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.

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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doi: 10.1192/j.eurpsy.2021.135

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.

Difficult to treat depression

S0151

A model for the management of difficult to treat depression

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doi: 10.1192/j.eurpsy.2021.136

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

and quality of life such as sleep difficulties, fatigue and cognitive dysfunction; 4. Screening for and managing physical, psychiatric, substance misuse and iatrogenic comorbidities; 5. Optimisation of long-term treatment; 6. Using self-management techniques to empower patients; 7. Using integrated health services to help provide a sense of containment and ensure wide consideration of treatment options; and 8. Establishing regular reviews of the patient's diagnosis and treatment. Examples of each of these elements will be provided.

Disclosure: In the last 5 years, R. Hamish McAllister-Williams has received fees from American Center for Psychiatry & Neurology United Arab Emirates, British Association for Psychopharmacology, European College of Neuropsychophamracology, International Society for A
Keywords: Treatment Resistant Depression; Difficult to treat depression; Depression

S0152

Is treatment resistant depression a different subtype of depression?

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doi: 10.1192/j.eurpsy.2021.137

Major depression is a serious, disabling, often chronic or recurrent mental disorder affecting over 350 million people worldwide. Treatment of major depression is now conceptualized as proceeding through three phases: the acute phase, the continuation phase, and the remission phase. Patients not achieving remission after several treatment trials are defined treatment-resistant, but a debate is ongoing regarding how many trials must fail before a patient can be defined as "treatment-resistant". It must be acknowledged that depression is a heterogeneous disease, and several personal, socio-cultural and clinical factors should be taken into account in order to develop a personalized management plan for patients with major depression. A new concept of "difficult to treat depression" has been recently proposed. According to this concept, when a complete control of the disorder is not feasible, the treatment should aim at minimizing the impact of symptoms and the side effects of treatments on patients' daily lives. Moreover, the concept of difficult to treat depression includes the presence of co-occurring problems/ behaviours/ disorders/ situations, which can worsen the course or management of depression. The management of patients with treatment resistant depression includes the optimization of disease management, in terms of symptom control, improvement of daily functioning and of quality of life. However, an approach aiming to personalize treatment of patients with major depressive disorder and focused on the specific clinical features of each patient can be valuable for optimizing the treatment of patients with resistant depression.

Disclosure: No significant relationships.
Keywords: Depression; Therapy; personalization; Suicide

Psychiatric education during the COVID-19 pandemic: Challenges and opportunities

S0157

COVID-19 and psychiatric training: Results from the efpt country surveys

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doi: 10.1192/j.eurpsy.2021.138

Introduction: Several studies link COVID-19 and the associated lockdown and social-distancing measures to adverse mental health outcomes. In order to address this increase in mental health problems, adequate training of mental health care professionals is of the utmost importance.
Objectives: To measure the impact of the COVID-19 pandemic on psychiatric training in Europe and beyond.
Methods: The European Federation of Psychiatric Trainees (EFPT) represents more than 20 000 trainees from over 30 European countries. Every year, country representatives, complete the 'Country Report', which contains detailed information on psychiatric training in every (member) country.
Results: In July 2020, representatives of 34 European and 9 non-European countries completed the survey. In 73% of countries, psychiatric trainees were assigned to COVID-19 wards, in 43% to emergency wards. In 25% of countries, trainees did not receive any training on COVID-19 prior to their assignment. Compared to before the COVID-19 pandemic, trainees reported a decrease in clinical supervision in 65% of countries. In 51% of countries, (parts of) formal psychiatric training was cancelled. Psychotherapy training was cancelled in 25% of countries. In the majority of countries both formal and psychotherapy training were given online, however in 56% trainees experienced difficulties to attend.
Conclusions: The COVID-19 pandemic has had an extensive impact on psychiatric training in Europe and beyond. The EFPT calls upon policy makers and supervisors to minimize the impact of COVID-19 on psychiatric training in order to provide psychiatric trainees with adequate skills to deal with the mental health consequences of the COVID-19 pandemic.

Disclosure: No significant relationships.
Keywords: online training; Education; psychotherapy; pandemic