

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. Destigmatisation 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 an anti-suicide campaign is in line with recommendations 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.

Disclosure: No significant relationships.

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 healthcare outcomes)

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doi: 10.1192/j.eurpsy.2021.164

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 maldistribution, 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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doi: 10.1192/j.eurpsy.2021.165

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

Educational

The impact of the COVID-19 pandemic on women's mental health and service delivery: What have we learnt?

W0034

The impact of gender in the COVID-19 pandemic

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doi: 10.1192/j.eurpsy.2021.166

Data worldwide is pointing towards an increased mortality of men a from COVID-19, while infection rates are equal or higher in women. Immunological differences might play a role in this as well as differences in risk factors and co-morbidities. In addition, differences in exposure, testing, case definitions and access to healthcare might play a role. Differences in symptoms have been reported, as well as potential differences in therapeutic choices. Also, the phenomenon of "long COVID" with all its psychophysical consequences appears to be more common in women. In addition to the consequences of the acute infection, COVID-19 is significantly impacting economies, social systems and political priorities. I will try to give a general overview of the current situation, starting from a medical standpoint and moving into the wider social consequences of this pandemic. I will highlight how the lack of attention to sex and gender can impact statistics, potential therapies and vaccines, livelihoods and the healthcare sector as a whole.

Disclosure: No significant relationships.

Keywords: sex; COVID-19; Gender

W0036

Domestic violence against women during COVID-19 pandemic restrictions

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doi: 10.1192/j.eurpsy.2021.167

Introduction: In the United Kingdom(1) and internationally(2), help-seeking for domestic violence (DV) and domestic homicides have increased(3) during COVID-19 lockdown periods. Suspension and remote delivery of face-to-face clinical services, continuing healthcare and other support services limits opportunities for DV detection and disclosure.

Methods: This presentation will summarise changes in DV incidence and help-seeking during COVID-19, their impacts on health and wellbeing, and present guidance for clinicians assessing and supporting survivors.

Results: World Health Organisation recommendations to Listen, Inquire, Validate, Enhance safety and Support ('LIVES') survivors of DV remain the cornerstone of first-line support (4). Urgently-issued guidelines on safeguarding(5) and responding to DV during

COVID-19(6) make a range of recommendations for clinicians supporting people experiencing DV.

Conclusions: DV is an important social determinant of physical and mental health, with a range of potential fatal and non-fatal consequences. Despite the constraints of healthcare during a pandemic, attention to patients' risk of DV and its consequences is a crucial part of bio-psycho-social assessment and management planning. References: (1) Kelly, Morgan. Coronavirus: Domestic abuse calls up 25% since lockdown, charity says. 2020. <https://www.bbc.co.uk/news/uk-52157620> (2) Graham-Harrison, et al. Lockdowns around the world bring rise in domestic violence. 2020. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence> (3) Roesch, et al. Violence against women during covid-19 pandemic restrictions. *BMJ* 2020;369. (4) WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. 2013. https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf;jsessionid=E19DCC3CDAB9BE390EE6F8360C6F1D7E?sequence=1 (5) RCGP. COVID-19 and Safeguarding. 2020. https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safeguarding%20%286%29.pdf (6) IRISi. Guidance for General Practice teams responding to domestic abuse during telephone and video consultations. 2020. <https://irisi.org/wp-content/uploads/2020/04/Guidance-for-General-Practice-Covid-19-FINAL.pdf>

Disclosure: No significant relationships.

Keywords: Intimate partner violence; Gender-based violence; domestic violence; COVID-19

W0037

Treating pregnant and postnatal women with severe mental illness and their infants on a specialised inpatient unit during a pandemic: What are the challenges and lessons learnt?

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doi: 10.1192/j.eurpsy.2021.168

From the beginning of the pandemic, pregnant or postpartum women were considered particularly vulnerable. In France, the vast majority of joint care for parents and infants facilities have seen their services closed or the number of people cared for greatly reduced to allow for social distancing to be respected. This notion of social distancing is the antithesis of joint care work, the main objective of which is to support and care for the parent-infant bond by favoring social links. Services have had to take ownership of this new situation within a few days and develop new approaches, inventing ways of supporting and linking up at a distance. This presentation will deal in detail with these changes and the solutions proposed, especially kind of home hospitalisations based on discussion groups, the development of programmes to support remote interactions, and also the development of work with fathers, who have been much more present than they usually are, due to the generalisation of teleworking.

Disclosure: No significant relationships.

Keywords: pandemic; joint cares of mothers and babies; Perinatal Psychiatry; Support