

SA, the interaction of self-injury behavior and comorbid eating disorder and increased number of life events.

Limitations: Retrospective data. Small sample size. Since this is a cross-sectional study, no inferences regarding causality can be made.

Conclusion: One third of the adolescents with BD have attempted suicide. These results are in agreement with previous studies. History of SA in adolescents with BD is strongly associated with family history of suicidal behavior, lifetime self-injury behavior with comorbid eating disorder and increased number of stressful life events.

Disclosure: No significant relationships.

Keywords: bipolar disorder; adolescents; suicidal behavior

S0091

What is special about suicidal depression?

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Objective: Bipolar disorder is one of the most frequent psychiatric disorders among suicidal patients. A large part of patients with bipolar disorder (30–50%) will attempt suicide. Suicidal ideation being a major risk factor of suicidal act, it is crucial to better characterize patients with suicidal bipolar depression (i.e. depression with current suicidal ideation). The aim of this study was to characterize suicidal bipolar depressed patients in comparison with non-suicidal depressed patients in terms of clinical characteristics, evolution of depression and suicidal ideation course over time, and risk of suicide attempt during follow-up.

Methods: Among patients with bipolar disorder recruited from the network of FondaMental expert centres for bipolar disorder between 2009 and 2017, we selected patients with at least mild depression and without current manic symptomatology at baseline (N = 938). Suicidal depression was defined by a baseline score ≥ 2 for item 12 of the QIDS-SR (28.9%). A subsample of about 300 patients (w/ or w/o suicidal ideation at baseline) was followed up for 2 years.

Results: Baseline clinical features (e.g. depression severity, childhood trauma, global functioning) were more severe in patients with without suicidal depression. Suicidal patients tended to remain more suicidal throughout the followup (3.4-fold higher risk of persistent suicidal ideation at the 2-year visit despite an improvement in depressive symptomatology).

Conclusions: Depressed bipolar disorder patients reporting suicidal ideation had more severe clinical features and were more prone to report persistent suicidal ideation during the follow-up, independently of thymic state. Clinicians should closely monitor this subgroup of patients

Disclosure: No significant relationships.

Keywords: Suicidal ideation; prospective study; Depression; bipolar disorder

S0092

Risk factors for suicidal behaviours in late-onset bipolar disorder

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Late-onset bipolar disorder (BD), when symptoms emerge after the age of 50 years, has gained recognition in the past decades. Currently, BD of about one in ten older patients is considered to be late-onset. Since suicide risk is extremely elevated in BD, especially at the onset of the illness, patients that live to old age are generally considered a survivor population. Meanwhile, patients with late-onset BD did not have BD while living through life periods that could be associated with typical risk factors for suicidal behaviours. Moreover, the late-onset BD might have specific etiopathogenesis, as demonstrated by less genetic component and more life stressors, medical comorbidity and alcohol use. Clinically, patients with late-onset BD have more depressive episodes and more favourable treatment outcomes, yet clinicians generally fail to adhere to guidelines while treating these patients. In n=614 older age BD patients from Fondation Fondamental Expert Centers, late-onset BD patients reported less lifetime suicidal ideation and attempts compared to non-late-onset patients, while there was no difference regarding the last year suicidal ideation. Better verbal memory was associated with more suicidal behaviour reporting in both groups. Meanwhile, late-onset patients had lower affect intensity and less childhood trauma – factors that were strongly positively associated with last year suicidal ideation in patients with earlier, but not late-onset BD. Meanwhile, late-onset BD patients had higher arterial blood pressure, which was associated with lifetime suicide attempt history in them, but not in earlier-onset patients. Late-onset BD seems to have a distinct pathway to suicidal behaviours.

Disclosure: No significant relationships.

Keywords: bipolar disorder; Suicide; old age; suicidal behaviour

The impact of COVID-19 on mental health and mental health professionals: Two large longitudinal studies

S0093

The impact of COVID-19 on clinical practice and well-being of global mental health professionals

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Some of the most direct and brutal effects of the COVID-19 pandemic are experienced by health care professionals who are

working in demanding environments while having to deal with their own fears of infection and mortality. To assess the impact of COVID-19 on the practice and well-being of global mental health professionals, we designed a three-part, longitudinal, internet-based study. Here we present data from part 1, implemented in June-July 2020 in six languages to members of WHO's Global Clinical Practice Network composed of 15,500 mental health practitioners. The study assessed COVID-19's impact on: work circumstances; occupational well-being; use and transition to telehealth; and expectations, needs and recommendations. 2,505 mental health professionals from 126 countries responded to the study (47% psychiatrists). 93.7% of respondents were currently practicing and 70.9% continued to see patients in person. The impact on clinical workload varied in terms of direction and extent depending on type of service provided and country of practice. Most participants had started or increased their use of telehealth services, and we identified a need for training to support telehealth use. Overall, clinicians scored high on well-being indices. However, a subset scored above the cutoff for low well-being and reported a significant number of post-traumatic symptoms. Five factors affected work-related stress: fear of infection, severe COVID-related events, life disruption, lack of adequate protection and role disruption. Data from this study will provide information relevant for the design, development, and integration of mental health services in the continuing pandemic, and in similar future scenarios.

Disclosure: No significant relationships.

Keywords: COVID-19; burnout; telehealth; mental health services

S0094

Mental health response to COVID-19 in China and impact on psychiatrists

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The COVID-19 outbreak has raised numerous challenges for mental health service system in China. The pandemic has many affects on clinical, research and teaching, due to the strict quarantine in china. Fight the COVID-19 became the most important thing in work. We outlined major mental health needs during COVID-19 outbreak from the exiting studies and challenges for mental health professionals, and how to manage these challenges in China. To reduce the risk of negative psychological outcomes associated with the COVID-19 pandemic, the Central Health Authority of China and different national academic societies have integrated mental health crisis interventions into the general deployment of disease prevention and treatment. The NHCC developed a mental health triage strategy to provide four levels of psychological crisis interventions. More than 20 specific guidelines and expert consensus for mental health services for the COVID-19 outbreak were disseminated by the end of February 2020 to provide timely guidance for frontline health care professionals. External mental health expert teams in other provinces were also established to provide emergency mental health services in Hubei province, China. In addition,

widespread adoption of online public education, psychological counseling, and hotline services have been set up for those in need. Although the COVID-19 pandemic has been under control in China, we should take a proactive lead to share its protocol of emergency mental health services with other countries affected by the COVID-19 pandemic. Also international cooperation is urgently needed to control the COVID-19 pandemic worldwide. Large-scale epidemiological surveys should be conducted to examine the prevalence of mental health problems associated with the COVID-19 pandemic to inform the development of appropriate mental health services in future.

Disclosure: No significant relationships.

Keywords: Mental health needs; online service; expert consensus; triage strategy

S0095

The COVID-19 pandemic in Russia: Effects on clinicians and mental health services

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Since COVID-19 was declared a pandemic by the World Health Organization in March 2020, it has had different infection rates across the world. Russia had one of the largest numbers of infected cases during 2020, but with a lower overall fatality rate. Nevertheless, as in other countries, clinical practice within the mental health care system has faced many stresses and challenges. This concerned the need to organize a treatment of COVID-19 in psychiatric hospitals, as well as a transformation of outpatient care, including psychotherapy, which has largely switched to a remote format. To better understand the effects of the pandemic on mental health professionals, a large-scale study has been implemented through the Global Clinical Practice Network, one of the largest professional communities, which includes 969 members from Russia. The study assessed how COVID-19 affected clinical practice and well-being of clinicians. The first of three surveys was launched in June 2020, in six languages including Russian. Over 2,500 global mental health professionals participated in the study, including 205 clinicians from Russia. Current work circumstances, work-related stressors, and use of telehealth were evaluated. In Russia, the data collection period was characterized by generally improvement in the overall pandemic situation. Results to be presented include the proportion of clinicians that continued working, what kinds of services they provided, their well-being strategies, telehealth modalities and areas in which they had particular concerns about assessment, treatment, or monitoring of patients with mental disorders using remote technologies.

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