



**Conclusions:** The COVID-19 pandemic has been associated with a marked increase in remote consultation, particularly among younger patients. However, there was no evidence that this has led to changes in prescribing. Further work is needed to support older patients in accessing remote mental healthcare.

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**Keywords:** telepsychiatry; telemedicine; SARS-Cov2; Electronic health records

### S0138

#### Digital psychiatry and COVID-19: a potential recruitment opportunity

D. Rigby

The Meadows Inpatient Unit, Surrey and Borders Partnership NHS Trust, Epsom, United Kingdom  
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Psychiatry has long been battling with a recruitment crisis in the UK which is also reflected across much of Europe. Covid-19 has brought about widespread changes to our ways of working, as well as driving technological developments, which provides potential opportunities for the profession to draw people into the speciality. Covid-19 has brought interest in digital psychiatry from the peripheries to the mainstream. Mental health professionals are currently using sophisticated technologies such as Virtual Reality, Artificial Intelligence and Natural Language Processing in the diagnosis and treatment of mental health disorders. Highlighting the ways in which our profession is at the cutting edge of innovation to junior doctors offers a fruitful avenue to improve recruitment into the speciality. Many outpatient clinics have made the move to online service delivery during the pandemic to varying degrees. For many clinicians this has allowed more flexible and efficient ways of working. Psychiatry is better placed than most other medical disciplines to retain online patient contact in future clinical practice, post pandemic and may provide an attractive proposition for future psychiatrists. This talk will

review some of the ways in which developments in digital psychiatry have been used to help generate interest for recruitment into the discipline as well as evaluating the benefits and challenges of the shift to telepsychiatry during Covid-19 and will offer some suggestions what the profession can learn from this to help future recruitment.

**Disclosure:** No significant relationships.

**Keywords:** digital; telepsychiatry; COVID-19; Recruitment

### S0139

#### Social media misinformation during the COVID-19 pandemic: Impacts on public mental health

M. Alvarez-Mon

Department Of Psychiatry, University Hospital Infanta Leonor, Madrid, Spain

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Social Media Misinformation During the COVID-19 Pandemic: Impacts on Public Mental Health

**Introduction:** Some behavioral measures such as handwashing, masking or social distancing are among the most effective tools to combat COVID-19 pandemic.

**Objectives:** Describe the extent to which major media outlets in the United States and Spain have tweeted about COVID-19 health related behaviors, and determine if differences exist between major media outlets in the two countries.

**Methods:** We analyzed contents posted on Twitter by 25 major media outlet's (15 from USA and 10 from Spain) about COVID health related behaviors (HRB). News content were analyzed and classified as well as Twitter users' reactions.

**Results:** Masking and quarantine were the HRB that generated most of the tweets. However, we found differences between media outlets in the two countries. Twitter user's engaged more with tweets posted by USA media. Most of the tweets describing HRB from the general population were consistent with CDC/WHO guidelines.

**Conclusions:** Understanding the public view of these HRB is necessary to design promotional strategies aimed at the appropriate population.

**Disclosure:** No significant relationships.

**Keywords:** Twitter; COVID

### S0140

#### Monerdaktar: A large online mental health service to improve access to care in bangladesh during the COVID-19 pandemic

T. Rashid Soron\* and Z.F. Chowdhury

Compaince And Finance, Telepsychiatry Research and Innovation Netowrk Ltd, Dhaka, Bangladesh

\*Corresponding Author.

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**Background:** More than 92% of people in Bangladesh are deprived from any sort of mental health care due to severe scarcity of mental health professionals, widespread stigma, lack of awareness, the inability to travel from remote area to Dhaka and maintaining the cost of travel and clinics. Moreover, the COVID-19 crisis made

the scenario worse. To solve this problem we designed, developed and implemented “Monerdaktar”.

**Methods:** The process development Monerdaktar- website and mobile application started with the initial idea and concept by TRS followed by extensive literature review and naturalistic observation of the mental health care service delivery from two tertiary hospitals in Bangladesh. We conducted 3 focus group discussion with the patients, their care givers, mental health professions. Based on the user feedback and technical suggestion of the mental health professional and IT professionals we developed the prototype of the Monerdaktar mobile application and website. After piloting for two months, the final version of the mobile application and website was finalized incorporating the feedback of the patients and experts.

**Result:** Monerdaktar created the unique opportunity to connect with the most the reputed mental health professional both psychiatrists and clinical psychologists online. Moreover, monerdaktar delivered the service free of cost to more than 700 clients during the peak of COVID crisis in Bangladesh.

**Conclusion:** The COVID-19 crisis has potentiated the acceptance and adaptation of the Moenrdaktar solved the long-standing crisis of access to mental health care in Bangladesh and ensure the evidence-based care from anywhere.

**Disclosure:** The Monerdaktar website and mobile application was design and developed by under the leadership of Dr. Tanjir Rashid Soron. Though the initial support was delivered free of cost, the consulting expert psychiatrist and Clinical Psychologist may take their

**Keywords:** digital health; mental health; telepsychiatry

### Improving real-life functioning in people with schizophrenia: From assessment to integrated treatment plans

S0141

#### Predictors of real-life functioning in subjects with schizophrenia: A 4-year follow-up study

S. Galderisi<sup>1\*</sup>, A. Mucci<sup>2</sup>, D. Gibertoni<sup>3</sup>, A. Rossi<sup>4</sup>, P. Rocca<sup>5</sup>, A. Bertolino<sup>6</sup> and M. Maj<sup>7</sup>

<sup>1</sup>Department Of Psychiatry, University of Campania “Luigi Vanvitelli”, NAPOLI, Italy; <sup>2</sup>Department Of Psychiatry, Univeristy of Campania Luigi Vanvitelli, Naples, Italy; <sup>3</sup>Department Of Biomedical And Neuromotor Sciences, University of Bologna, Bologna, Italy;

<sup>4</sup>Department Of Biotechnological And Applied Clinical Sciences, Section Of Psychiatry, University of L’Aquila, L’Aquila, Italy;

<sup>5</sup>Department Of Neuroscience, University of Turin, Torino, Italy;

<sup>6</sup>Department Of Neurological And Psychiatric Sciences, University of Bari, Bari, Italy and <sup>7</sup>Department Of Psychiatry, University of Campania L. Vanvitelli, Naples, Naples, Italy

\*Corresponding Author.

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In a cross-sectional study, the Italian Network for Research on Psychoses (INReP) found that variables relevant to the disease, personal resources and social context explain 53.8% of real-life functioning variance in a large sample of community dwelling

people with schizophrenia. In a longitudinal study, the INReP aimed to identify baseline predictors of main domains of real-life functioning, i.e. work skills, interpersonal relationships and everyday life skills, at 4-year follow-up. We assessed psychopathology, social and non-social cognition, functional capacity, personal resources, and context-related factors, as well as real-life functioning as the main outcome. We used structural equation modeling (SEM) and latent change score (LCS) model to identify predictors of real-life functioning domains at follow-up and changes from baseline in the same domains. Six-hundred-eighteen subjects took part in the study. Neurocognition predicted everyday life and work skills; avolition predicted interpersonal relationships; positive symptoms work skills, and social cognition work skills and interpersonal functioning. Higher neurocognitive abilities predicted the improvement of everyday life and work skills, as well as of social cognition and functional capacity; better baseline social cognition predicted the improvement of work skills and interpersonal functioning, and better baseline everyday life skills predicted the improvement of work skills. Several variables which predict important aspects of functional outcome of people with schizophrenia are not routinely assessed and are not systematically targeted by intervention programs in community mental health services. A larger dissemination of practices such as cognitive training and personalized psychosocial interventions should be promoted in mental health care.

**Disclosure:** No significant relationships.

**Keywords:** psychopathology; neurocognition; social cognition; Functional Outcome

### Difficult to treat depression

S0151

#### A model for the management of difficult to treat depression

H. Mcallister-Williams

Mental Health, Dementia And Neurodegenerative Disorders, Newcastle University, Newcastle, United Kingdom

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In this presentation a model for the management of difficult to treat depression (DTD) will be presented based upon a recently published international consensus statement (McAllister-Williams et al. 2020 Journal of Affective Disorders 267:264-282). This model emphasises the goals of: optimal symptom control – remission if possible; optimisation of psychosocial functioning; and optimisation of prophylaxis against relapse/deterioration in mood. Building on these goals, the model follows a number of principles. These include emphasizing the importance of shared decision making and measurement-based care, enhancing engagement and retention in services, self-management strategies and frequent re-assessments, all incorporated in an integrated service pathway. The model itself encompasses eight elements: 1. Optimal symptom control using conventional, guideline recommended, treatments but moving on to treatments beyond guidelines in an appropriate and timely way; 2. Targeting symptoms associated with poor outcomes, e.g. anxiety and pain; 3. Targeting symptoms associated with poor functioning