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

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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

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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/website) 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

EPP0583

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

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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 beneficiated 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 stressfull (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

EPP0584

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

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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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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.