EPP0737

Validation of a theoretically based mental health literacy framework: A meta-analytic structural equation modeling approach

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Introduction: Mental Health Literacy (MHL) includes four distinct but interrelated components: maintenance of positive mental health (**MH**), recognition of mental disorders (**R**), mental illness stigma attitudes (**S**), and help-seeking efficacy (**E**). A fifth component, help-seeking attitude (**A**) was included in a MHL model because it is a strong predictor of help-seeking behaviors. The five-factor model of MHL has been validated previously. In the study of multiple mediation model of MHL, it demonstrated the mediation role of help-seeking efficacy between recognition of mental disorders and help-seeking attitude (**R-E-A** path), but the roles of mental illness stigma attitudes or maintenance of positive mental health remain unknown.

Objectives: The present study aimed to examine the theory-based multifaceted MHL model by utilizing a meta-analytic structural equation modeling analyses (MASEM) method.

Methods: Systematic search of articles from electronic databases, including APA PsycArticles, ERIC, MEDLINE, Psychology and Behavioral Sciences Collection, Pubmed, and Airiti Library (Chinese), from inception up to July 31, 2022, was conducted by raters independently assessed study eligibility, and extracted 127 empirical, quantitative, non-interventional studies with properly reported effect sizes (k=192). MASEM analyses were conducted via a two-stage approach. First, a pooled correlation matrix was obtained for each mediation model by applying a multivariate random-effects model using Comprehensive Meta-Analysis Version 3.3. Second, a structural equation model was fitted on the pooled correlation matrices to test for mediation effects (i.e., indirect effects) using IBM SPSS Amos.

Results: In the single-mediator model analysis, there was a significant partial mediation effect of help-seeking efficacy and Mental illness stigma attitudes on the relationship between recognition of mental disorders and help-seeking attitude (R-E-A path & R-S-A path, p <.05). The multiple-mediator model has showed adequate fit (RMSEA = 0.09, SRMR = 0.04, CFI = 0.93, GFI = .99). It confirmed the help-seeking efficacy served as a mediator. A sequential mediation of maintenance of positive mental health and mental illness stigma attitudes was found (p <.05) between recognition of mental disorders and help-seeking attitude (R-MH-S-A path).

Conclusions: There is a robust mediation effect of Help-seeking efficacy on the relationship between recognition of mental disorders and help-seeking attitude either in the single mediation model or the multiple mediation model. Furthermore, increased recognition of mental disorder was related to increased maintenance of positive mental health, therefore decreased mental illness stigma attitude, and eventually increased help-seeking attitude. Future research directions regarding pathways in the MHL models were discussed.

Disclosure of Interest: None Declared

Psychotherapy 02

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AGESMind clinical trial: SocialMIND® results at 16 weeks

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Introduction: Early intervention on a first psychotic episode is fundamental for a more favorable prognosis, and it usually combines pharmacological treatment, which mainly affects positive psychotic symptoms, with interventions that can improve the rest of the symptoms and associated problems such as deterioration in social functioning (Harvey & Penn, 2010; Fusar-Poli, McGorry & Kane, 2017). While Mindfulness is gaining more and more prominence in the field of psychotherapy (Chan et al., 2019; Cillesen et al., 2019), social cognition and social functioning are being researched as key targets on which to intervene after a first psychotic episode (Green, Horan & Lee, 2015).

SocialMIND® is a mindfulness-based social cognition training tailor-made to improve social functioning in people who have suffered a first psychotic episode within the last five years. It is currently being compared with a group Psychoeducational Multicomponent Intervention (PMI) in a Randomized Controlled Trial (RCT) (Mediavilla et al., 2019). Both group psychotherapies include 17 sessions delivered over a 9 month period: 8 weekly sessions, 4 biweekly sessions and 5 monthly sessions.

The results of SocialMIND® at 8 weeks showed improvements in social cognition and social functioning, specifically on affective social cognition and self-care (Mediavilla et al., 2021).

Objectives: To evaluate the efficacy of SocialMIND® in improving social functioning, measured by the Personal and Social Functioning (PSP) scale 16 weeks after starting the intervention, in people who have suffered a first psychotic episode in the last 5 years.

Methods: Randomized, controlled pilot trial (use of a psychoeducational multicomponent intervention or PMI as active comparator) of two parallel groups (SocialMIND® and PMI) with a 1:1 ratio using a blind evaluator.

Results: No statistically significant differences were found in the social functioning variable between the two treatment arms. Intragroup differences are observed in other secondary variables studied (social cognition) 16 weeks after starting the interventions.

Conclusions: SocialMIND® has not been shown to be more effective than a PMI in improving social functioning at 16 weeks after

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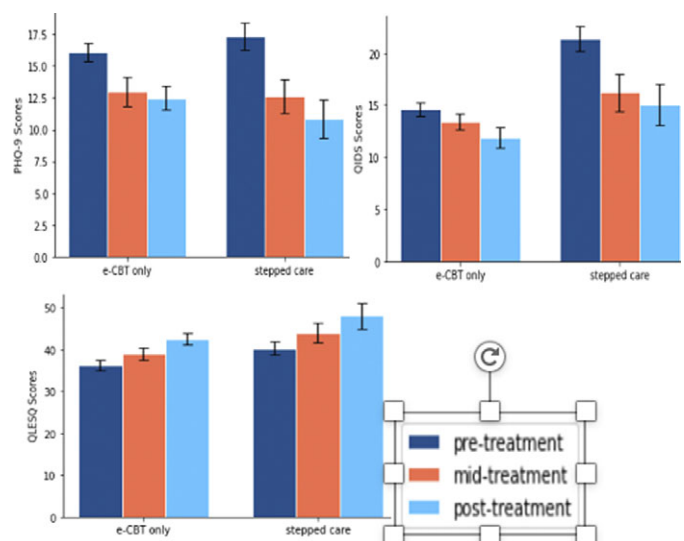
Conclusions: Stepped care model can be reliable and effective method of delivering targeted care to future patients. Using this approach, the amount of care each patient receives is tailored to their needs, allowing for more efficient usage of scarce resources.