decreased adaptive, increased innate immunity, and with higher levels of circulating cytokines, higher macrophage/monocyte inflammatory activation patterns, and higher neutrophils to lymphocyte counts. A dynamic pattern of premature immunosenescence and partial T cell defect starting early in adolescence, involving a reduction of naïve T cells and an expansion of memory and senescent T cells, parallels lifetime recurrence of illness episodes, worsening outcomes and fostering chronicity. Consistent systematic reviews and meta-analyses affirm that COVID-19 survivors show persistent psychopathology and neurocognitive impairment, with clinical significant depressive psychopathology being reported in around 31% of patients. Psychopathological features are the same observed in MD, along the same gradient of severity, and including a typically melancholic cognitive vulnerability. Neurocognitive impairment could possibly separate from depression in the long term, but not in the first year after infection, and it is largely overlapping with persistent cognitive deficits described in MD. We will discuss pathogenetic mechanisms shared by both, MD and post-COVID depression, with a specific emphasis on: (i) spread disruption of white matter microstructure, reduced grey matter volumes in anterior cingulate cortex, and abnormal functional connectivity in the cortico-limbic circuitries; (ii) abnormal cell trafficking across the blood brain barrier, essential for brain maintenance and repair in healthy conditions; (iii) altered immuno-inflammatory setpoints as observed in the peripheral blood, known to parallel white and grey matter abnormalities in the brain, and recently shown to disrupt neurovascular coupling and spontaneous neural activity. We suggest that post viral depression provides an invaluable model illness for the study of immune-inflammatory mechanisms involved in the pathogenesis of mood disorders, to identify new targets for treatment, with the aim of restoring mental health and brain homeostasis.

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CRS002

The Lancet Psychiatry Commission on Transforming Mental Health Implementation Research

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Abstract: Effective approaches exist to prevent and treat mental illness and to promote mental health but most people who could benefit from evidence-based interventions (policies, programmes, and individual-level practices or services) do not receive them. Too often, research produces interventions and implementation strategies that are difficult to scale owing to misalignment with the political, cultural, policy, system, community, provider, and individual realities of real-world settings. The *Lancet Psychiatry* Commission on Transforming Mental Health Implementation Research considers strategies for changing how research is done to produce more actionable evidence. It examines how to integrate research and real-world implementation; centre equity in mental health intervention and implementation research; apply a complexity science lens to mental health research; expand designs beyond the randomised clinical trial; and value transdisciplinarity across endeavours. Most mental health implementation research has been done in high-income countries but the Commission's recommendations incorporate research from low-income and middle-income countries and call for strategies to expand mental health implementation research globally.

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CRS003

Implementation of Psychosocial treatments – who's choice and who's recovery?

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Abstract: Psychosocial interventions play a role in recovery and in the patient's journey. Recovery is individual and so needs individual responses from the mental health services with individual goals set. Different interventions will be useful at different stages and, of course, they only "work" for some people. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these, and they are often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. Even though many of these strategies are included in guidelines, the process of considering which one to start with is a choice. We need to work out how that choice is made.

Disclosure of Interest: None Declared

CRS004

Cannabis and psychosis: from the population attributable fraction to the importance of gender differences

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Abstract: I will present data from a range of Danish studies on both cannabis-induced psychosis and Danish epidemiological studies on the association between cannabis and psychotic disorders such as schizophrenia. A deeper understanding of these associations is important. If the consistent association that we have observed for many decades is indeed causal, then cannabis is perhaps the single most important preventable risk factor for schizophrenia that we have identified to date. The development over time of the