Reducing the duration of untreated psychosis (DUP) is essential to improve long-term outcome in young people with first episode of psychosis (FEP). The US “standard of FEP care” focuses on targeted provider education regarding FEP signs and symptoms to motivate referrals to FEP coordinated specialty care (CSC) services. However, recent research shows that UHR patients have a poor functional outcome regardless of transition to psychosis. These findings have resulted in widespread calls for new treatments aimed at improving functioning in both FEP and UHR patients. The aim of these studies was to determine the safety, acceptability, feasibility and treatment effects of an advanced online social media based intervention specifically designed to enhance social functioning in FEP and UHR patients.

Methods: Our multi-disciplinary team of 35 researchers, software engineers, professional writers, clinical psychologists, comic developers, experts in human-computer interaction and young people has developed novel online social media platforms for young people with FEP (Horyzons), and UHR patients (Momentum). Our interventions integrate: i) peer-to-peer social networking, ii) tailored therapeutic interventions, iii) expert and peer-moderation, and iv) new models of psychological therapy (strengths-based models, self-compassion and mindfulness). The acceptability and safety of these platforms have been evaluated through 2 pilot studies in FEP (N=20; 1 month intervention), and UHR (N=15; 2 months intervention). In addition, the effectiveness of Horyzons is currently being evaluated in a large 5 year RCT in FEP (N=170; 18 months intervention).

Results: Active sites effectively implemented electronic screening within their settings. Of the 822 individuals electronically screened at Active sites between June 2015 and July 2017, 43.2% scored above the PQ-B cutoff (mean±SD PQ-B score=21.25 ± 20.75; median=15; range = 0–95; IQR = 3–35). One in 8 individuals who completed the tablet were identified as experiencing threshold psychosis. Across both Active and TAU sites, 511 individuals were identified, 422 individuals agreed to be referred, and 319 completed a phone interview to determine eligibility: 33.23% reported attenuated and 36.68% fully psychotic symptoms. Active sites identified significantly more individuals with threshold psychosis (p<0.001) than TAU. No difference in median days of DUP was observed across arms.

Discussion: Preliminary results show the feasibility of electronic screening across various community settings and showed a 3.5 times higher identification rate for electronic screening of self-reported psychosis spectrum symptoms than clinician-based identification alone. Reasons for the lack of difference in DUP will be discussed. While the screening method may shorten the time from entry into mental health care and referral to specialty care treatment, significant DUP reduction may require interventions to reduce time to the first mental health contact. The next phase of the project will examine impact of clinic-based versus community-based treatment engagement to reduce barriers to initiating CSC care.

4.3 ENHANCING SOCIAL FUNCTIONING AND LONG-TERM RECOVERY IN YOUNG PEOPLE WITH FIRST EPISODE PSYCHOSIS (FEP) AND YOUNG PEOPLE AT ULTRA HIGH RISK (UHR) FOR PSYCHOSIS: A NOVEL ONLINE SOCIAL THERAPY APPROACH

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Background: Specialized early intervention services have demonstrated improved outcomes in first episode psychosis (FEP); however, functional recovery often lags behind symptomatic remission, and many FEP patients remain socially isolated with poor functional outcomes. Similarly, psychological and pharmacological treatments have been demonstrated to reduce rates of transition to psychosis in Ultra High Risk (UHR) patients. However, recent research shows that UHR patients have a poor functional outcome regardless of transition to psychosis. These findings have resulted in widespread calls for new treatments aimed at improving functioning in both FEP and UHR patients.

The aim of these studies was to determine the safety, acceptability, feasibility and treatment effects of an advanced online social media based intervention specifically designed to enhance social functioning in FEP and UHR patients.

Methods: Our multi-disciplinary team of 35 researchers, software engineers, professional writers, clinical psychologists, comic developers, experts in human-computer interaction and young people has developed novel online social media platforms for young people with FEP (Horyzons), and UHR patients (Momentum). Our interventions integrate: i) peer-to-peer social networking, ii) tailored therapeutic interventions, iii) expert and peer-moderation, and iv) new models of psychological therapy (strengths-based models, self-compassion and mindfulness). The acceptability and safety of these platforms have been evaluated through 2 pilot studies in FEP (N=20; 1 month intervention), and UHR (N=15; 2 months intervention). In addition, the effectiveness of Horyzons is currently being evaluated in a large 5 year RCT in FEP (N=170; 18 months intervention).