

Group [CG; N=100]) are targeted. Online nomothetic questionnaires evaluate occupational changes and PSP in relation to alienation and are completed by the EG and the CG at pre-test, mid-test and post-test. Online idiographic questionnaires assess PSP and are completed by the EG before and after each video capsule and by the CG once a month without viewing the capsules. Following a preliminary analysis, a focus group will be formed to explain and deepen these results. Participants (N=5) will be recruited voluntarily into the EG.

**Results:** to come.

**Conclusions:** Analysis of quantitative data will be used to assess the effectiveness of the program and analysis of qualitative data will provide an in-depth understanding of the linkages between the variables.

**Disclosure:** No significant relationships.

**Keywords:** Physical self-perceptions; New technologies; ehealth; Dysfunctional eating attitudes and behaviours

## O112

### The benefits of involving general practitioners in the promotion of e-health tools for primary prevention of suicide in the general population: The stopblues case

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**Introduction:** In France about 10,000 suicides/year are recorded. General practitioners (GPs) have an important role in prevention, with consultation rates between 20% and 76% the day preceding suicide. StopBlues is an application/website for primary prevention of suicide in the general population. Its promotion was supported by municipalities and involved GPs.

**Objectives:** To evaluate how the involvement of GPs in the promotion of StopBlues had an impact on its utilization.

**Methods:** StopBlues was promoted in 25 French municipalities randomly assigned to a 'basic' promotion group organized by municipalities only or an 'intensified' promotion group that also includes promotion in GPs' waiting rooms. StopBlues users were asked how they found out about StopBlues. After two years, an ad hoc questionnaire was sent to all GPs (N=2,111).

**Results:** StopBlues users from those municipalities (N=885) were 16% to learn about StopBlues from GPs, 93% of them living in municipalities with 'intensified' promotion. In the 'basic' group, where no GPs have heard about StopBlues, 15% would like to know more about it/will have a look at it and 8% will use it and recommend it to colleagues. Half of GPs from the 'intensified' group had heard about the program, with 24% who recommended StopBlues to some patients. 21% of GPs agreed that they will use it and recommend it to colleagues.

**Conclusions:** Involving GPs in the use of e-health tools is of major interest to improve their utilization. Our results show that GPs are in need of those in dealing with patients with psychological pain/distress.

**Disclosure:** No significant relationships.

**Keywords:** General Practitioners; Suicide; Primary prevention; e-health

## O115

### Vr exposure in cbt is effective and efficacious treatment for simple phobia (flight phobia)

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**Introduction:** The virtual environment with realistically rendered fear-inducing stimuli is enough to conduct VR exposure therapy (VRE), although the total control over the virtual environment also enables presentation of stimuli, contexts, and tasks not possible in in vivo exposure therapy (i.e. flight etc.) 30 randomized controlled trials revealing high efficacy and effect sizes comparable of VRE-CBT to in vivo exposure therapy. Aerophobia is a very frequent limitation and affect 25% of the population and 30% of the subjects who fly make habitual use of anxiolytics.

**Objectives:** The aims of this study is to show that conducting VR exposure in CBT for simple phobia (flight phobia) is effective and is an efficacious treatment for fear and anxiety, Vs other treatments.

**Methods:** Participants (n = 39; age between 19 and 60 years) in the active arms received individual CBT VR exposure for six sessions and outcome was assessed with questionnaires: MSPS; Rathus Assertiveness Scale (RAS); HAM-A; QMAV; QSAV – (Flying fear); QoL INDEX and a behaviour avoidance test (really take the plane). Wilcoxon tests was using for the statistical analysis.

**Results:** 36 subjects managed to take the plane at the end of treatment and the results obtained showed a significant difference between "before treatment (T0) and after (T1)" with the exception of the Rathus test. All the SF-36 scales show a significant difference between "before-after". 3 subjects was dropped out

**Conclusions:** Using VR can be advantageous over standard CBT as a potential solution for treatment avoidance and as an efficient, cost-effective and practical medium of exposure.

**Disclosure:** No significant relationships.

**Keywords:** phobia; flight phobia; virtual reality; VRE-CBT

## O116

### Lessons learned from an e-mental health intervention: The promotion of stopblues in 41 french cities

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**Introduction:** For more than a decade, digital health has held promise for enabling a much broader population to have access to health information, education and services. However, the increasing number of studies on the subject show mixed results and currently, there is a certain disillusionment regarding its benefits. And yet, the Covid-19 crisis has revealed the importance of developing digital-based complementary support to existing resources.

**Objectives:** Factors associated with higher utilization rates among the target audience need to be investigated.

**Methods:** In 2018, 41 French cities enrolled in an intervention program aimed at promoting StopBlues®, a digital health tool that helps prevent mental distress and suicide among the general population. After two years of experimentation, a Multiple Correspondence Analysis (MCA) was performed using quantitative and qualitative data collection methods from institutional sources, questionnaires and web analytics tools.

**Results:** Finding trends show that higher utilization rates were associated with the involvement of general practitioners (GPs) in the promotion of StopBlues and the use of digital marketing channels. Context-specific characteristics also played an important role in the adoption of the tool.

**Conclusions:** The local context has a strong influence on how digital tools are locally promoted and accepted. Further research is needed to understand how local actors and specifically GPs can be involved in suicide prevention. More broadly, the challenge today is to ensure acceptance of digital health technology among targeted populations by adapting the digital offer to their needs and promoting the available tools.

**Disclosure:** No significant relationships.

**Keywords:** digital health; e-mental health; intervention research; community health

## O118

### Eye movement desensitization and reprocessing: Exploratory validation study of the potential of a biofeedback digitized approach for burnout therapy optimization

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**Introduction:** The Eye Movement Desensitization and Reprocessing (EMDR) therapy has shown to be useful in the treatment of PTSD, general anxiety, stress and burnout. Nonetheless, assessing therapy progress has been limited to subjective appreciations of the patient and therapist, which compromise therapy efficacy, and the continuum of care (clinic and at home) and scalability that digitized approaches can offer.

**Objectives:** The aim of the present study was to validate the potential of a smartphone-based biofeedback digitized approach for EMDR usage in burnout therapy, as a means to provide quantitative progress assessment and personalized therapy optimization.

**Methods:** A digitized burnout status assessment app based on Maslach Burnout Inventory was first implemented and tested. Then, an EMDR app was developed by making use of adjustable audiovisual stimuli (e.g. different velocity and horizontal/vertical visual stimuli; and different pitch and left-right surround sound effects) and also of the smartphone's camera photoplethysmography finger recordings from which heart rate, heart rate variability and breathing rate are derived and used for modulating stimuli

(biofeedback). Finally, interviews with several EMDR experts were conducted to assess the potential of the app as a therapeutic adjuvant.

**Results:** The preliminary interview results showed that the app can be useful for online therapy, to optimize the stimuli presentation, and to quantify the therapy experience and outcomes. The interviews also validated the technical specifications and usability of the tool.

**Conclusions:** Results so far have shown a promising receptivity and interest from EMDR experts. As such, patient testing is currently on-going.

**Disclosure:** The work of the present abstract is the basis of the research conducted at the Faculty of Sciences of the University of Lisbon, co-lead with NEVARO, a spin-off company of the same Faculty.

**Keywords:** EMDR; burnout; Digital therapy; Biofeedback

## O119

### "Telepsychiatry: Lessons from the COVID-19 pandemic"

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**Introduction:** Under the umbrella of e-Mental Health (eMH), Telepsychiatry (TP) keeps its place as the oldest and best-documented application. Legislative issues, and the concerns related to the quality of care and patient safety, have kept TP from broader adoption. COVID19 pandemic seems to be a turning point for TP as well as for the eMH in general. The use of TP has exploded as many regulatory barriers to its use have been temporarily lowered during the COVID-19 pandemic. What has to be done to sustain this momentum?

**Objectives:** -outline temporary changes in TP regulations made due to COVID19; -discuss which of these should be maintained, modified, or reversed; -suggest additional initiatives needed to facilitate patient and professional use of digital technology.

**Methods:** Examination of the use of digital technology in the light of regulatory, legislative, and other changes and initiatives made due to COVID 19.

**Results:** Among several policy changes, the most important is e.g. removal of the "originating site" rule so professionals can be paid for a remote appointment wherever the patient is, including in the patient's home. Further, professionals were allowed to serve patients through everyday communication technologies such as FaceTime, WhatsApp, Viber, or Skype, all compromising patient/data safety.

**Conclusions:** EPA is perfectly positioned to be the frontrunner for the required initiatives i.e. mandatory lectures related to eMH at medical educational institutions, launching of TP-competency training of mental health professionals, regulatory and statutory changes e.g. unified licensure regulations, etc that are crucial for modernizing mental health care delivery and preparation for future unprecedented events.

**Disclosure:** No significant relationships.

**Keywords:** COVID19; telepsychiatry; regulations; licensure; malpractice