. NC-STeP is positioned well to build capacity by taking care of patients in community-based settings and by creating collaborative linkages across continuums of care. By doing so, the program implements evidence-based practice to make recovery possible for patients that it serves.

Disclosure of interest The author has not supplied his declaration of competing interest.

References

- [1] Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Arch Gen Psychiatry* 2005;62(6):617–27.
- [2] Antonacci DJ, Bloch RM, Saeed SA, Yildirim Y, Talley J. Empirical evidence on the use and effectiveness of telepsychiatry via videoconferencing: implications for forensic and correctional psychiatry. *Beh Sci Law* 2008;26:253–69.
- [3] Saeed SA, Diamond J, Bloch RM. Use of telepsychiatry to improve care for people with mental illness in rural North Carolina. *N C Med J* 2011;72(3):219–22.

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W35

21st century house call home tele-behavioral medicine

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Objective This presentation will focus on and demonstrate the effective, secure, cost effective delivery of Tele-Behavioral Medicine services to patients in the privacy or their own home.

Method Today's use of internet technology brings with it "cost effectiveness" for Tele-behavioral medicine applications. Today, with a relatively current laptop computer, a web-cam or iPad, broadband connectivity (256 kB or faster), and a downloadable,

free, secure video conference application, makes this technology available literally and virtually everywhere, anywhere, in the world at any time.

Results Medical History clearly supports the value of the “house call” as a means of getting to “see the entire picture”. Chronically ill patients are frequently visited by home health nurses and or “in home” medical monitoring programs. Psychiatrically ill patients may now receive their medication management and behavioral intervention and assessment right in the privacy of their own home. Psychiatrists and psychologists merely schedule “in home” appointments with their patients in the same manner as they would if the patient were being seen in their office.

Conclusion Chronically ill patients favored treatment rendered in “their private space” as well as providers tended to learn much more about their patients when the provider is the “guest” in the patients home versus the patient as the “customer” in the providers office. The convenience and cost savings for both provider and patient is significant. Availability of spouses, parents etc. was a valuable addition to the Tele-Home-Behavioral Medicine model.

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Social cognition in schizophrenia: Relationship with neurocognition, functional capacity and functional outcome

W36

Relationships between neurocognition, social cognition and functional outcome in schizophrenia

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Introduction The inter-relationships of neurocognition, social cognition, residual psychopathology and real-life functioning are poorly understood. A large multicenter study was carried out by the Italian Network for Research on Psychoses to model relationships between neurocognitive deficits, psychopathology and real-life functioning, taking into account the role of functional capacity and social cognition.

Methods A structural equation model was used to investigate direct and indirect effects of neurocognition and psychopathology on real-life functioning. Social cognition and functional capacity were modeled as mediators.

Results In 921 patients with schizophrenia, neurocognition had both direct and indirect effects, through functional capacity and social cognition, on real-life functioning. Neurocognition predicted to a large extent social cognition on which depression and disorganization had a modest effect. Social cognition showed a significant direct impact on real-life functioning.

Conclusion Our results support a strong link between neurocognition and functional outcome, independent of psychopathology. Social cognition accounted for unique incremental variance in real-life functioning.

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W37

Social cognition, functional capacity and symptoms in the longitudinal prediction of outcome in subjects with first-episode schizophrenia

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Background Several national guidelines recommend continuous use of antipsychotic medication after a psychotic episode in order to minimize the risk of relapse. However some studies have identified a subgroup of patients who can obtain remission of psychotic symptoms while not being on antipsychotic medication for a long period of time. This study investigated the long-term outcome and characteristics of patients in remission of psychotic symptoms with no use of antipsychotic medication at the 10-year follow-up.

Methods The study was a cohort study including 496 patients diagnosed with schizophrenia spectrum disorders (ICD 10: F20 and F22–29). Patients were included in the Danish OPUS Trial and followed up 10 years after inclusion, where patient data was collected on socio-demographic factors, psychopathology, level of functioning and medication.

Findings Among the patients, 30% had remission of psychotic symptoms at the time of the 10-year follow up with no current use of antipsychotic medication. This favorable outcome was associated with female gender, high GAF-F score, participation in the labor market and absence of substance abuse.

Interpretation Results from several RCTs advise against discontinuation of antipsychotic medication, but our results from the 10-year follow-up indicate that a subgroup do obtain long-term remission while not being on antipsychotic medication. Hence, guidelines on antipsychotic medication do not pay sufficient attention to patients who discontinue antipsychotic medication and are still able to obtain remission of psychotic symptoms.

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W38

The impact of the different dimensions of social cognition on functional outcome in schizophrenia

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Social cognition (SC) refers broadly to the domains of cognitive functions that are employed in socially relevant situations. These include three primary domains (i.e., emotion perception, Theory of Mind-TOM-, and attributional style), as well as more complex and developing concepts such as social metacognition.

Patients with schizophrenia demonstrate significant deficits across multiple dimensions of SC and throughout all phases of the illness. The correlation between SC and real-life functioning ranged from small to large, mainly depending on the examined aspect of SC, with largest effects observed for TOM. Indeed, it has been suggested that TOM difficulties may lead to social misperceptions that influence how an individual reacts to others, which in turn may lead to maladaptive social patterns and/or social withdrawal, which both may influence real-life vocational outcome more than neurocognition (NC) abilities. Moreover, SC appears to act as a mediator between nonsocial basic NC and community functioning.