Introduction: According to the World Health Organization, addressing the mental health care gap for adolescents, especially in low-resource contexts, is a priority. Evidence-based assessment is crucial for selecting treatment strategies and for quality management.
Objectives: To develop a digital platform for evidence-based assessments and implement it in different low-resource settings.
Methods: The project operates according to the principles of digital development (https://digitalprinciples.org/), including designing with the user, user testing, understanding the ecosystem, resusing software and being open source, think about sustainability and addressing privacy and security.
Results: Different implementation contexts (in Tanzania, Kosovo and Chile) will be presented.
The learned lessons will be presented to the audience.
Conclusions: MHIRA is a promising tool that helps bridge the gap regarding adolescent mental health in low-resource settings. Challenges include the clinicans attitude towards evidence based assessment, sustainability of the project and integration with the existing information technology eco-system and regulations.

Disclosure: No significant relationships.
Keywords: digital health; Early detection; LMIC; evidence-based assessment

EPV0655

Telehealth in Australia

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doi: 10.1192/j.eurpsy.2022.1457

Introduction: There is a significant psychiatry workforce shortage in Australia, particularly in rural and remote communities. Given the large distances involved, telehealth – providing consultation via videoconference – has been widely accepted. Psychiatrists were among the highest users of telehealth services in Australia before the COVID-19 pandemic. However, the outbreak of COVID-19 resulted in a major transformation to service delivery across Australia. Private psychiatrists and state public mental health services had to rapidly transition to largely telehealth delivery to ensure continuity of care for consumers.
In March 2020, additional telehealth item numbers were added to the Australian Medicare Benefits Schedule (MBS) to encourage physical distancing for those accessing medical services during the pandemic.
Objectives: To provide an overview of the increase in telehealth activity since the COVID-19 pandemic.
Methods: The MBS is the list of services for which the Australian Government will pay a rebate. Key data on MBS telehealth activity since March 2020 was examined.
Results: The use of telehealth has increased during the pandemic. A survey of Royal Australian and New College of Psychiatrists (RANZCP) psychiatrists found that 93% supported retention of telehealth MBS item number numbers following the COVID-19 pandemic, noting increased accessibility for consumers. Positive feedback has been received from consumers.
Conclusions: During 2020 and 2021, the RANZCP worked with the Australian Government to ensure there were appropriate MBS telehealth services available for consumers. The RANZCP

continues to work with the Government as they plan for a longer-term transformation of telehealth services beyond 2021.

Disclosure: No significant relationships.
Keywords: videoconferencing; Covid-19; TeleHealth; telepsychiatry

EPV0657

Creating a Digital Psychoeducation Programme for bipolar disorder in the COVID-19 pandemic

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doi: 10.1192/j.eurpsy.2022.1458

Introduction: The Covid-19 pandemic profoundly affected delivery and accessibility of mental health care services at a time when most needed. The OPTIMA Mood Disorder Service, a specialist bipolar disorder service, adapted group psychoeducation programme for delivery on-line.
Objectives: We report the feasibility of creating a digital psychoeducation programme.
Methods: The OPTIMA ten session group psychoeducation programme was converted into a 'Digital' intervention using videoconferencing. Sessions offered a range of key topics, derived from the initial Barcelona Group Psychoeducation Programme. At the time of writing, OPTIMA had fully completed two 10 session digital courses.
Results: A total of 12 people (6 in each group) consented to be part of a service evaluation of the digital groups. Just over half of the participants were women (7/12; 58.3%) and one identified as being non-binary (8.3); remaining participants were men. Age of participants ranged from 25 years to 65 years (Mean=42.3; SD=13.1). Data showed a high level of engagement (77%) All participants reported some improvement with a mean Bipolar Self-Efficacy scale (BPSES) post-group score of 105.6 (SD=14.8). At group level, this change was not statistically significant (F $(1, 15) = 0.71$, p=0.41). At an individual level, two out of five showed a reliable change index >1.96.
Conclusions: Delivering a 'digital' group psychoeducation programme was possible due to careful planning and programme development. There was good uptake from service users suggesting it is a feasible approach with preliminary evidence of clinical benefit.

Disclosure: No significant relationships.
Keywords: digital; BIPOLAR; psychoeducation; covid

EPV0658

"I rather talk on the phone": Factors affecting compliance with outpatient visits during COVID-19 Pandemic

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Introduction: The COVID-19 pandemic presented a global public-health crisis that demanded healthcare to adapt at an unprecedented pace. While challenging, it also created opportunities for the advancement of novel electronic-treatment-modalities. Telepsychiatry has emerged as an effective method to ensure continuity of care and ensure social distancing.[1] Studies indicate that mental-health patients have higher rates of noncompliance to follow-up,[1] thus finding means to increase compliance is critical.

Objectives: The objectives of this study are to determine the impact of telepsychiatry on compliance to follow-up and to identify numbers of psychiatric/medical emergency-room visits, most common contributing factors for admission, and compliance in terms of diagnosis.

Methods: This IRB approved study is a retrospective chart-review, that aims to study children/adolescents (5-18 years) who presented to the Child&Adolescent-Psychiatry Outpatient-clinic from July-December 2020 and engaged in telepsychiatry, compared to a group of patients presented in July-December 2019-Pre-Covid19-Pandemic. A review of clinical characteristics including diagnosis, demographic information, medication, and treatment compliance will be compared as well as admissions to inpatient-psychiatry/emergency-room visits.

Results: Our total sample (N=252) included patients from 2019-Pre-COVID19 (N=111) and 2020 Telehealth during COVID19-Pandemic (N=141). Our data analysis using SPSF and T-test has shown that Telehealth has significantly increased follow-up compliance (Two-tailed P-value=0.04); 2019-Pre-COVID outreach mean=0.06, 2020-Telehealth-during COVID outreach mean=0.02); significantly decreased ER/CPEP visits (P-value=0.02), and decreased In-patient-unit admissions (P-value=0.02).

Conclusions: According to the presented study, the incorporation of telepsychiatry has increased the compliance to psychiatric-care in outpatient and decreased the emergency-room visits and inpatient admission. Sufficient resources and steps need to be taken to further strengthen telehealth services.

Disclosure: No significant relationships.

EPV0660

Experience of Using a Smartphone Mood Relapse Warning Application among Patients with Bipolar Disorders: A Qualitative Inquiry

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Introduction: Although several studies preliminary supported the effects of using smartphone mental health application (app) in patients with bipolar disorder (BD), patients' subjective experience deserves more attention.

Objectives: The present study aimed to explore how the BD patient experienced while using the APP in detecting their mood relapse warning signs (MRW app) which has been developed by our team (Su et al., 2021).

Methods: The MRW app collects 2 passive (location and GPS removal distance) and 6 self-reported data (daily mood, wake and sleep time, the brief record of mood and life, voice pitch, speech tone and rhythm, facial expression, and weekly emotional scale). By using qualitative research design, 15 patients recruited from the psychiatric outpatient department in a medical center were in-depth interviewed.

Results: Four themes were identified as their subjective experience to use the app as: including positive and negative experience, facilitators, price, and barriers. Interconnected relationship was found in each theme; and counterbalancing associations between positive vs. negative experience, facilitators vs. price and barriers were also demonstrated.

Conclusions: Such first-person experience of using the app in illness detection could unveil technological myths and present its impacts upon patients' lives in the real world. Implication for practice and future studies were be discussed.

Disclosure: No significant relationships.
Keywords: Smartphone; bipolar disorder; Relapse Warning; Qualitative study

EPV0661

Prevalence of high risk of ADHD among adult users of Instagram in Russian Federation

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Introduction: The problem of diagnosis and treatment of ADHD in adults in the Russian Federation remains very relevant. Unfortunately, very little time is devoted to the topic of adult ADHD in standard and advanced training programs. In connection with these problems, it is important to study the prevalence of ADHD in the Russian population.

Objectives: To determine the prevalence of an increased risk of adult ADHD on the example of Russian Instagram users.

Methods: In the professional blog of one of the authors of the article in Instagram (@gentlepsydoc), a link was posted to an anonymous survey conducted using Google docs, in which patients filled out the Adult ADHD Self-Report Scale (ASRS v1.1) in the author's translation

Results: A total of 144 people took part in the screening, 87.5% of them were women, the average age of the participants was 35.5 ± 12.3 years (from 20 to 56). An increased risk of ADHD according to the indicators of the ASRS scale was detected in 13.2 % of participants.