

Due to the nature of the perinatal period, it affects generations who are more at home in the electronic space, hence some form of telemedicine can be used in a number of areas. The “Together” Baby-Mother-Father Integrated Program has been running since 2004. Both the condition of those affected and the current epidemic makes it difficult for patients and their families to access adequate perinatal specialist care. At the beginning of the epidemic, the switch to telemedical psychiatric care has been rapid and focused mainly on the use of Phone, Skype, Viber and Email. To our findings the advantages include, easier access to care, and more frequent contacts. The home environment is accessible and the families are more involved. Also, care does not compete with the scarce resources of time and space. Some of the possible disadvantages are, that more work on intimacy is needed, and the treatability of certain diseases is questionable (e.g., psychoses). Care is less documentable with the current regulations, and funding has not yet been adapted to the changes. The telemedical care and support network in Hungary - among many - contains an online medical system (EESZT) including e-prescription. Online- psychotherapy, consultation, peer-group platforms. There is a non-stop hotline for patients, etc. In 2021 the total number of our cases increased by 34%, but realistically the visit number was also higher, due to the amount of shorter telephone and e-mail interactions. Depression and bipolar disorder were among the highest proportion by the patients present.

Disclosure: No significant relationships.

Keywords: Telementalhealth; Usefulness of e-platform for perinatal women; Effective tool during Pandemic; Baby-Mother-Father programme

Lifestyle: Can Exercise, Diet, or Music Prevent and Improve Psychiatric Disorders?

S0027

Effects of Exercise in People with Severe Mental Illness and Recommendations for its Implementation as Add-on Therapy

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There are many reasons for people with (and without) severe mental illness to exercise regularly. In people with schizophrenia, major depression and bipolar disorder, it has already been shown that regular physical activity as an add-on therapy can improve quality of life and symptom severity. This is particularly important in domains that standard therapy is currently not able to treat sufficiently, such as cognitive deficits. Postulated underlying

neurobiological effects include increased volume in hippocampal areas as demonstrated by data of a current clinical trial in people with schizophrenia.

Furthermore, regular exercise is essential to counteract the increased cardiovascular morbidity and mortality of people with severe mental illness. However, most people with severe mental illness do not achieve the recommended amount of physical activity and the potential of exercise as an add-on therapy is currently not even close to being fully realized. On the one hand, it is important that mental health staff also considers the physical condition of patients with mental illnesses and counsels them on their health behavior. On the other hand, there is a need for individually adapted training programs delivered by qualified exercise professionals that incorporate motivational and adherence strategies. Examples of barriers and facilitators for the implementation of exercise as an add-on therapy are discussed on the basis of current local projects.

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Keywords: exercise; physical activity; schizophrenia; bipolar disorder; major depression

S0028

The Role of Music in Treating Psychiatric Symptoms

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Music therapy can be defined as the controlled use of music or musical elements by a qualified therapist with a client or a group of clients. The active or passive delivery of musical therapy may facilitate the development of individual potential and/or restore psychological functions of the individual, allowing to obtain better interpersonal, physical, and psychological functioning. Indeed, existing literature suggested that music therapy holds a significant therapeutic potential in a number of psychiatric disorders, including psychosomatic, anxiety and affective syndromes. More recently, evidence concerning the potential of music as a mean to increase group cohesion, acceptance, interpersonal relationships in psychiatric settings has highlighted the potential to improve the patient's global functioning, social functioning, mental state, and positive/negative symptoms of psychoses. Traditionally, music therapy is delivered in controlled outpatient setting and few evidence point to a possible role in the treatment of acute psychoses, during their hospital stay. Recently, newer evidence has recently piled up and showed that music therapy can induce clinical (in particular, on affective symptoms), functional and quality of life improvement in patients with acute psychoses, even over a short period of time such as during emergency hospitalization. The reported effects might be related to complex neural modulation phenomena involving different interhemispheric, cortical and subcortical brain pathways. Practical clinical experiences, setting or implementation issues and quality standards in music therapy will also be discussed.

Disclosure: No significant relationships.

Keywords: music therapy; psychosis; severe mental illnesses