autonomy and autoregulation. These services reduce costs, in terms of FTE (Full Time Equivalent), but not the efficacy.
Future advances in the websites should be designed, simplifying the contact surface with the treating-team and reducing the social impact of therapeutic practice.
A better understanding of the complex variables influencing real-life functioning and new sensitive tools to detect it are needed.
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S31

The impact of E-Mental Health on prevention and early detection of illness

D. Hilty
Keck School of Medicine at USC and LAC + USC Medical Center, Los Angeles, USA

Our current healthcare system in the United States is characterized by problems with access to timely and evidence-based care, particularly for mental disorders. Telemental health improves access to care regardless of the point-of-service or barriers involved. Its effectiveness across age, population and disorders is as good as in-person care, though adjustments for some populations in the approach is necessary. Early intervention is an example of "Cadillac" care or a best evidence-based approach that is easier to distribute via telemedicine. Cadillac care delivered via TMH has the potential to bring evidence-based early intervention modalities to very young children and their families. However, early access to care is also critical for all populations, particularly those with cultural or medical disadvantages. It appears that telemental health may be preferable or better than in-person care in some instances.
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S32

The acceptability of web-care for patients with major depressive disorder

M. Ladea*, M. Bran
University of Medicine and Pharmacy "Carol Davila", Psychiatry, Bucharest, Romania
* *Corresponding author.*

Introduction With the extraordinary rate of development of E-health and widespread internet access in Romania, Inomedica decided to create a platform dedicated primarily to the patients and their families: depresiv.ro. According to Internet Live Stats there were 11,178,477 Internet users in Romania (representing 51.66% of the population) in 2014. Inomedica is a non-governmental organization founded by a multidisciplinary team (psychiatrists, sociologists, IT specialists).
The platforms provide rigorous and quality online information about depression as well as self-assessment tools and Q&A section. The presentation will explore the development and effects of the first 16 months of operation of a web platform about depression.
Methods The depresiv.ro platform design is simple and user friendly. Mental health specialists contributed to the development of the content, which is easy to access and understand.
The platform also provides access to a self-evaluation tool, the Hospital Anxiety and Depression Scale (HADS), and thus helps the users identify possible problems and encourage them to seek professional help. The web application also included a demographic questionnaire, and a medical history questionnaire. A native iOS version of the application is available to download free on AppStore. The platform is supported by a Google grant program.
Results The platform traffic increased from a few users per day at launch to more than 1000 unique visitors per day. Since 1st January 2015, about 178,000 unique visitors accessed the platform. All the metrics improved significantly during the last months: bounce rate (66.3%), average session duration (02:17 minutes), number of pages per session (2.4).
About 25,000 users accessed the HADS application since its release, from August 2014 until September 2015, showing the increasing need for free online self-evaluation tools.
The Q&A section is one of the most visited on the platform since many users try to find answers for their questions regarding depressive or anxiety symptoms.
Conclusions As new technologies are introduced and become more accessible, mental health specialists are developing new ways of providing services and collecting data. The traffic data/usage for both the depresiv.ro platform and the app are evidence for the widespread acceptability of web-based delivery methods.
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S33

Digital healthcare: Fools gold or a promised land?

M. Wise
Wiser Minds Ltd, Adult, London, United Kingdom

Digital healthcare is the use of technology to deliver healthcare. There are many facets of it. The paradigm of care at a distance e.g. a live interface is the most understood, whether it is the old fashioned analog phone call or that of todays Millenial who 'get' Skype or see video calling as a day to day reality.
This has moved to non-live uses, asynchronous, the modern version of written communication, email, videomessage, Instagram, twitter or any one of a multitude of social media.
It has progressed beyond that though to a plethora of devices, apps and cross breeds that promise to maximise your patients health, and often your practice income! Grand claims, if not ones supported by the evidence.
They have broadened the range of providers from the plain vanilla (group) therapist to the Cyber support groups; from patient information sheets, to sophisticated hyperlinked, video embedded 'hope box', or manual on your phone. They have changed in vivo exposure from what was limited by travel time, to what is limited by the programmers imagination.
Telemdecine can connect patients and providers worldwide – how can that not be an amazing promise, today's truly outstanding goal – tomorrow commonplace event.
The promise of near infinite data; if only we can measure enough, we can treat better, may hold true for a physical paradigm such as mobile ECG or BP monitoring, but is it true for mental health?
Science is not a door to infinite wisdom, but a rescue from unending ignorance. The evidence is that technological innovations are not a magic solution but tools widening access, they are to travel what the motorway is to the dust track. They are an equaliser in that more people can be reached than ever before–but they do not replace human skill and ability.
By December 2015, 500 million smartphone users worldwide will be estimated to be using a health care application. Yet, there is no evidence of a systematic evaluation of a fraction of these apps. They may not be snake oil salesman, but has the placebo effect graduated from molecules to ones and zero's?
We will explore the evidence to understand some of the promises and the realities of what was once Tomorrows World, here today.
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