starting the intervention in people who have suffered a first psychotic episode in the five years prior to being included in the study.

Disclosure of Interest: None Declared

EPP0739

The cognitive behavioural approach to the treatment of hallucinations. Is every experience of hallucination a part of the symptoms associated to psychosis - or even schizophrenia ?

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Introduction: We report here our experience of treating hallucinations (auditory, visual, sensorial) using Cognitive Behavioural Therapy (CBT), along with medications. Our experience goes towards the conclusion that diagnosis is usually made prior to medical treatment of symptoms with high doses of neuroleptic drugs.

Objectives: Our aim was to make a clear difference between hallucinations which need high doses of neuroleptics for cure and hallucinations that could respond to lesser drug treatment associated with CBT.

Methods: Our method was based on individual sessions of CBT.

Results: Our behavioural-cognitive method yielded high success rates as evidenced by thorough investigation into patients' medical record including past medical history, prior drug use and life-threatening events.

This work is preliminary to a follow-up with the rigorous method for evaluation.

Conclusions: Further, we aim to promote out-patient follow-ups in our unit after a very short inpatient assessment and treatment.

Our therapeutic approach is now approved by our team and new patients are currently being included.

Disclosure of Interest: None Declared

EPP0740

Investigating the effectiveness of incorporating a stepped care approach into electronically delivered CBT for depression

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Introduction: Depression is a leading cause of disability, annually affecting up to 300 million people worldwide, yet fewer than one third of patients receive care. Cognitive behavioural therapy (CBT) is an effective treatment for depression, but there are barriers to access therapy. Electronic CBT (e-CBT) can address these barriers, but the digital format may reduce personalization and patient compliance. A balanced, hybrid model (i.e., combination of e-CBT & supervised care) could make therapy scalable and effective through a stepped-care model: a care model that begins treatment with the least resource intensive, yet effective, method while slowly 'stepping up' to intensive care based on patients' needs.

Objectives: -To examine the efficacy of a stepped-care e-CBT model for depression through reduction in depressive symptoms. -To develop a decision-making process that can effectively allocate the appropriate level of care for each patient.

Methods: This is a single-blinded randomized controlled trial (RCT). Participants were randomized to either the e-CBT group (n = 53) or the e-CBT with stepped care group (n = 26). Both groups received a 12/13-weeks e-CBT program tailored to depression. The e-CBT program was provided through a secure online mental health clinic called the Online Psychotherapy Tool (OPTT). Participants read through the sessions and completed assignments related to each session. Each participant was designated a care provider who was a trained research assistant. Participants in the experimental group received extra interventions based on their standard questionnaire scores, and textual data.

Results: Figure 1: The average PHQ-9 (A), QLESQ (B), and QIDS (C) scores pre-, mid-, and post- treatment for the e-CBT only (n = 53) and stepped care groups (n = 26).

* Depressive symptoms: PHQ-9 (Patient Health Questionnaire-9) & QIDS (Quick Inventory of Depressive Symptomatology)

* Quality of Life Measure: QLESQ (Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form)

Image:
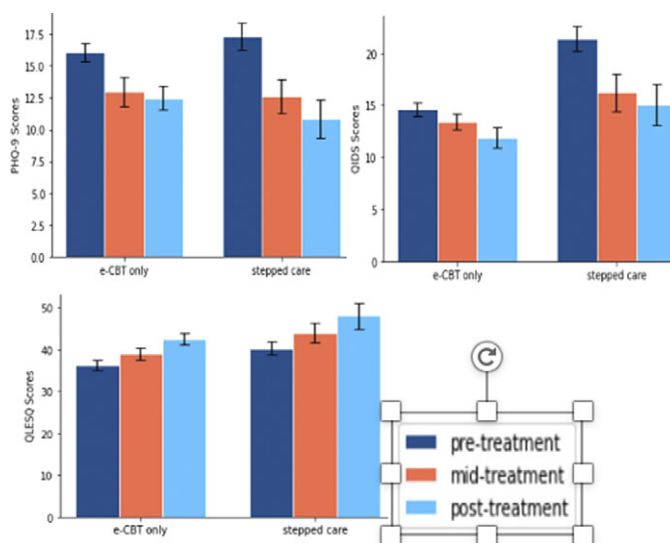
Conclusions: Stepped care model can be reliable and effective method of delivering targeted care to future patients. Using this approach, the amount of care each patient receives is tailored to their needs, allowing for more efficient usage of scarce resources.