

EPP0585

Telepsychiatry care during the COVID-19 outbreak in young adults with a first episode of psychosis or entering schizophrenia

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doi: 10.1192/j.eurpsy.2021.932

Introduction: During the Covid Outbreak, the deployment of psychiatric phone-based consultations (PbC) became a large necessity.

Objectives: The main objective of our study was to assess, 4 months after the end of the lockdown, the degree of satisfaction of the PbCs compared to that of usual face-to-face consultations (FC) in young adults presenting a first episode of psychosis (FEP) or entering schizophrenia (SCZ).

Methods: All patients benefited from PbCs conducted by hospital care staff during lockdown. A 15-items questionnaire evaluating satisfaction was carried out remotely (score ranging from 1 to 10). Primary outcome was satisfaction with consultation allowing the comparison of a group preferring FC (FC+) against a group in favor or equivalent of PbC (PbC+).

Results: 30 patients were recruited (mean age 26.93 years old (4.9 SD), Male 56%. Diagnoses were SCZ 60% and FEP 40%. 20/30 participants belonged to (FC+) group. Total scores of satisfaction for the PbC differed between the (PbC+) group (mean 9 (1.69 SD)) and (FC+) group (mean 6.80, (1.32 SD)) $p < 0.05$. The (FC+) group tends to have PbC more frequently (40%) than the (PbC+) group (10%) and to find the phone interface more stressful (40%) than the PbC+ group (10%). The (FC+) group tends to less wish (40%) PbC follow up in future than the (PbC+) group (90%).

Conclusions: This study shows that the PbCs were favorably evaluated by a third of the patients. The anxiety-inducing experience of the PbC in the (FC+) group could be explained by the severity of their pathology.

Keywords: Covid-19; telepsychiatry; first episode of psychosis; schizophrenia

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Mapping mental healthcare professionals' journey towards digital mental health adoption: A qualitative study

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doi: 10.1192/j.eurpsy.2021.933

Introduction: Digital Mental Health holds strategic potential in fulfilling populations' mental healthcare unmet needs, enabling convenient and equitable access to mental healthcare. However, despite strong evidence of efficacy, uptake by mental healthcare providers remains low and little is known about factors influencing adoption and its interrelationship throughout the Digital Mental Health adoption process.

Objectives: This study aimed at gaining in-depth understanding of factors influencing adoption and mapping its interrelationship along different stages of the Digital Mental Health adoption process.

Methods: This work adopted a qualitative approach consisting of in-depth semi-structured interviews with 13 mental healthcare professionals, including both psychologists and psychiatrists. The interviews were transcribed and analysed thematically, following Braun and Clarke's method.

Results: In this communication, we will describe how digital technology is currently used by clinicians to deliver mental healthcare. We identify potential factors influencing Digital Mental Health adoption and characterize the different identified stages inherent to this appropriation process: i) Pondering appropriate use; ii) Contractualizing the therapeutic relationship; iii) Performing online psychological assessment; iv) Adapting and/or developing interventions; v) Delivering Digital Mental Health interventions; and vi) Identifying training unmet needs. A discussion on how different factors and its interrelationship impact the adoption process will also be performed.

Conclusions: By characterizing mental healthcare providers journey throughout the Digital Mental Health adoption process, we intend to inform ecosystem stakeholders, such as researchers, policy makers, societies and industry, on key factors influencing adoption, so policies, programs and interventions are developed in compliance with this knowledge and technology is more easily integrated in clinical practice.

Keywords: Digital Mental Health; Internet interventions; Technology acceptance; Portugal; EU

EPP0585

A comparative study reveals a similar validity of telepsychiatry and face-to-face psychiatric assessment in emergency room setting

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doi: 10.1192/j.eurpsy.2021.934

Introduction: Telepsychiatry (TP) can provide an alternative to traditional face-to-face (FTF) assessments. However, TP in the emergency room setting is much less prevalent, probably due to lack of solid evidence about its effectiveness and acceptability.

Objectives: To directly compare traditional FTF and TP modalities in the emergency room setting.

Methods: Psychiatric patients (n=38) presented to the emergency room went through traditional in-person and videoconference TP interviews in varying order. Both FTF and TP interviewers that examined the patients as well as a third psychiatrist, acting as an observer for both modalities, determined the diagnosis, disposition recommendation and indication for involuntary admission.

Results: Rater decisions had a high matching on disposition and indication for involuntary admission (Cohen's Kappa (CK) of 0.84/0.81, 0.95/0.87 and 0.89/0.94 for FTF-TP, Observer-FTF and Observer-TP, respectively). Although identical diagnosis matching between the raters was relatively low, the partial diagnosis matching was high (CK of 0.52/0.81, 0.52/0.85 and 0.56/0.85 for FTF-TP, Observer-FTF and Observer-TP, respectively). Telepsychiatry assessments had comparable acceptability in items such as psychiatrists' certainty and interviewers' and patients' satisfaction.

Conclusions: TP and FTF psychiatric assessments in the emergency room settings have similar validity and acceptability. Implementation of TP in emergency room settings might improve the mental health services' quality and access especially for remote populations. TP is especially important during the COVID-19 pandemic to enable treatment for epidemiologically isolated patients and to protect the medical personnel.

Keyword: telepsychiatry

EPP0586

New technologies as tools to prevent suicide in adolescence: A literature overview

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doi: 10.1192/j.eurpsy.2021.935

Introduction: Suicide in adolescents represents a major public health concern. To date, a growing number of suicide preventive strategies based on the use of new technologies are emerging.

Objectives: The purpose of the present paper is to provide an overview of the present literature on the use of new technologies in adolescent suicide prevention.

Methods: A systematic electronic search was run using the following keywords: Technology OR Technologies OR APP OR Application OR mobile application) AND (Adolescent OR youth OR puberty) AND (Suicid* OR Self-harm OR self-destruction).

Results: We found 12 studies on the use of telemedicine, 7 on mobile applications, and 3 on language detection. Heterogeneity regarding the study design was found: 3 Randomized Controlled Trial (RCT), 13 are Open-label single group trials, 2 Randomized studies, and 1 Cross-sectional study. Telemedicine was the most adopted tool, especially web-based approaches. Mobile applications mostly focused on screening of depressive symptoms and suicidal ideation, and for clinical monitoring through the use of text messages.

Conclusions: Despite telepsychiatry and mobile applications can provide a fast and safe tool, only a few studies demonstrated efficacy in preventing suicide among adolescents through the use of these interventions. Some studies suggested sophisticated algorithms able to recognize people at risk for suicide from language detection on social media posts. To date, only a few data support the use of such interventions in clinical practice and preventive strategies. Further studies are needed to test their efficacy in suicide prevention among adolescents and young adults.

Keywords: Suicide; adolescence; Technology; e-mental health

EPP0588

Computer-based detection of depression and dementia in spontaneous speech

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doi: 10.1192/j.eurpsy.2021.936

Introduction: There is a significant relation between old-age depression and subsequent dementia in patients aged 50. This supports the hypothesis of old-age depression being a predictor, and possibly a causal factor, of subsequent dementia. The number of people aged 60 years and over has tripled since 1950, reaching 16% in 2050, leading to new medical challenges. Depression is the most common mental disorder in older adults, affecting 7% of the older population. Dementia is the second most common with about 5% prevalence worldwide, but it is the first leading cause of disease burden.

Objectives: Early detection and treatment is essential in promoting remission, preventing relapse, and reducing emotional burden. Speech is a well established early indicator of cognitive deficits. Speech processing methods offer great potential to fully automatically screen for prototypic indicators of both dementia and depressive disorders.

Methods: We present two different methods to detect pathological speech with artificial neural networks. We use both deep architectures, as well as more traditional machine learning approaches.

Results: The models developed using a two-stage deep architecture achieved 59% classification accuracy on the test set from DementiaBank. Our CNN system achieved the best classification accuracy of 63.6% for dementia, but reaching 70% for depressive disorders on the test set from Distress Analysis Interview Corpus.

Conclusions: These methods offer a promising classification accuracy ranging from 63% to 70%, applicable in an innovative speech-based screening system.

Keywords: machine learning; mental health monitoring; speech technology; prosodic analysis

EPP0589

Digitalization of education and mental health

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doi: 10.1192/j.eurpsy.2021.937