

Methods: Survey and questionnaires were the main methods to collect feedback after 1129 sessions conducted by psychiatrists and psychotherapists for 559 young patients in 2020.

Results: Overall, patients/caregivers were generally satisfied with the quality of services, despite some technical issues and limitations of the platform. The most common outcomes of the sessions were: psychotherapy, in-depth assessment, pharmacotherapy, in-patient treatment, referrals for in-person appointments with other specialists, parenting strategies. Professionals gave more positive feedback on telehealth services after a few months of practice and training. Psychiatrists preferred conducting telehealth appointments for the patients they have previously seen in-person. The most common diagnosis were various neurodevelopmental disorders (48,9%), as well as patients within F84.0-F84.5 27,9%, and F84.8 (19,8%). Identification challenges, confidentiality and safety maintenance were among the top concerns for mental health workers. Specific guidelines for caregivers helped to use the appointment time effectively, prevent some technical and organizational issues and decrease negative effects of limited communication capabilities during a telehealth appointment.

Conclusions: Telehealth services in psychiatry are meeting real needs of patients, caregivers and professionals, and require further development. Proper training for professionals and clear guidelines for caregivers are among the key factors that enhance the quality of services.

Keywords: Child Psychiatry; telehealth; quality of services

EPP0581

Transdiagnostic internet cbt for mixed anxiety and depressive: Results from a feasibility study in primary care

P. Roberge^{1*}, H.-M. Vasiliadis², A. Lesage³, R. Labelle⁴, H. Haskelberg⁵, J. Grenier⁶, M. Drapeau⁷ and M.D. Provencher⁸

¹Department Of Family And Emergency Medicine, Université de Sherbrooke, Sherbrooke, Canada; ²Department Of Community Health Sciences, Université de Sherbrooke, Longueuil, Canada; ³Psychiatry, Université de Montréal, Montreal, Canada; ⁴Psychology, Université du Québec à Montréal, Montreal, Canada; ⁵Clinical Research Unit For Anxiety And Depression, St. Vincent's Hospital, Sydney, Australia; ⁶Institut Du Savoir Montfort, Hôpital Montfort, Ottawa, Canada; ⁷Educational And Counselling Psychology, McGill University, Montreal, Canada and ⁸School Of Psychology, Université Laval, Québec, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.930

Introduction: In response to the treatment gap for anxiety and depressive disorders, psychological treatments with innovative modalities and high implementation potential are essential. Internet CBT (iCBT) is a cost/effective approach that could improve access to a low-intensity evidence-based CBT intervention.

Objectives: To assess the feasibility and acceptability of the French adaptation of the physician-prescribed six-lesson This Way Up transdiagnostic iCBT program for mixed anxiety and depressive disorders developed in Australia.

Methods: Feasibility study with pre- post-intervention evaluations, including an embedded qualitative study in Family Medicine Groups (Quebec, Canada). Inclusion criteria comprise a family physician diagnosis of Major Depression, Panic Disorder, Agoraphobia, Social Anxiety Disorder or Generalized Anxiety Disorder. Primary self-reported outcomes: PHQ-9 (depression) and GAD-7

(anxiety); secondary measures include diagnostic-specific scales and health service utilisation.

Results: Family physicians (N=21) from five Family Medicine Groups prescribed iCBT to 45 patients (30 women, 15 men; mean age = 39.7), 31 initiated the program. To date, 20 patients completed 5 or 6 lessons, nine completed between 2 and 4. Intervention and post-treatment assessments are ongoing, results forthcoming. Results of semi-structured interviews with patients (N=15) and family physicians (ongoing) on iCBT acceptability indicate it is beneficial, practical and easy to use. Program adherence requires patient readiness and determination and could be fostered by motivational support from clinicians.

Conclusions: Results support this French iCBT program's scaling-up potential to contribute to reducing the gap in evidence-based treatments for common mental disorders. Its implementation in primary care could improve the effectiveness, efficiency and equity to a rapidly accessible treatment.

Keywords: Digital therapy; anxiety and depressive disorders; primary care; Cognitive-Behaviour Therapy

EPP0582

Adaptation of a french e-health tool for suicide prevention in young populations: Modalities and benefits

L. Daval^{1,2,3*}, A. Le Jeannic^{1,2,3}, C. Picot-Ngo^{2,3}, K. Turmaine^{2,3} and K. Chevreul^{1,2,3,4}

¹Urc Eco Ile-de-france, AP-HP, Hôtel-Dieu, Paris, France; ²Eceve - Umr 1123, Inserm, Paris, France; ³Ufr De Médecine, Université de Paris, Paris, France and ⁴Unité D'épidémiologie Clinique, AP-HP, Hôpital Robert Debré, Paris, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.931

Introduction: France's suicide rate is among the highest in Europe, with the young among the more at risk than others. Several European projects have demonstrated the effectiveness of using e-tools in suicide prevention particularly for hard-to-reach populations. Lessons from StopBlues, an e-health tool (application/web-site) for suicide prevention in the general population developed in 2018 which was promoted by municipalities and general practitioners, shows the necessity to adapt its content for young people.

Objectives: The objective is to develop an e-health tool, BlueZberry, for suicide prevention targeting adolescents and young adults with psychological pain by adapting StopBlues and its promotional plan.

Methods: The detailed content of BlueZberry and its promotional plan were determined via a literature review and 26 individual and group interviews with experts and youth with StopBlues as a starting part.

Results: The literature review and interviews confirmed the need to adapt the tool according to age of the user since the context and source of psychological pain vary rapidly at this time of life. BlueZberry consists of three modules for age groups 12-14, 15-17 and 18-25 years with specific graphics and messages. Its locally organized promotion should include youth hangouts on top of usual places.

Conclusions: This adaptation of StopBlues will reach a larger audience by offering a more suitable solution for this vulnerable population. A web-portal will serve as an entry point for both StopBlues and BlueZberry where users will be redirected to one of the tools/modules according to their profile and respective needs.

Keywords: adolescent; Suicide; e-tool; prevention