

Group [CG; N=100]) are targeted. Online nomothetic questionnaires evaluate occupational changes and PSP in relation to alienation and are completed by the EG and the CG at pre-test, mid-test and post-test. Online idiographic questionnaires assess PSP and are completed by the EG before and after each video capsule and by the CG once a month without viewing the capsules. Following a preliminary analysis, a focus group will be formed to explain and deepen these results. Participants (N=5) will be recruited voluntarily into the EG.

**Results:** to come.

**Conclusions:** Analysis of quantitative data will be used to assess the effectiveness of the program and analysis of qualitative data will provide an in-depth understanding of the linkages between the variables.

**Disclosure:** No significant relationships.

**Keywords:** Physical self-perceptions; New technologies; ehealth; Dysfunctional eating attitudes and behaviours

## O112

### The benefits of involving general practitioners in the promotion of e-health tools for primary prevention of suicide in the general population: The stopblues case

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**Introduction:** In France about 10,000 suicides/year are recorded. General practitioners (GPs) have an important role in prevention, with consultation rates between 20% and 76% the day preceding suicide. StopBlues is an application/website for primary prevention of suicide in the general population. Its promotion was supported by municipalities and involved GPs.

**Objectives:** To evaluate how the involvement of GPs in the promotion of StopBlues had an impact on its utilization.

**Methods:** StopBlues was promoted in 25 French municipalities randomly assigned to a 'basic' promotion group organized by municipalities only or an 'intensified' promotion group that also includes promotion in GPs' waiting rooms. StopBlues users were asked how they found out about StopBlues. After two years, an ad hoc questionnaire was sent to all GPs (N=2,111).

**Results:** StopBlues users from those municipalities (N=885) were 16% to learn about StopBlues from GPs, 93% of them living in municipalities with 'intensified' promotion. In the 'basic' group, where no GPs have heard about StopBlues, 15% would like to know more about it/will have a look at it and 8% will use it and recommend it to colleagues. Half of GPs from the 'intensified' group had heard about the program, with 24% who recommended StopBlues to some patients. 21% of GPs agreed that they will use it and recommend it to colleagues.

**Conclusions:** Involving GPs in the use of e-health tools is of major interest to improve their utilization. Our results show that GPs are in need of those in dealing with patients with psychological pain/distress.

**Disclosure:** No significant relationships.

**Keywords:** General Practitioners; Suicide; Primary prevention; e-health

## O115

### Vr exposure in cbt is effective and efficacious treatment for simple phobia (flight phobia)

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**Introduction:** The virtual environment with realistically rendered fear-inducing stimuli is enough to conduct VR exposure therapy (VRE), although the total control over the virtual environment also enables presentation of stimuli, contexts, and tasks not possible in in vivo exposure therapy (i.e. flight etc.) 30 randomized controlled trials revealing high efficacy and effect sizes comparable of VRE-CBT to in vivo exposure therapy. Aerophobia is a very frequent limitation and affect 25% of the population and 30% of the subjects who fly make habitual use of anxiolytics.

**Objectives:** The aims of this study is to show that conducting VR exposure in CBT for simple phobia (flight phobia) is effective and is an efficacious treatment for fear and anxiety, Vs other treatments.

**Methods:** Participants (n = 39; age between 19 and 60 years) in the active arms received individual CBT VR exposure for six sessions and outcome was assessed with questionnaires: MSPS; Rathus Assertiveness Scale (RAS); HAM-A; QMAV; QSAV – (Flying fear); QoL INDEX and a behaviour avoidance test (really take the plane). Wilcoxon tests was using for the statistical analysis.

**Results:** 36 subjects managed to take the plane at the end of treatment and the results obtained showed a significant difference between "before treatment (T0) and after (T1)" with the exception of the Rathus test. All the SF-36 scales show a significant difference between "before-after". 3 subjects was dropped out

**Conclusions:** Using VR can be advantageous over standard CBT as a potential solution for treatment avoidance and as an efficient, cost-effective and practical medium of exposure.

**Disclosure:** No significant relationships.

**Keywords:** phobia; flight phobia; virtual reality; VRE-CBT

## O116

### Lessons learned from an e-mental health intervention: The promotion of stopblues in 41 french cities

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**Introduction:** For more than a decade, digital health has held promise for enabling a much broader population to have access to health information, education and services. However, the increasing number of studies on the subject show mixed results and currently, there is a certain disillusionment regarding its benefits. And yet, the Covid-19 crisis has revealed the importance of developing digital-based complementary support to existing resources.

**Objectives:** Factors associated with higher utilization rates among the target audience need to be investigated.