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

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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

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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

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