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 were 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.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.966

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.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.967

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.

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http://dx.doi.org/10.1016/j.eurpsy.2016.01.968

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,