in Germany, but also in neighbouring countries (1). Even more disturbing is the fact that these effects were not only short-lived, but a higher number of railway suicides was observed compared to baseline over a two year period (2). Increased cognitive availability of railway suicides might explain this finding. It adds to the important discussion concerning the risks and benefits of public anti-suicidal campaigns. Destigmatisaton and normalisation of suicidal behaviour will on the one hand, facilitate helpseeking behaviour of people at risk, but on the other hand, will lower the threshold for committing suicide. Even when the wording within a antisuicide campaign is in line with recomendations of media guidelines, secondary reporting e.g. within social media will not be controllable. Social media are likely to contribute to the spreading and the choice of more lethal suicide methods, as has been shown for carbon monoxide poisoning and poisoning by other gasses (3). An increase of knowledge about and access to more lethal poisoning methods will have a major impact on suicide rates. 1) KOBURGER et al (2015), J Affect Disord 185:38-46 2) HEGERL et al (2013), J Affect Disord. 146: 39-44. 3) PAUL et al (2017), PLoS One 12: e0190136.

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Mental Health Policy

Adaptations of the project echo model of tele-education to address child mental health disparities internationally

W0029

Introduction to project ECHO (extension for community heathcare outcomes)

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Introduction:
Nationally and internationally, there is a gap between the need and availability of child mental health services. This gap stems from a lack of trained specialists, workforce misdistribution, variations in insurance and financing, and family concerns about the benefits of existing services. Of the possible solutions to these problems, expansion of the child mental health capacity of primary care providers (PCPs) has been proposed as a feasible and scalable approach. The Extension for Community Healthcare Outcomes (ECHO) model was originally conceived and executed by Dr. Sanjeev Arora at the University of New Mexico for Hepatitis C. It serves to de-monopolize medical expertise by extending knowledge from specialists to PCPs
Objectives: After attendance at this session, the learner will be able to: 1. describe the history and expansion of the ECHO model worldwide, 2.name the components and structure of ECHO sessions, 3. discuss ECHO as a force multiplier.
Methods: Dr. Harrison will briefly present the history and expansion of ECHO. She will then describe the program, which consists of a "hub and spokes" model with "tele-clinics" consisting of a "hub" of specialists and "spokes" of clinicians in rural, underserved areas who present cases for discussion, generating treatment recommendations.
Results: The ECHO model has been replicated in a variety of disciplines across the United States and internationally. Its success has been well documented. There are currently 920 active ECHO programs worldwide.
Conclusions: Project ECHO is a viable model to address the workforce shortage of child psychiatrists worldwide.

Disclosure: No significant relationships.
Keywords: child and adolescent psychiatry; mental health care; mental health disparities

W0030

KKI-NECT: Kennedy krieger institute's network for early childhood tele-education (US)

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Introduction: The Kennedy Krieger Institute Network for Early Childhood Tele-Education (KKI-NECT) is a federally funded ECHO project. Its hub consists of a child psychiatrist, developmental pediatricians and a behavioral psychologist. Its community partners are primary care providers(PCPs) in underserved areas. Its goal is to create local experts in early childhood behavioral, emotional and developmental disorders.
Objectives: After attendance at this session, the learner will be able to: 1. report the rates of co-occurring developmental, behavioral and emotional disorders presented by primary care participants 2. explain the efficacy of case based learning and a structured curriculum as a mechanism for expanding the workforce. The goal of this presentation is to build awareness of and interest in ECHOs specifically targeted to child behavioral, emotional and developmental issues.
Methods: Dr. Leppert will discuss KKI-NECT, particularly the process of procuring funding, setting up an ECHO, and getting institutional "buy-in". She will describe the use of case based learning and a structured curriculum in a longitudinal CME program, report the comorbidities in cases that participants present for discussion, and demonstrate the impact on participants' practice.
Results: Data from four cohorts demonstrate that PCPs showed increased comfort levels, improved knowledge of behavioral, emotional and developmental disorders. PCPs expanded the scope issues they could address in their practice as a result of participation in KKI-NECT.
Conclusion: KKI-NECT is a viable response to the workforce shortage of child psychiatrists by confidently increasing the role of the PCP in treating childhood developmental and mental health disorders.

Disclosure: No significant relationships.
Keywords: mental health disparities; child and adolescent psychiatry; mental health care

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