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**Introduction:** Work stress, anxiety and depression have an enormous impact on the well-being of employees, their employers, and society. Due to the loss of productivity, common mental disorders have a substantial economic impact. Major depression alone has been attributed to 50% of long-term absences from work, and depressive symptoms are related to lowered productivity while at work. Anxiety also contributes to loss of productivity and sickness absence. Treatment of common mental disorders in a work setting may improve symptoms, however, that does not automatically lead to improved work productivity. Addressing mental well-being at the workplace might improve work functioning, and digital interventions have been introduced with that objective. However, their evaluation in research has been limited.
The European Intervention to Promote Wellbeing and Health in the Workplace (EMPOWER) digital intervention is designed to provide and evaluate an integrative user programme that meets the needs of employees and employers in addressing work stress.
This work was supported by the European Union Horizon 2020 Research and Innovation Programme Health (grant number APP1195937, 848180). The EMPOWER project started 1.1.2020 and is currently ongoing.
**Objectives:** We aim to
1) describe the design and development of the digital intervention.
2) culturally validate the intervention in three countries
3) test the prototype and beta version for its usability in the RCT to evaluate its effect in four countries that is currently ongoing.
**Methods:** A user-centred design process was followed from January 2020 until November 2021 to create a beta version for usability testing. A tailored algorithm was developed to provide support at the individual employee level and the company level. Each element of the digital intervention was translated and culturally validated in four languages in Spain, the United Kingdom, Poland, and Finland. Usability testing was conducted in each country (n=31) to explore validity, usability, and user experience.
**Results:** The digital intervention consists of a website and a mobile application (app). The website has a public section and an employer portal that provides recommendations to reduce psychosocial risks in their company based upon clustered input from employees. The app provides algorithm-based personalised content after assessing a user's physical and psychological symptoms, work functioning, and psychosocial risk factors for work stress. The usability testing improved the flow through the app and high ease of use and completion of tasks by participants.
**Conclusions:** The EMPOWER digital intervention is a tailored multimodal intervention addressing wellbeing, work stress, mental and physical health problems, and work productivity. Usability testing provided validation of the app as version to be evaluated in the EMPOWER RCT.

**Disclosure of Interest:** None Declared

## EPP0052

## Internet-based cognitive behavioral therapy for prevention of depression during pregnancy and in the postpartum period

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**Introduction:** Prevention of perinatal depression beginning from the antenatal period is essential.
**Objectives:** This study aimed to investigate the effectiveness of recently developed internet-delivered cognitive behavioral therapy (iCBT) for preventing the onset of a major depressive episode (MDE) in the third trimester and at 3 months postpartum.
**Methods:** This is a two-arm, parallel-group, general-information controlled, randomized controlled trial. Participants were 5,017 pregnant women at 16–20 weeks' gestation without MDE at baseline. They were randomly assigned to an iCBT (intervention; n = 2,509) or general-information (control; n = 2,508) group, stratified by psychological distress at baseline. The primary outcomes were the numbers of new MDE onsets, measured using the World Health Organization Composite International Diagnostic Interview 3.0, at 32 weeks' gestation and at 3 months postpartum.
**Results:** New MDE onset was reported by 59 participants (2.35%) in the intervention group and 73 (2.91%) in the control group during follow-up. Compared with the control group, the hazard ratio (HR) of MDE in the intervention group was 0.85 (95% CI 0.61–1.20). Among participants who scored between 5 and 8 on K6 at baseline, 10 (1.37%) in the intervention group reported new onset of MDE, compared with 28 (3.81%) in the control group, and the HR of MDE was 0.38 (95%CI 0.19–0.79).
**Conclusions:** No intervention effect was found for iCBT in preventing new onset of perinatal MDE. iCBT might prevent perinatal depression only among pregnant women with subthreshold depressive symptoms.

**Disclosure of Interest:** None Declared

## EPP0054

## The effectiveness of a mobile therapeutic application in coping with stress and burnout

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**Introduction:** Excessive stress at work is a problem that leads to numerous complications, including the development of depression and burnout. A very important factor contributing to coping is a change in attitude to the situation at work. A helpful tool is Cognitive Behavioral Therapy. However, access to CBT is limited

due to cost and lack of time. Mobile therapeutic application based on CBT may be the answer to these barriers.
**Objectives:** The aim of the study was to test the effectiveness of mobile CBT in comparison with CBT in the face to face formula and in comparison with the control group, not receiving any intervention.
**Methods:** The face-to-face (ftfCBT) CBT intervention included 12 hour treatment sessions. Mobile CBT (mCBT; *UpBalance* smartphone application) included a therapeutic program analogous to the protocol used in the ftfCBT group. The content of the application was divided into short educational parts (in the form of videos, animations, articles and podcasts) and exercise parts available to the subject throughout the duration of the study. The study involved 90 subjects randomly assigned to three groups: ftfCBT, mCBT and control (randomization 1: 1: 1). Two measurements were made - baseline and after 12 weeks. The following questionnaire methods were used: the Thermometer of Distress, the Occupational Stress Questionnaire and the LBQ to measure burnout.
**Results:** In the initial measurement, no differences were observed between the ftfCBT, mCBT and control groups. After 12 weeks in the control group, there were no differences between the t0 and t1 measurements. In the ftfCBT and mCBT groups, an improvement was observed in both the reduction of the level of distress and the reduction of burnout symptoms. There were no differences in t1 between the ftfCBT and mCBT groups. A higher level of compliance was observed in the mCBT group than in the ftfCBT group.
**Conclusions:** A mobile therapeutic application focused on coping with occupational stress is an effective intervention improving the mental state of employees. Mobila digital cognitive behavioral therapy can also be a helpful alternative to classic psychotherapy and can respond to the unmet needs of employees in terms of access to therapy at a suitable time.

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## EPP0055

## Evaluation of service-user and clinician feedback of 'Beth': a new digital tool in South London and Maudsley NHS Foundation Trust

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**Introduction:** Conventional healthcare records are generally inaccessible to service-users. 'Beth' is a digital tool in South London and Maudsley NHS Foundation Trust which allows service-users to self-monitor symptoms, set therapeutic goals, access aspects of clinical records and communicate with care teams.
**Objectives:** To explore service-user and clinician perspectives of Beth, and to understand how Beth might impact clinical care.
**Methods:** Service-user and clinician users completed an online questionnaire. Likert-scale and free-text response questions covered user experience, impact on clinical care and suggested improvements. N=26 service-users and 43 clinicians completed the questionnaire. Quantitative and qualitative analyses are presented.
**Results:** Service-users reported the most useful features were tracking sleep and mood, messaging their care team, logging coping strategies and viewing care plans, goals and upcoming appointments. A majority reported Beth improved clinical assessments and they would recommend it to others. Barriers to using Beth included navigational difficulties, lack of access to internet or hardware, needing to register for an account and forgetting to use it. Clinicians reported booking appointments, messaging service-users, sharing care plans and accessing mood diaries were the most useful features. However, many clinicians did not use Beth regularly. Barriers included difficulties using Beth, finding it time-consuming and reportedly poor service-user adherence.
**Conclusions:** Our findings highlight potential benefits of digital tools in mental health care, alongside numerous barriers and suggested improvements. Limitations include a small sample size and lack of objective user data. Future work may involve qualitative interviews, analysis of objective usage data and trialing improvements in service design.

**Disclosure of Interest:** None Declared

## EPP0056

## Three Months of Text4Hope-Addiction Support Program mitigates substance craving and improves mental health.

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**Introduction:** Problematic substance use is rising, and other mental health conditions like anxiety and depression correlate with substance abuse. Diverse interventions to reduce this effect are emerging. Supportive text messages offer the prospect of improving symptoms of drug misuse and other associated comorbidities.
**Objectives:** The study aims to evaluate the impact of the Text4Hope-Addiction program in mitigating craving, anxiety, and depression symptoms in subscribers.
**Methods:** Individuals self-subscribe to Text4Hope Addiction program by texting "Open2Change" to 393939 to receive daily addiction-related text messages for three months. Subscribers are invited via text message to complete online questionnaires which assess cravings, anxiety, and depressive symptoms using the Brief Substance Craving Scale, Generalized Anxiety Disorder-7 Scale, and Patient Health Questionnaire-9 on subscription (baseline), six weeks and three months. Data were analyzed using SPSS version 25 with descriptive and inferential statistics. Satisfaction responses were used to assess various aspects of the Text4Hope- Addiction program.