Objectives: To assess feasibility and effectiveness of Interpersonal Psychotherapy interventions for the treatment of depression in a consolidated Collaborative Stepped Care Model between primary care and mental health specialists.
Methods: 103 patients were referred by their PCPs to the Consultation-Liaison Service of Bologna and Modena. Of them, 78 were included in the study and administered self-report instruments and interview, including screening depression, anxiety and daily functioning. Patients were asked to choose one of the available treatment: 1) Interpersonal Counseling (IPC) 6-8 weekly meetings for 30 minutes; 2) IPC for Depression in Primary Care 3 sessions of 50 minutes; 3) a guided self-help intervention. Follow-up were planned at 1, 3 and 6 months. Both patients and PCPs provided a feedback about intervention's satisfactions.
Results: At the baseline, 39.4% of the patients presented a minor depression/major depression mild and the large majority (75.0%) of them chose IPC, while none of them chose the guided self-help intervention. At follow ups the mean PHQ-9 significantly decreased compared to the baseline ($p<0.001$); daily functioning increased (WSAS: $p<0.001$) and anxiety traits improved (STAI: $p<0.001$). Patient's general satisfaction with the service received was high (GSQ: 85.9 ± 15.0) as well as PCPs, 62.7% of them expressed high satisfaction for the intervention.
Conclusions: The study emphasised that IPC is an effective and feasible treatment very well suited to the primary care setting for an optimal management of depression.

Keywords: Interpersonal Psychotherapy; Mental Health Services; collaborative stepped care model; primary care

EPP1111

Athens multifamily therapy project

M. Selakovic

Psychiatric Department, GH Sismanoglio, Athens, Greece
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Introduction: The Athens multifamily therapy project (A- MFTP) provides systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families.
Objectives: The participants were recruited from the ongoing longitudinal Early Psychosis Intervention Study –ELPIS, Athens FEP Project, which aims to investigate the involvement of genetic and environmental determinants on psychosis risk.
Methods: A group of five families with a child who had experience FEP, attended two multifamily group sessions per month, in the time period from September 2017 to Jun 2018. Parents and offspring participated to the sessions, which were conducted by two co-therapists. Assessment of patients' psychopathology was based on PANSS at baseline, end of therapy and 6-month follow-up. All participants fulfilled an instrument assessing family factors (SCORE-15) and the Reflective Functioning Questionnaire (RFQ) at the same three time points. Furthermore, participants were asked to give written opinions regarding the therapeutic process at the middle phase, the end of therapy and six months follow - up.
Results: A qualitative analysis identified the emerging themes and patterns, focusing on the language and the meaning constitutes. Communication techniques, emotional processing and problem solving were the main learnings for the members of the group. They highlighted the impact of the group processes on family communication and individual understanding, while the development of a "new family" emerged from the group relationships.
Conclusions: A- MFTP seems to be a promising service aiming to improve mental health and wellbeing of participants, to contrast chronicity and to contribute to early intervention services for psychoses in Greece.

Keywords: FEP; multifamily; systemic; psychotherapy

EPP1112

Cognitive-behavioural therapy role in the prevention of psychosis

M. Pinho*, D. Martins and S. Carvalho

Department Of Psychiatry, Hospital de Magalhães Lemos, Porto, Portugal

*Corresponding author.
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Introduction: About 30% of individuals in ultra-high risk (UHR) of psychosis develop overt psychosis within 3 years, and about 40% of those who don't will keep experiencing ongoing attenuated psychotic symptoms and persistent functional disability. During this prodromal period, it's possible to prevent the transition to a first-episode psychosis.
Objectives: To conduct a short review of literature on the role of cognitive-behavioural therapy (CBT) in preventing psychosis in ultra-high risk patients.
Methods: We performed a literature search on PUBMED, using the query: "Cognitive Behavioral Therapy" [Mesh] AND "psychosis" AND "prevention". We focused on data from systematic reviews, clinical trials and meta-analysis published on last 5 years, either in English or Portuguese.
Results: Some authors claim cognitive-behavioural therapy (CBT) as first-choice treatment in clients with ultra-high risk (UHR) for psychosis. CBT aims to normalize extraordinary experiences with education and to prevent delusional explanations. On a Japanese study, the total score of Positive and Negative Syndrome Scale (PANSS) significantly improved on post-intervention and follow-up assessments, with large effect sizes observed. Teaching families to apply CBT with their offspring may bolster therapeutic gains made in time-limited treatment. CBT showed an 83% probability of being more effective and less costly than routine care.
Conclusions: Patients with UHR for psychosis can be treated successfully with CBT to postpone and prevent the transition to a first-episode psychosis. CBT for UHR has been included in the European guidelines and awaits dissemination and implementation in mental health services.

Keywords: cognitive-behavioural therapy; Ultra-High Risk; psychosis; prevention

EPP1113

Approaching psychotherapy for people from international buddhist organisations

A.I.M. Anders

Institute Of Social And Cultural Anthropology, Ludwig-Maximilians-University Munich, Munich, Germany
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