training modules and an e-mental health job profile will be designed and implemented in our partner hospitals in Belgium and in Germany.

Disclosure: No significant relationships.
Keywords: technology; e-mental health; Anxiety; Europe

S0054

The Power of Technology Addressing Anxiety for a Better Mental Health

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As the manager of a business incubator, I'm involved in the European project IT4Anxiety. It focuses on the creation and implementation of innovative solutions designed to reduce the anxiety of patients experiencing neurological disorders or PTSD. The IT4Anxiety project is a collaboration between mental health professionals, users and start-ups, but also universities, research centres and higher education establishments. There is growing evidence that technological solutions can expand and complement conventional medical protocols. Such "blended therapies" are central to the approach being developed through several work packages. In the framework of the IT4Anxiety project, I carry out actions to develop interactions between startups and mental health professionals.In this context, my speech will focus on 3 specific points: - Feedback on the process of testing and validation of innovative tools in hospitals, care homes… We developped a framework for testing and validating tools with patients and start-ups in order to guarantee the effective implementation of these innovative solutions, especially from an ethical point of view. Going before the ethics committee is often a new experience for start-up managers who have to answer complex questions - Feedback on co-creation processes, in particular through the organisation of hackathons bringing together start-ups, users and health professionals.The objective of the hackathons is to bring together stakeholders in the co-creation of innovative solutions and their integration thereafter into the mental health care sector - Examples of innovative tools in mental health developed by startups which have joined the IT4Anxiety project. These tools complement conventional medical protocols

Disclosure: No significant relationships.
Keywords: Mental health technological innovations; blended therapies within the mental health sector

S0055

Training Issue about Digital Tools : from Users & Carers to Professionals

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The Interreg IT4Anxiety Project gives birth to training modules in digital health. The European Interreg IT4Anxiety project, led by the CNP St-Martin, is launching a new range of training modules in digital health awareness at the Haute Ecole de la Province de Namur, the University of Applied Sciences (HEPN). Electronic medical records, teleconsultation, mobile applications, virtual reality… Digital tools are already part of the daily life of workers in the health sector. However, until now, no curriculum has included appropriate training to enable caregivers to acquire the fundamental knowledge needed to use digital tools effectively in their professional practice. Thanks to the expertise and support of its various partners in the IT4Anxiety project, the Haute Ecole de la Province de Namur will provide digital health awareness training starting in 2022. These training modules will be provided as part of the in-situ training of caregivers and are already being tested in the academic training of future nurses. In addition to discovering the potential of new technologies in the health field, health professionals and future professionals will learn to identify the appropriate use of these tools, to deploy them and to use them in their profession, in a respectful and caring relationship with a critical eye. The structure of the courses, the assessment and the feedback from the HEPN will form the basis for an international deployment of this training by the German, French, Dutch and English partners of the IT4Anxiety project.

Disclosure: No significant relationships.
Keywords: caregivers; training; future healthcare professional; e-health

Educational

Suicide Rates in the COVID-19 Pandemic

S0056

Cultural Factors of Suicidality

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Suicidal behavior is a complex human behavior expressed in a spectrum of various acts. From a suicidal gesture to a completed suicide, all reflect a cry for help and need clinical and scientific attention. The process ending up with suicidal act is shaped by multi-factors, including the socio-cultural ones. Suicide is indeed related to a deep feeling of hopelessness; not to have any control over their lives and circumstances except than deciding to stay alive or dead, and so related to serious psychopathologies, as depressive and substance use disorders. Hence, it is frequently seen as a personal act or as a question of individual decision. But since Durkheim's ground breaking work, which still inspires suicide researchers, the cultural factors behind this socially determined phenomenon have been widely discussed. Suicide is totally a personal act and a fully socio-cultural phenomenon. The cultural factors of suicidality are among the social determinants of health/ill health. Epidemiological evidence and cross-cultural comparisons show huge differences in suicide rates across countries and even between regions of same countries, and these are constant differences. Furthermore, even the definition of suicide is effected by the social circumstances. Certain socio-cultural patterns shape how and when people commit suicide; i.e., these patterns have decreasing or increasing effect on suicide rates, which provides basis for suicide prevention. Likewise, social solidarity, high group integration and

collective sensitivity may have preventive effects. This brings us to the discussion of the effects of big social turmoil or wars or pandemics on suicidal behavior.

Paving the Future of Mental Health Care: What can we Learn from Other Medical Disciplines?

S0057

Public Mental Health Approaches for Building Resilience in Communities

C. Jung-Sievers[1]* and M. Coenen[2]

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Crises such as the corona pandemic, but also climate change associated events such as extreme weather events are major stressors for people on an individual, but also on a population level. Such crises often lead to highly burdened individuals with reduced quality of life, decreased well-being, mental health problems and an accumulation of psychiatric illnesses, especially in vulnerable population groups. These create a high demand and need for low intensive (psychosocial) support and primary and clinical care that can often no longer be adequately met by the existing infrastructure. However, good mental health and mental health care is a necessary prerequisite for people to lead fulfilling and productive lives and for communities and their settings (such as families, schools and workplaces, etc.) to function well. Therefore efficient supporting (public mental health) approaches are urgently needed. This presentation will introduce and discuss public mental health approaches and their effectiveness with a focus on mental health promotion and prevention. The implementation and dissemination of these approaches may help to further strengthen psychological resilience in communities to be better prepared for coping with acute crises and long-term stressors.

S0058

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stressors for people on an individual, but also on a population level. Such crises often lead to highly burdened individuals with reduced quality of life, decreased well-being, mental health problems and an accumulation of psychiatric illnesses, especially in vulnerable population groups. These create a high demand and need for low intensive (psychosocial) support and primary and clinical care that can often no longer be adequately met by the existing infrastructure. However, good mental health and mental health care is a necessary prerequisite for people to lead fulfilling and productive lives and for communities and their settings (such as families, schools and workplaces, etc.) to function well. Therefore efficient supporting (public mental health) approaches are urgently needed. This presentation will introduce and discuss public mental health approaches and their effectiveness with a focus on mental health promotion and prevention. The implementation and dissemination of these approaches may help to further strengthen psychological resilience in communities to be better prepared for coping with acute crises and long-term stressors.

Suicide in Old Age

S0059

Risk Factors of Suicidal Behaviour in old age

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Several observational studies investigated risk factors for suicide attempts/completed suicides in older age with contrasting evidence from ongoing population-based research. The risk factors most associated to suicide attempts than other variables were: depressive disorders, methods employed to self-harm (particularly poisoning), and psychotropic drug utilization followed by psychological factors and disability. Moreover, male sex, violent methods to self-harm, any psychiatric disorder (depression, anxiety and bipolar disorders), a poor medical condition, stressors/bereavement, and living alone appeared to be more significant for predicting completed suicides in late life. There is growing evidence of a role of environmental exposures in the pathogenesis and epigenetics of suicidal behavior in older age. Little is known about the possible relationship between suicidal ideation in older age and its biopsychosocial predictors, although psychiatric disorders (among which late-life depression, LLD), play a fundamental role. LLD, distinguished as late-onset depression (LOD) and early-onset depression (EOD). Suicidal ideators accounted for 2.32% of subjects, were female, smokers and obese affected by multimorbidity. After adjusting for age, gender, education and social dysfunction, suicidal ideation was associated to LLD (EOD>LOD:OR:21.71, 95% CI:9.22-51.14). In the full random forest model, asthma was the most important contributor to suicidal ideation. Among biomarkers, interleukin