

behavioural therapy for depression. Sociodemographic data is collected upon application, and symptoms of depression and anxiety are measured at the start of treatment. Further, symptoms of depression are measured between each session of the online treatment program. Early response to treatment will be conceptualized as the individual regression slope of depression scores for each patient, during the first four weeks of treatment. Program usage data will be collected from the online treatment platform (e.g. number of words per message to therapists, time spent on each session during the first four weeks, number of logins during the first four weeks).

Predictors for adherence will be examined in a hierarchical logistic regression. Models will be compared using ANOVA. The most parsimonious model will be determined using the Aikake Information Criterion. Receiver operating characteristic curve analyses will be used to classify the accuracy of the model.

Results: Analyses have not yet been conducted. Results will be available for presentation at the conference.

Conclusions: Determining more accurate predictors for adherence in internet based treatments is the first step towards improving adherence. Research findings need to be translated into clinically useful guidelines that may inform clinical decision making. Findings from this study could potentially be implemented as a system that monitors patients' program usage and symptom development and signals therapists if a patient is at risk for dropout.

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EPV0483

Robot assisted treatment in psychiatry - fiction or reality?

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Introduction: The evolution of technologies like artificial intelligence and robotics has already begun to shape the future of health care delivery and will have an undeniable impact on patient experiences over the next decades. In times of shortened human resources, especially in the field of health care settings, we should also consider robots as assistance for existing treatment settings. The use of robotic assisted surgery has already found its way into clinical practice and allows doctors to perform many types of complex procedures with more precision, flexibility and control. Nevertheless, to date, the use of robotics in the field of psychiatry is sparse, at least in European countries.

Socially assistive robots (SARs) are robotic technology platforms with audio, visual, and movement capabilities that are being developed to interact with individuals while also assisting them with their management of their well-being. Robots could support classic psychiatric treatment by training cognition and motivation as well as educating patients.

Objectives: The robot "Pepper" has found its home at the Medical University of Graz, Department of Psychiatry & Psychotherapeutic Medicine in Austria in summer 2022. It is friendly and positive, around 1,30m tall, can make conversations, learn people's tastes,

preferences, and habits to help personalize responses and better address needs. He can also offer games, make music and dance.

Methods: In our ongoing studies we use the robot "Pepper" in the context of psychoeducational settings on different mental diseases, training of cognitive functions as well as motivational aspects in inpatients with psychiatric disorders. It can also react and suggest a break during the sessions if he has the impression that participants are stressed or overstrained with content. We collect personal feedback of the patients and associated employees in the hospital through the ongoing usability study, as well as perform a randomized controlled trial to test effects of cognitive and motivational training aspects in comparison to standardized treatment settings.

Results: It is time to apply new technologies in healthcare, especially in times when the staff is decreasing. Better integrating and expanding on the mental health implications of social robots will complement the ongoing drive in the field of psychology and psychiatry to better assist clients with supportive exercises and education, cognitive training, and an asynchronous care option.

Conclusions: Although the use of SARs in mental health research is not yet widespread, new robots and programming are constantly changing, adapting and expanding. There is an abundance of opportunity for growth, expansion, and exploration to triangulate SARs usability and efficacy as the next step in advancing this field. We should not be afraid of this new and expanding technology but come to use it as soon as possible as a support in psychiatric treatment. Let's make fiction become reality!

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Digitalized Clinical Data, Evidence and Transparency - Digitalization in Depression Treatment in the DECIDE Project

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Introduction: Routine psychiatric treatment in Germany suffers from a lack of information exchange in a sectorized care system, long and complex treatment courses, insufficient evidence orientation with increasingly complex clinical knowledge, a lack of qualified personnel, and lack of patient involvement. How can a digital solution counteract these problems?

Objectives: First, discussion of problems in the care system and second, presentation of the concept and challenges of the DECIDE project, a Decentralized digital Environment for Consultation, data Integration, Decision making and patient Empowerment

Methods: The project plan and first results will be presented of

1. surveys of patients and mental health professionals needs and concerns about digital solutions
2. focus groups
3. the software solution for mental health professionals and the connected app solution for patients