

within primary and secondary care services in the UK, and whether the intervention is acceptable to family carers of people living with dementia.

Method: Family carers of people living with dementia presenting with mild to moderate anxiety or depression were recruited through healthcare services and public advertisements. Participants were offered eight, guided, self-help online ACT sessions adapted for the needs of family carers. Participants were also allocated a therapist who responded to questions to support their completion of each weekly session. Participants completed questionnaires assessing anxiety, depression and other outcomes before and after the intervention. They were also invited to attend an individual semi-structured interview to provide feedback on iACT4CARERS at the end of the study.

Results: Seventy-nine participants attended the screening session over six months, and 33 eligible participants (age range 47-85) received iACT4CARERS. Further, 70% of participants completed seven or all eight sessions, and 27% of participants were lost to follow-up, but none of the reasons for early withdrawal was related to the intervention. There was preliminary evidence of improvements in anxiety, depression and psychological flexibility, particularly in anxiety, which demonstrated an average reduction of 26% on the GAD7 anxiety scale. The results of qualitative interviews suggested that iACT4CARERS is acceptable to family carers. Positive carer experiences were particularly facilitated by the relatedness of the contents, increased feelings of connectedness and the user-friendliness of the online platform.

Conclusion: The feasibility study provided evidence for the feasibility and acceptability of iACT4CARERS. This feasibility study led to an ongoing full-scale randomised controlled trial testing the clinical and cost effectiveness of iACT4CARERS. Recent developments of the iACT4CARERS project will be discussed.

P150: Social media use and well-being with bipolar disorder during the COVID-19 pandemic

Authors: Norm O'Rourke, Ariel Pollock Star

Background: Reliable and consistent social support are associated with the mental health and well-being of persons with severe mental illness, including bipolar disorder (BD). Yet the COVID-19 pandemic and associated social distancing measures (e.g., shelter-in-place) reduced access to regular social contacts, while social media use increased concomitantly.

Objective: For this study, we had two goals. First we report descriptive information regarding social media use (SMU) by persons with BD during COVID-19 (all platforms). Specific to Facebook, we next developed and tested a hypothesized model in order to identify direct and indirect associations between BD symptoms, social support, loneliness, life satisfaction, and social media use. Responses were collected during the global spread of the Delta variant and prior/concurrent with the Omicron variant, 20 months after the World Health Organization declared COVID-19 a global pandemic.

Methods: Over eight weeks, participants were recruited using social media advertising micro-targeted to adults with BD. On average, participants were 53.96 years of age ($SD = 13.22$, range 20-77 years), they had completed 15.40 years of education ($SD = 4.28$) and were diagnosed with BD 19.60 years ago ($SD = 10.31$). Path analysis was performed to develop and test our hypothesized model.

Results: Almost all participants (93%) reported having both Facebook and LinkedIn accounts; 91.1% reported regular use of either or both. During the pandemic, most (60.8%) reported accessing social media several times a day; 36% reported using social media more often since the emergence of COVID-19. Specific to Facebook, the model we hypothesized differed somewhat from what emerged. The resulting model suggests that symptoms of depression predict loneliness and inversely, social support and life satisfaction. Social support predicts social Facebook use whereas passive Facebook use predicts life satisfaction. Symptoms of depression emerged as indirect predictors of SMU via social support.

Conclusions: Our findings suggest that the operational definition of passive-active SMU requires further analysis and refinement. In contrast to theory, passive Facebook use appears positively correlated with well-being among certain populations. Longitudinal data collection over multiple points is required to identify associations between BD symptoms, social media use and well-being over time.

P125: Guilt for perceiving oneself as a burden in adults who present physical limitations. Associated factors and age differences

Authors: María Del Sequeros Perdroso-Chaparro, Isabel Cabrera, José A. Fernandes-Pires, Maria Marquez-González, José Ángel Martínez-Huertas, Eva-Marie Kessler, Andrés Losada-Baltar

Objective: Previous research has suggested that negative self-perceptions of aging and lower sense of control were significantly associated with worse physical and mental health, including physical limitations and feelings of guilt for perceiving oneself as a burden. However, no study has analyzed the associations of these variables when jointly considered and assessed the potential differences in the associations between people aged 40 to 59 years and people aged 60 years and older. The objective of this study was to assess the potential differences in the associations mentioned above between people aged 40 to 59 years and people aged 60 years and older.

Methods: Participants were 377 people over 40 years (206 aged 40 to 59 years and 171 participants aged 60 years and older) who answered an online survey. The association between negative self-perceptions of aging, perceived control, physical limitations, and guilt for perceiving oneself as a burden was tested through path-analyses, with differences between age groups tested through multigroup analysis.

Results: Significant differences between age groups were obtained. The results suggest that the influence of negative self-perceptions of aging on guilt for perceiving oneself as a burden is indirect through lower sense of control in participants aged 40 to 59 years; in participants aged 60 and over, negative self-perceptions of aging had a direct and indirect effect on guilt through greater physical limitations.

Conclusion: Negative self-perceptions of aging seem to be a relevant variable to understand feelings of guilt for perceiving oneself as a burden in both middle-aged adults and older adults. However, this study documents potential differences in the correlates of guilt for perceiving oneself as a burden between participants aged 40 to 59 years and individuals aged 60 years and older. Specifically, the results suggest that the associations between negative self-perceptions of aging and guilt for perceiving oneself as a burden are modulated by lower sense of control in middle-aged and by greater physical limitations in older adults. These results support the relevance of social and cognitive processes related with aging for understanding feelings of guilt for perceiving oneself as a burden.