

Methods: A systematic review based on publications from PubMed, Embase and PsycInfo

Results: The etiology of MDD can be understood as sliding down a spiral. This stress spiralling mechanism can be promoted or inhibited by: 1.factors such as a poor lifestyle or (pre-existing) illness 2.bettering someone's lifestyle, coping behavior or providing pro-/prebiotics in combination with personalised therapeutics.

Conclusions: We argue that an interdisciplinary One Health approach is the most promising preventive and therapeutic option for MDD.

Disclosure: No significant relationships.

Keywords: HPA axis; pro-inflammatory state; microbiota; MDD

EPV0652

Effectiveness of vortioxetine in real-world clinical practice: French cohort results from the global RELIEVE study

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Introduction: Major depressive disorder (MDD) affects around 10% of the French population annually and significantly impacts patient functioning. Efficacy of vortioxetine was demonstrated in randomised controlled trials, data on its real-world performance is needed.

Objectives: To describe the effectiveness and safety of vortioxetine in real-world setting from patients enrolled from France in the global RELIEVE study.

Methods: RELIEVE was a prospective, multi-national, observational study of outpatients initiating vortioxetine treatment for MDD at physician's discretion. Data were collected at routine clinical visits. Here we present the outcomes of treatment of patients in France. The primary outcome was functioning measured by SDS. Secondary outcomes included depressive symptoms measured by PHQ-9, cognitive symptoms measured by PDQ-5 and DSST. Changes from baseline to month 6 were estimated with a linear mixed model of repeated measures approach.

Results: A total of 184 patients (mean age, 50.2 years, 65% female, 67.9% of patients had at least one comorbidity) were enrolled from France and included in the analysis. Mean(SD) SDS total score, PHQ-9, PDQ-5 scores at baseline were 21.1(5.4), 17.5(4.7) and 11.7(4.4), the scores(SE) decreased by 10.9(0.59), 9.3(0.48) and 6.1(0.37) from baseline to month 6. Mean(SD) DSST improved from 41.6(15.2) at baseline to 49.1(19.0) at month 6. Safety and tolerability profile of vortioxetine was in line with previous studies.

Conclusions: Sustained improvements in overall functioning, depressive symptoms, cognitive function were observed in patients treated with vortioxetine in a real-world setting, which provided further evidence of effectiveness and safety of vortioxetine in a broad MDD population in France.

Disclosure: M. Rabbani is an employee of Lundbeck France. K. Simonsen and H. Ren are employees of H. Lundbeck A/S.

Keywords: real world evidence; vortioxetine; Depression; effectiveness

e-Mental Health

EPV0653

Integration of real-world clinical data into the Munich Mental Health Biobank – clinical and scientific potential and challenges

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Introduction: New insights into the pathophysiology of mental disorders and innovations in psychiatric care depend on the availability of representative, longitudinal and multidimensional datasets across diverse, transdiagnostic populations. Biobanks usually attempt to collect such data in parallel to clinical routine, which is resource-intensive, puts additional burden on health-care providers, and may reduce the generalizability of the results. Despite containing rich phenotypic and biological information, data generated in routine clinical care is seldomly used for research purposes, because it is usually unstructured and locked in data silos. To truly link clinical practice and research, solutions that optimize the generation and scientific utilization of real-world clinical data are needed.

Objectives: Evaluation of a new digital infrastructure which warrants the efficient, automatized, and structured collection of real-world data in psychiatric care, and integrates the generated data into existing biobanking efforts.

Methods: We have developed a new documentation system which augments the existing IT-structures, enables the collection of routine clinical data in a structured format and involves patients in the data generation process. In an implementation science approach, to replicate and extend the findings of Blitz et al. (JMIR Ment Health 2021), we are investigating the acceptance, efficacy, and safety of the system in our outpatient clinic for affective disorders.

Results: First results describing the technical safety, usage metrics, and acceptance of the system, and the quality of the collected data will be presented.

Conclusions: Challenges of collecting real-world data for biobanking and research purposes and perspectives on future digital solutions will be discussed.

Disclosure: No significant relationships.

Keywords: digitalization; biobank; real-world data; affective disorders

EPV0654

Mental Health and Information Reporting Assistant: technological innovation including low- and middle-income countries - an update

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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, reusing 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 clinicians 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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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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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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