

Conclusions: TM represents a valid implementation in the traditional clinical practice, and we showed it is well received in terms of appreciation and ease of use. The COD20 platform could increase access to care, and overcome barriers such as distance, travel costs and time management. TP contributes to develop a more inclusive healthcare process for patients, with better performance in terms of compliance.

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EPP0831

Feasibility of a web-based program for secondary prevention of suicidal behavior: The iFight Depression-Survive

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Introduction: Suicide is a leading cause of preventable death in the world. Interventions that can quickly reach a large and geographically dispersed population are needed. Web-based programs are potentially cost-effective, allowing continuity of care. The iFightDepression-SURVIVE (iFD-Survive) is a web-based program designed as an add-on to iFightDepression, a tool developed by the European Alliance Against Depression to target depressive symptoms (<https://ifightdepression.com/en/>). iFD-Survive is based on dialectical behavioral therapy skills and includes four modules: a safety plan, mindfulness, emotion regulation, and distress tolerance. The content is presented in various formats, including audio, videos, and registers. In addition, weekly telephone support is offered by a mental health nurse.

Objectives: To investigate the feasibility (acceptability, usability, and satisfaction) of the iFD-Survive.

Methods: 30 participants who received the intervention as part of a large RCT completed an online survey. To receive the intervention, participants needed to meet the following criteria: 1) digital literacy, 2) having attempted suicide in the last month, and 3) PHQ-9 scores above 5. The online survey included an ad-hoc questionnaire to collect socio-demographic data and data regarding participants' opinions on the program's content. The following instruments were also administered:

System Usability Scale (SUS)

Credibility of analogue of therapy rationales

Results: Most respondents were women (20/30), with a mean age of 44 years, and secondary studies (15/30). Most participants (57%) used a mobile phone to access the website and regarded it as "easy to use" (53%). According to the SUS, many of them (57%) reported that they would like to use it frequently and that the tool was "easy" and "safe" to use (53%). Regarding acceptability, 47% of the sample indicated that the iFD-Survive content was adequate to improve their symptoms, and 56% considered that their symptoms of depression have improved as a result of the intervention. 83% of the sample considered telephone follow-up "very useful." The majority (70%) consulted the program once a week. The "safety plan" and the mindfulness module were regarded as the most useful, followed by "distress tolerance." The audio for practicing

mindfulness skills and the written material were considered very useful, while the videos were valuable.

Conclusions: Online tools can promote continuity of care, helping to prevent further suicide attempts in vulnerable populations. These preliminary findings suggest that the iFD-Survive is feasible among participants with depressive symptoms who have recently attempted suicide. However, these results are based on a small sample of highly educated women; therefore, future research is needed to determine if these can be transferred to other sub-populations.

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Validation of a Brief Internet-based Self-report Measure of Maladaptive Personality and Interpersonal Schema

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Introduction: Existing digital mental health interventions are mainly focused on the symptoms of specific mental disorders such as depression and anxiety. However, digital mental health interventions aiming enhancement of mental health in the general population are rare. Considering that the psychological discomfort of the general public is more complex and subtle, interventions focusing on maladaptive personality and interpersonal schema rather than symptoms per se can be an alternative.

Objectives: To this end, concise tools for measuring the core personality and interpersonal patterns known to cause psychological discomfort among potential users of digital mental health interventions are essential. For this purpose, the Schema Scale was developed and our study aims to validate and confirm psychometric properties of the scale.

Methods: This cross-sectional study was carried out between July and August 2022. Participants were 234 adults aged between 19 to 39 who completed an online survey including the Schema Scale and other 15 questionnaires. Exploratory factor analysis were conducted to construct the factorial structure model.

Results: Exploratory factor analysis showed a five-factor structure with a total variance of 57%; factor 1 consisted of lack of belongingness and poor social skills, factor 2 of lack of patience hot-tempered coping style, factor 3 of maladaptive perfectionism, factor 4 of self-sacrifice and lack of self-confidence and factor 5 of items representing pessimistic and anxious mindset. Internal consistency of each factor was good (Cronbach's alpha=0.712~0.882), and correlations with existing measures were significant.

Conclusions: The five personality Schema Scale appears to be a short (total 35 items) and a valid tool for measuring five essential personality and interpersonal patterns for adults aged 20~30 years. This tool has been developed for online use and therefore has the advantage of being easily accessible. Most importantly, based on the results of the Schema Scale, the individualized digital interventions can be recommended that targets maladaptive psychological patterns.

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