

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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S29

Treatment of schizophrenia using tablet and smartphone based applications (Polish Study)

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Relapses, deterioration of cognitive functioning, negative symptoms, neuroleptic resistance are the examples of many consequences of noncompliance in schizophrenia. In order to improve the compliance, schizophrenic patients treated in an outpatient department in a traditional way have been given an additional possibility of contacting their doctors with the use of a special application on a portable electronic device. Other functions of this application are possibilities of PANSS, Calgary and CGI measurements and cognitive trainings for the patients. This type of a remote contact with patients can be an effective tool in the work in an outpatient setting. The compliance was assessed using a telepsychiatric system, sending reminders: 1 hour before the planned dose to remind them that drug intake is approaching, and at the moment of intake to check if they took the drug. In general the compliance in the group of schizophrenic patients in remission is very low, however the telemedicine system improves the compliance in this group of patients, in which the compliance is the worst.

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E-psychiatry: From acceptability to effectiveness!

S30

A study on the effectiveness of E-Mental Health in the treatment of psychosis: Looking to recovery

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Introduction An integrated program (Institutional Psychiatric Open Light Treatment) for psychosis and personality disorder was enriched with audiovisual functions provided through a dedicated website.

The aim of the present study was to observe how and if these added functions support the patients in their daily living, influencing the quality of the recovery process.

Recent studies highlighted how telemental health services are effective to provide access, improve basic outcome, facilitate empowerment of patients and be well-accepted (Hilty, 2013; Hailley, 2008) and how integrated community-based treatment, such as Community-Based Psychodynamic Treatment Program (Chiesa and Fonagy, 2009) or Assertive Community Treatment (Veldhuizen and Bahler, 2013) are effective in SMI.

Telemental health services may become factors improving real-life functioning, integrating community-based treatment for psychosis and bettering social cognition, functional capacity, resilience, internalized stigma and engagement with mental health services, so positively affecting outcomes of psychosis treatment.

Methods All patients admitted (May 2010–April 2015) were included. Aged between 18 and 65, with schizophrenia, psychosis, schizoaffective disorder, bipolar disorder, personality disorder.

Some troubles with the website use (Voice2Voice) led to a second version, more friendly and simple to use (app2gether).

App2gether provided several functions: audio/video conference rooms for patients or family (synchronous virtual space to interact, at scheduled time, with a psychologist, a psychiatrist or a peer support worker, in free groups); chat (asynchronous virtual space for any question or information).

We considered primary outcomes proposed by Cochrane Collaboration (Shek, 2010): hospital admissions, days of hospitalization, day-hospital admissions, day-program attendance (e.g. weekly), treatment compliance (voluntary discharge or missing scheduled date).

We considered, as secondary outcomes, variables closely associated with real-life functioning (Galderisi, 2015): global functioning (Italian translation of Global Assessment of Functioning Scale), quality of life (Short Form 36 item), social relationships (Personal and Social Performance), internalized stigma (Internalized Stigma Mental Illness Inventory), empowerment (Empowerment Scale).

Patients were divided into four cohorts:

- 1-using “app2gether” functions in the follow-up, attending day treatment program ($n = 35$);
- 2-attending day treatment program ($n = 52$);
- 3-attending transitional day-hospital program ($n = 171$);
- 4-not included in the IPOLT-program ($n = 188$).

Patients were included in the first group only based on their basic computer skills and fast Internet availability.

Results At first, we compared (2) and (3) with (4), as control group. For each patient, we considered an identical observation period before and after day-hospital admission (ANOVA, $P < 0.05$). We found a significant improvement in primary outcomes and global functioning, but not in other secondary outcomes, for the groups (2) and (3) compared with (4).

Over 6-months observation, patients using “app2gether” functions in the follow-up showed:

- a significantly decrease in hospital admissions and hospitalization length, compared to non-IPOLT-program group;
- a reduction in day-hospital admissions and day-hospital attendance, compared to (2) and (3) groups;
- a notable effect on secondary outcomes, compared to all other groups.

Conclusion A dedicated website in the IPOLT-program supports patients in their living's place, does not interfere with daily activities, decreases social costs, encourages community integration and reduces stigma.

Synchronous telepsychiatry allow a professionally modulated intervention in “here and now”; asynchronous contacts with specialists combine professional intervention with chances of