

of a massive open online course that was launched in France in 2018 for the first time. The structure of the program was simple: 5 modules presented on a weekly basis, each module contained several short videos with direct training, interviews or discussion. The MOOC offered as well other resources such as access to a forum during the course, an updated bibliography and vocabulary for each module and an evaluation at the end of the modules. In the first year, the number of registered candidates for the course was very high (>10000) and more than a quarter completed the course (>2500), with participants from 82 countries. The quality of exchanges with the students was very high. The results of this ongoing experience provides interesting insights on how to improve access and motivation to specific training in the field of suicidal behavior for participants from very different backgrounds.

Disclosure: No significant relationships.

Keywords: self-harm; Education; training program; Teaching

W0074

The opportunities and challenges of working with the development of the ellipse-project before, during and after the COVID-19 pandemic

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COVID-19 pandemic has influenced many research and educational projects, and it influenced also ELLIPSE-project, aiming at the creation of a free online curriculum in suicide prevention for students in the higher education in Sweden, Austria, Hungary, Norway and Poland (September 2019-August 2022). The ELLIPSE (E-Lifelong Learning In Prevention of Suicide in Europe) (www.ellipse.com) is the first international project in the area of education in suicide prevention in the higher education co-founded by the European Union Erasmus+ programme. We will reflect on some opportunities and challenges due to COVID-19 pandemic. Identified opportunities: 1) learning a new way of communicating, 2) reaching more participants (in case of Sweden we were able to get participants from more regions, 3) more frequent meetings heightening the quality of the project, 4) travelling less (online is the more eco-friendly solution). But there were also some challenges: 1) not be able to proceed according to the preliminary plan generated much more administrative work, 2) online meetings was a challenge for those partners who had problems adjusting to the online form of communication, 3) more negative attitudes to the canal of communication resulted in avoiding it, leading to less frequent interactions what resulted in diminished motivation to the project, and being unable to proceed with project tasks, 4) resignation of some patients from participation because of difficulties in accepting the online form of communication. We will discuss these issues in a more detailed way during the interactive workshop.

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Keywords: COVID-19; educational program; Suicide prevention; students

Unmet needs in modern psychiatric practice: A collaborative workshop between the committee on education and epi scientific sections

W0075

Training in women mental health: Challenges and future perspectives

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Mental disorders linked with the menstrual cycle, childbirth and the menopause are unique to women and have their specific requirements for identification, assessment, treatment and service provision as well as appropriately trained staff. Mental disorders that are linked to domestic violence, sexual abuse or victimisation and affect more women than men, also have their own specific requirements. This is increasingly being recognized by policy makers and health care planners. In the case of perinatal mental health some countries have set up specialised inpatient and community services. In the UK this was followed by the development of National competencies for different professional groups and National training programmes. This project and the current clinical training in perinatal mental health for psychiatric trainees will be described. Nationally recognized qualifications are currently being developed. Developments in other areas of women's mental health appear less advanced. The presentation will discuss current guidelines and opportunities for training that are being offered in the UK and what we can learn from perinatal mental health for further development in these areas.

Disclosure: No significant relationships.

Keywords: training; Womens mental health

W0077

Engineering psychiatric education 2.0 in post-pandemic europe

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In the world of medical education, there is generally a lot of emphasis on following procedure and tradition, and a reluctance to challenge the norm. It takes insight and courage to question traditional approaches and paradigms: why are psychiatric training programs done the way that they are? Reverse engineering involves taking something apart and analysing its workings to figure out how it does what it does and how it can be improved. In education, reverse engineering implies one determines learning outcomes upfront and then works back from them. Applied to postgraduate psychiatric training, it requires us to determine the basic principles or core concepts resulting in the successful formation of a well-rounded psychiatrist. In times of crisis there usually is more leeway to challenge the status-quo – hence the saying “never waste a good crisis”.

Indeed, if the COVID-19 crisis has taught us anything, it is that education should be meeting learners where their attention is at, and that any healthcare organisation can be transformed within weeks when given the right incentives. In this workshop, Dr. De Picker will reflect on how post-COVID European psychiatric training can reinvent itself to address long-standing concerns and unmet needs. Innovative approaches will be needed to start shaping the psychiatrists of the future.

Disclosure: No significant relationships.

Keywords: trainees; Medical Education; innovation; postgraduate psychiatric training

W0079

Reforming cap training in latvia: Nowhere to go but up

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There is still substantial variation in the amount, structure and quality of child and adolescent psychiatry (CAP) training across European countries, both in the training process of general adult psychiatry and CAP specialists. Inconsistency, scarcity and low quality of CAP exposure has been consistently identified by psychiatric trainees as one of major issues in organization of training. In the decades of independence, following the collapse of the Soviet Union, Latvia has witnessed a gradual decline in the number of CAP specialists in the country due to chronically low recruitment rates, that has subsequently led to a critical human resource deficit in the field, and rapid deterioration of availability and quality of CAP care. Only since the year 2018, when the normative regulation, structure and contents of CAP training in Latvia have been significantly reformed, there was a change in recruitment trends, that gives hope for resolution of the human resource crisis in the CAP field in the years to come. In this talk the author will share his experience of redesigning the CAP training program in Latvia, and discuss the motivations, challenges and successes one might face while trying to improve CAP training in a particular European country.

Disclosure: No significant relationships.

Keywords: CAP training; child and adolescent psychiatry; Residency; Recruitment

Faster than time: Serious mental illness and accelerated biological aging

W0081

Chronological and biological age: Why relevant for psychiatrists?

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Introduction: Depression is the mental disorder with the largest disease burden impact. That is due to its high prevalence, chronicity,

early onset but also due to its impact on various aging-related somatic morbidities and mortality. This talk will describe to what extent depression characteristics are related to chronological and biological aging patterns.

Methods: Data will be shown from the Netherlands Study of Depression and Anxiety (NESDA, www.nesda.nl). In this study, a large cohort of over 3000 individuals (18-65 years), among which over 1200 with a DSM-based major depressive disorder (MDD), are now followed for 9 years. The association between depression characteristics and chronological and biological age will be described. Biological age was determined at various biological system-levels, including telomere length, epigenetics, transcriptomics, metabolomics and proteomics.

Results: Older persons with a current MDD do not differ in overall disease severity as compared to younger persons with a current MDD. However, older depressed persons do differ in the types of symptoms they experience (more neurovegetative, somatic symptoms and less mood symptoms) and in their chronic course (with twice more chronicity in the oldest depressed persons compared to the youngest depressed persons). At all biological system-levels, there was evidence for more advanced biological aging among persons with depression. This was not differential across chronological age groups. Discussion: Findings suggest that depression characteristics are linked to both chronological and biological age. It will be discussed what this could mean for clinical practice and intervention.

Disclosure: No significant relationships.

Keyword: aging; biological aging; depression

W0082

The opportunities and obstacles of studying telomere length as a biological aging marker in psychiatry

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Aging can be described as the life-long accumulation of damage to the tissues, cells, and molecules of the body. One of the most widely used markers to study biological aging is telomere length. Telomeres are non-coding DNA structures located at the ends of chromosomes that become progressively shorter with age. Research in the past decade showed that persons with psychiatric disorders such as major depressive disorder, anxiety disorder or posttraumatic stress disorder on average have shorter telomeres, which might help explain the high levels of somatic morbidity in these patients. While telomere length is an elegant aging biomarker, reflecting a biological process in most living species, there are also some challenges. In human studies, the between-person variation is large and shortened telomeres showed not to be specific to psychiatric diagnosis but rather to a multitude of psychological and physiological stressors. Telomere length might therefore not be a diagnostic marker. It could, nonetheless, be an interesting target for pharmacological, psychological or exercise treatment. If persons with psychiatric disorders age biologically faster, to what extent can this process be halted or even reversed with successful treatment? Other opportunities and obstacles of studying telomere length as a biological aging marker in psychiatry will be discussed in this session.

Disclosure: No significant relationships.

Keywords: Biology; Aging; telomere; Depression