Introduction: According to the World Health Organization, addressing the mental health care gap for adolescents, especially in low-resource contexts, is a priority. Evidence-based assessment is crucial for selecting treatment strategies and for quality management.
Objectives: To develop a digital platform for evidence-based assessments and implement it in different low-resource settings.
Methods: The project operates according to the principles of digital development (https://digitalprinciples.org/), including designing with the user, user testing, understanding the ecosystem, resusing software and being open source, think about sustainability and addressing privacy and security.
Results: Different implementation contexts (in Tanzania, Kosovo and Chile) will be presented.
The learned lessons will be presented to the audience.
Conclusions: MHIRA is a promising tool that helps bridge the gap regarding adolescent mental health in low-resource settings. Challenges include the clinicans attitude towards evidence based assessment, sustainability of the project and integration with the existing information technology eco-system and regulations.

Disclosure: No significant relationships.
Keywords: digital health; Early detection; LMIC; evidence-based assessment

EPV0655

Telehealth in Australia

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Introduction: There is a significant psychiatry workforce shortage in Australia, particularly in rural and remote communities. Given the large distances involved, telehealth – providing consultation via videoconference – has been widely accepted. Psychiatrists were among the highest users of telehealth services in Australia before the COVID-19 pandemic. However, the outbreak of COVID-19 resulted in a major transformation to service delivery across Australia. Private psychiatrists and state public mental health services had to rapidly transition to largely telehealth delivery to ensure continuity of care for consumers.
In March 2020, additional telehealth item numbers were added to the Australian Medicare Benefits Schedule (MBS) to encourage physical distancing for those accessing medical services during the pandemic.
Objectives: To provide an overview of the increase in telehealth activity since the COVID-19 pandemic.
Methods: The MBS is the list of services for which the Australian Government will pay a rebate. Key data on MBS telehealth activity since March 2020 was examined.
Results: The use of telehealth has increased during the pandemic. A survey of Royal Australian and New College of Psychiatrists (RANZCP) psychiatrists found that 93% supported retention of telehealth MBS item number numbers following the COVID-19 pandemic, noting increased accessibility for consumers. Positive feedback has been received from consumers.
Conclusions: During 2020 and 2021, the RANZCP worked with the Australian Government to ensure there were appropriate MBS telehealth services available for consumers. The RANZCP continues to work with the Government as they plan for a longer-term transformation of telehealth services beyond 2021.

Disclosure: No significant relationships.
Keywords: videoconferencing; Covid-19; TeleHealth; telepsychiatry

EPV0657

Creating a Digital Psychoeducation Programme for bipolar disorder in the COVID-19 pandemic

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Introduction: The Covid-19 pandemic profoundly affected delivery and accessibility of mental health care services at a time when most needed. The OPTIMA Mood Disorder Service, a specialist bipolar disorder service, adapted group psychoeducation programme for delivery on-line.
Objectives: We report the feasibility of creating a digital psychoeducation programme.
Methods: The OPTIMA ten session group psychoeducation programme was converted into a 'Digital' intervention using videoconferencing. Sessions offered a range of key topics, derived from the initial Barcelona Group Psychoeducation Programme. At the time of writing, OPTIMA had fully completed two 10 session digital courses.
Results: A total of 12 people (6 in each group) consented to be part of a service evaluation of the digital groups. Just over half of the participants were women (7/12; 58.3%) and one identified as being non-binary (8.3); remaining participants were men. Age of participants ranged from 25 years to 65 years (Mean=42.3; SD=13.1). Data showed a high level of engagement (77%) All participants reported some improvement with a mean Bipolar Self-Efficacy scale (BPSES) post-group score of 105.6 (SD=14.8). At group level, this change was not statistically significant ($F(1, 15) = 0.71$, $p=0.41$). At an individual level, two out of five showed a reliable change index >1.96.
Conclusions: Delivering a 'digital' group psychoeducation programme was possible due to careful planning and programme development. There was good uptake from service users suggesting it is a feasible approach with preliminary evidence of clinical benefit.

Disclosure: No significant relationships.
Keywords: digital; BIPOLAR; psychoeducation; covid

EPV0658

"I rather talk on the phone": Factors affecting compliance with outpatient visits during COVID-19 Pandemic

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