



7th ESRII Conference 2023



Poster Sessions

European Society for Research on Internet Interventions
7th Conference, Aug 30 – Sept 1, 2023
Amsterdam, the Netherlands

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Table of content

THURSDAY AUG. 31ST AFTERNOON SESSION 15:05-15:45 7

THEME 1: DIGITAL MENTAL HEALTH INTERVENTIONS ACROSS THE LIFE SPAN 7

Poster 1: Recruitment Challenges in Web-based Indicated Prevention for University Students – What can we learn from the Dutch ICare Prevent trial?	7
<i>Felix Bolinski</i>	7
Poster 2: A specific Internet-based Cognitive Behavior Therapy for Iranian Adolescents with Social Anxiety	7
<i>Narges Esfandiari</i>	7
Poster 3: A co-designed parent-and youth eHealth intervention to improve the health of socio-economically disadvantaged adolescents: Study Protocol.....	8
<i>Katrina E. Champion</i>	8
Poster 4: Dropout analysis of an online prevention program for young people in out-of-home-care: reflections on randomized controlled trial dropouts in a hard to reach target group	9
<i>Betteke Maria van Noort</i>	9
Poster 5: A Mixed-methods pilot study of an internet-based intervention against victimization of youth-in-care and care leavers.....	9
<i>Lucia Emmerich</i>	9
Poster 6: Acceptance and feasibility of online support groups for mental health promotion of Brazilian graduate students within the COVID-19 pandemic context.....	10
<i>Aneliana da Silva Prado, M.Ed</i>	10
Poster 7: Internet-based cognitive behavioural therapy in women with postpartum depression: study protocol for randomized controlled trial	10
<i>Anja Friis Elliott</i>	10
Poster 8: Moderators and mediators of change of an Internet-based mindfulness intervention for college students: Secondary analyses from a randomized controlled trial.....	11
<i>Ann-Marie Küchler</i>	11
Poster 9: An Internet-based cognitive behavioral intervention for adolescents with anxiety disorders: a study protocol for a randomized controlled trial.....	12
<i>Skaarnes, H.</i>	12
Poster 10: Professionals' experiences of the use of An Internet-Based Parent Training Intervention with Telephone Coaching (SFSW) at Special Family Counseling Centers during the COVID-19 Pandemic ...	13
<i>Saana Sourander</i>	13
Poster 11: A personalised digital treatment for adolescents with eating disorders – qualitative study results and a pilot study protocol.....	13
<i>Guri Holgersen</i>	13
Poster 12: Young ADHD: A qualitative study with focus on adolescents' needs, wishes and barriers related to ADHD and a digital intervention.....	14
<i>Maren Storetvedt</i>	14
Poster 13: Perceptions from stakeholders in education on the benefits of integrating digital internet-interventions through whole-school access	14
<i>Ashley Roberts,</i>	14
Poster 14: Effectiveness of a smartphone app for digital aftercare of depressive symptoms in adolescents and young adults: the iCAN project and results from the pilot study SMARDY	15
<i>L. Bauch</i>	15
Poster 15: Digitally assisted parental training program for parents of children with ADHD	16
<i>Linda Casagrande</i>	16
Poster 16: Solutions for young people in mental health crisis - The power of digital service, network and cooperation	16
<i>Satu Raappana</i>	16
Poster 17: Feasibility and preliminary clinical effects of a novel mobile application targeting anxiety in adolescents	17
<i>Smiti Kahlon</i>	17

Poster 18: Psychologists Experience in Providing Online Mental Health Services for University Students in Indonesia	17
<i>Ardian Praptomojati</i>	17
Poster 19: Smartphone-delivered sexual health promotion programs targeting older adults: user research, development, and testing.....	18
<i>Cristina Mendes-Santos</i>	18
Poster 20: Multimodal Personalization with Shared Decision Making for StayFine: Individualized App-based Relapse Prevention for Anxiety and Depression in Young People	18
<i>Bas E.A.M. Kooiman</i>	18
Poster 21: Efficacy of an Internet-Based Intervention Program for Bereaved Individuals: A Pilot Randomized Controlled Trial	19
<i>Samet Baş</i>	19
Poster 22: DaydreamCatcher: a pilot RCT study of an online psychological intervention for Maladaptive Daydreaming in university students.....	19
<i>Shivani Atul Mansuklal</i>	19

FRIDAY SEP. 1ST MORNING SESSION 10:40-11:10 21

THEME 2: IMPLEMENTATION, EVALUATION & EFFECTIVENESS OF DIGITAL MENTAL HEALTH INTERVENTIONS 21

Poster 1: Digital self-care for problematic alcohol use – feasibility and optimization of guidance	21
<i>Martin Kraepelien</i>	21
Poster 2: Internet-based and mobile interventions for prevention and treatment of mental problems: A systematic review of economic evaluations.....	21
<i>Fanny Kählke</i>	21
Poster 3: Contextual Self-Efficacy Enhancement for Improving Adherence in Internet Interventions: Study Protocol for a Randomized Controlled Trial.	22
<i>Magdalena Lesnierowska</i>	22
Poster 4: Implementation and Effectiveness of Digital Mental Health Interventions in Germany: A 3-Year Status Update	23
Poster 5: BLEND-A: blending internet treatment into conventional face-to- face treatment for alcohol use disorder.....	23
<i>Angelina Isabella Mellentin</i>	23
Poster 6: Space from Social Anxiety programme	24
<i>Diarmuid Mc Laughlin</i>	24
Poster 7: Mental Health Promotion and Intervention in Occupational Settings for Kosovo SME Workplaces: Experiences from Pilot Phase	25
<i>Naim Fanaj</i>	25
Poster 8: Effectiveness of an online intervention delivered to Mayan population of Yucatán, Mexico, during the COVID-19 pandemic.....	25
<i>Alejandro Dominguez-Rodriguez</i>	25
Poster 9: Efficacy of the web-based psychological intervention ‘Personal COVID’ for improving healthcare workers’ mental health during COVID-19: A randomized controlled trial	26
<i>Paulina Erika Herdoiza-Arroyo</i>	26
Poster 10: Digital interventions for addictive disorders: A comprehensive and systematic scoping review	26
<i>Magnus Johansson</i>	26
Poster 11: A mixed-methods study on motivation type in a sample of patients undergoing internet-based cognitive behavioral therapy for binge eating disorder - effects on adherence and symptom reduction	27
<i>Holmberg, T.T</i>	27
Poster 12: Blended cognitive behavioral therapy for reducing psychological distress in polio survivors.....	28
<i>Sandra de Morée</i>	28
Poster 13: Blended psychotherapy in routine care – results of a qualitative study with participants of the project PSYCHOnlineTHERAPY	28
<i>Theresa SEXTL-Plötz</i>	28
Poster 14: Predicting drop out in routine internet based cognitive behavioural therapy for depression	29
<i>Esben Kjems Jensen</i>	29

Poster 15: Patient Perspectives on Blended Internet-based and Face-to-Face Cognitive Behavioral Therapy for Alcohol Use Disorder: A Qualitative Study	29
<i>Kristine Tarp</i>	30
Poster 16: Digital interventions for the prevention of mental disorders and the promotion of mental health: an umbrella review and meta-meta-analysis	30
<i>Mariebelle Kaus</i>	30
Poster 17: Anthesis program: a randomized controlled trial of an Internet-based intervention for sexual distress	31
<i>Patrícia M. Pascoal</i>	31
Poster 18: Clinical Sexologists' Perceptions of the Potentials, Downfalls, and Best Practices for Digitally Delivered Therapy.....	31
<i>Andreia A. Manão</i>	31
Poster 19: Preliminary indicators of change in clinical measures in people suffering from gambling disorder who have received an online psychological intervention.	32
<i>Díaz-Sanahuja</i>	32
Poster 20: A Randomized Controlled Trial of Attentional Control Training for Treating Alcohol Use Disorder	32
<i>Lotte Skøt</i>	32
Poster 21: Efficacy of an Internet-delivered cognitive behavior therapy for social anxiety in Portugal (PORTISOFIE): What about the impact on relationship satisfaction?	33
<i>Edna Martins</i>	33
Poster 21: Processes of change in digital cognitive behavioral therapy for depression in patients with chronic back pain: Findings from a multicenter randomized clinical trial	34
<i>Matthias Domhardt</i>	34

FRIDAY SEPT 1ST AFTERNOON SESSION 15:00-15:45 35

THEME 3: MONITORING AND INNOVATIVE TREATMENT MODALITIES 35

Poster 1: 360° nature video for relaxation: does the medium matter?.....	35
<i>Sylvie Bernaerts</i>	35
Poster 2: Building Responsible AI for mental healthcare	35
<i>Umar Nizamani</i>	35
Poster 3: Internet Delivered Cognitive Behavior Therapy Based on Intolerance of Uncertainty – A Pilot-Feasibility-Trial	36
<i>Vilgot Huhn</i>	36
Poster 4: Video-based psychotherapy: Findings from Germany's largest provider	36
<i>Ina Beintner</i>	36
Poster 5: Acceptability, feasibility, and user satisfaction of a virtual reality relaxation intervention in psychiatric outpatients	37
<i>Sabrina Baldofski</i>	37
Poster 6: Healthcare professional perspective in using the quality label and recommending apps	37
<i>Ieva Biliunaite</i>	37
Poster 7: How we Integrated Acceptance and Commitment Therapy into SilverClouds Digital Mental Health Programmes to Support Individuals Living with long term Conditions.....	38
<i>Ciara Sears</i>	38
Poster 8: Brain+ AlcoRecover: A Randomized Controlled Pilot-Study and Feasibility study of Multiple-Domain Cognitive Training using a Serious Gaming App for Treating Alcohol Use Disorders	38
<i>Nicolaj Mistarz</i>	39
Poster 9: Exploring the acceptability of a novel digitally developed outcomes measure, the SWAN-OM, in face-to-face single sessions. Can digitally developed tools be just as applicable to face-to-face settings?..	39
<i>Louisa Salhi</i>	39
Poster 10: eMeistring Health and Work - a feasibility study of a transdiagnostic treatment for people on sick-leave caused by common mental disorders.	40
<i>Henning Monsen</i>	40
Poster 11: Direct and indirect effects of MindDoc on mental health: Improvement of patient empowerment and self-management skills may substantially mediate effects of unguided mental health apps.	41
<i>André Kerber</i>	41

Poster 12: Standalone smartphone apps for mental health – an updated systematic review and meta-analysis	41
<i>Jennifer K. Kulke</i>	41
Poster 13: ‘Flexibility In The Workplace’: An ACT-Based Internet Intervention Aiming to Support Physicians’ Psychological Health	42
<i>Gizem Bozyel</i>	42
Poster 14: Exploring participants’ opinions after participating in a low-effort internet intervention delivered with Meta’s Messenger chatbot (Stressbot): A qualitative study	42
<i>Jan Maciejewski</i>	42
Poster 15: Finding your way in the app jungle: a Belgian database for welfare and mental health apps	43
<i>Eva Van Assche</i>	43
Poster 16: Bridging the Detoxification-Treatment Gap: A Self-Guided Digital Intervention to Increase Post-Detoxification Treatment Among Individuals With Substance Use Disorders	44
<i>Danilo Romero</i>	44
Poster 17: Evaluating visual feedback of experience sampling data for mental healthcare practitioners	44
<i>Maarten Piot</i>	44
Poster 18: Efficacy of a low-intensity internet-delivered psychological therapy in patients with multimorbidity in primary care: a randomized controlled clinical trial.	45
<i>Alicia Monreal-Bartolomé</i>	45
Poster 19: Facing our fears when they come out of virtuality. Augmented reality exposure treatments in anxiety disorders: A systematic review.	46
<i>Jorge Grimaldos</i>	46
Poster 20: Development and feasibility of a digital intervention for common mental health problems among older adults in Sweden and India	46
<i>Christopher Sundström</i>	46
Poster 21: Evaluating Usability and Explainability in AI-based predictive Decision Support Tools for ICBT	47
<i>Pontus Björner</i>	47
Poster 22: A digital medication adherence solution decreases treatment-related anxiety	48
<i>Louis Engels</i>	48

THURSDAY AUG. 31st

AFTERNOON SESSION 15:05-15:45

Theme 1: Digital mental health interventions across the life span

Poster 1: Recruitment Challenges in Web-based Indicated Prevention for University Students – What can we learn from the Dutch ICare Prevent trial?

Felix Bolinski, Kleiboer A, Neijenhuijs K, Karyotaki E, Wiers R, de Koning L, Jacobi C, Zarski A, Weisel KK, Cuijpers P, Riper H.

Background: Depression and anxiety are common mental health conditions in college and university students. To overcome some of the barriers related to improving their mental health, ICare Prevent – a web-based indicated prevention program – was developed. However, uptake of such interventions is often low, therefore accounts of recruitment challenges can provide valuable information.

Moreover, alternative analytical strategies exist to assess basic parameters of effectiveness.

Objective: The aims of this study were to describe recruitment challenges together with effective recruitment strategies for ICare Prevent and provide basic information on the intervention's effectiveness.

Methods: A 3-arm RCT was conducted in a student sample with subclinical symptoms of depression and anxiety on the effectiveness of an 1) individually guided and 2) automatically guided version of ICare Prevent compared to 3) care as usual. Descriptive statistics are used to outline Recruitment challenges and students' use of the intervention are described. Using a Bayesian framework, a basic analysis of intervention effects is conducted.

Results: Direct recruitment through students' email addresses via the central student administration was the most effective strategy. Data from 35 participants were analyzed (individually guided: n=14, 40%; automatically guided: n=8, 23%; care as usual: n=13, 37%). Use of the intervention was low, with an average of 3 out of 7 sessions (SD 2.9) completed. The analyses did not suggest any intervention effects other than anecdotal evidence.

Conclusions: Testing the feasibility of recruitment measures and extensively involving students in their design, as well as shifting from direct to indirect prevention, can potentially help future studies in the field. In addition, alternative basic analytical strategies for underpowered RCTs should be explored.

Poster 2: A specific Internet-based Cognitive Behavior Therapy for Iranian Adolescents with Social Anxiety

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Aim: The present study aimed to design and enrich a web-based specific ICBT program for adolescents with social anxiety, based on previous studies.

Methods: Two ICBT programs with specific and generic approaches were designed for adolescents with social anxiety, including 10 sessions for adolescent and 9 sessions for parents. Treatment material consisted of text and videos implemented on a website. 120 youths aged 14 to 18 years were screened and 30 with a main diagnosis of social anxiety were assigned to 10 weeks of specific ICBT (n

=15) or generic ICBT (n = 15) for SAD. Assessments included the Social Anxiety Questionnaire, Mental Health Self-report, Mental Health Parental Report, and Adolescent Psychological Capital Scale. All the scales were performed in four stages, including pre-test (before intervention), mid-test (after the fifth session), post-test (after the completion of sessions), and 3 months follow-up (3 months after the end of treatment).

Results: The results showed a significant improvement in the specific ICBT group to the score of the Social Anxiety Scale for Adolescents SASA ($p \leq 0.01$) and its two subscales including Anxiety and Fear of Negative Evaluation AFNE ($p \leq 0.01$) and Tension and Inhibition in Social Interaction TISC ($p \leq 0.001$) in comparison to the control group. The therapeutic effects lasted up to 3 months after the end of treatment.

Conclusions: The percentage of treatment completion (94.4%) by the participants was the highest compared to similar studies.

Poster 3: A co-designed parent-and youth eHealth intervention to improve the health of socio-economically disadvantaged adolescents: Study Protocol

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Aim: To co-design a maximally effective and scalable parent and youth eHealth intervention to improve the physical and mental health of adolescents of low socio-economic status (SES).

Methods: This project will follow the three phases of the Multiphase Optimisation Strategy (MOST): 1) preparation, 2) optimisation, and 3) evaluation. In Phase 1, a mixed-methods process will be used to co-design a set of new parent-based intervention components to improve adolescent health and tailor the existing Health4Life school-based program to meet the needs of low SES youth. Workshops will be conducted to ensure that intervention content is tailored for low SES families. In Phase 2, a 24 factorial design will be implemented among 473 low SES parent-adolescent dyads, with parents randomised to one of 16 intervention combinations. All parents will receive access to online education modules and a combination of four components (tailored feedback, stress management, text messages, health counselling). The primary outcome will be an adolescent-reported composite risk index (sum of risk factors) at 6mths. Repeated measures analysis of variance models will test whether each intervention component had a significant effect on the primary outcome. Results will be used to determine which components should be eliminated. In Phase 3, a cluster randomised controlled trial and economic evaluation will be conducted among low SES dyads at 12 Australian schools. Participants will complete self-report surveys assessing lifestyle risk factors, anxiety, depression, psychological distress. Linear mixed effects models will be conducted.

Results: The protocol and formative research for this study will be presented in August.

Conclusions: This is the first study to use the MOST framework to co-design a new parent-based intervention that is as effective as possible in modifying chronic disease risk factors among low SES adolescents, and that can be delivered with the least possible burden, which is critical for widespread translation.

Poster 4: Dropout analysis of an online prevention program for young people in out-of-home-care: reflections on randomized controlled trial dropouts in a hard to reach target group

Betteke Maria van Noort, Lucia Emmerich¹, Birgit Wagner¹

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Aim. Aim of the current analysis is to evaluate dropout rates in a randomized controlled trial (RCT) for an online prevention program specifically developed for young people with out-of-home-care experience. This vulnerable group of young people is hard to reach. Moreover, their compliance is made difficult due to several psychosocial factors. A critical evaluation of our dropout rates allows for improved study and digital intervention designs in future research.

Methods. A RCT for the online prevention program EMPOWER YOUTH with a waitlist control group is currently ongoing. Participants are young people between the ages of 14 and 21 years who grew up either in a foster family, adoptive family or an institution. Several measures to prevent dropout and increase compliance were implemented in the study and intervention design. In order to evaluate dropouts, a differentiation between type of dropout is made based on the time of dropout, e.g., before baseline assessment, after randomization, during a specific intervention module or at follow-up.

Results. At time of submission, a total of 224 young people registered for the online study. After screening the inclusion criteria, 158 young people were invited to participate in the online assessment. Forty participants (25%) did not complete the baseline assessment. Of the 53 participants randomized to the intervention group, 15 (28%) did not complete the intervention. Seventy participants have currently been invited to the follow-up assessment of which 16 (23%) did not participate. The final dropout numbers of the RCT will be presented and evaluated at the conference.

Conclusions. These preliminary dropout rates highlight the different challenges we are faced with in digital intervention research, particularly in a vulnerable target group such as young people with care experience. The study dropouts rather than intervention dropouts, make it difficult to evaluate intervention efficacy.

Poster 5: A Mixed-methods pilot study of an internet-based intervention against victimization of youth-in-care and care leavers

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Aim. Young people in out-of-home care and care leavers (Y-IC) are considered a high-risk group for (re-)victimization experiences. Repeated victimization experiences are associated with far-reaching negative consequences. There are however, no evidence-based interventions, which address this specific problem. The current study aims to evaluate a newly developed internet-based intervention against victimization developed for Y-IC in an uncontrolled feasibility pilot study.

Methods. The prevention program EMPOWER YOUTH contains six interactive modules and is specifically developed for Y-IC aged 14 to 21 years. Elements of the program are CBT-based. A mixed methods approach was chosen to evaluate user experiences, usability, acceptance, and adherence. Hence, participants filled out the Perceived Website Usability (PWU-G) and Visual Aesthetics of Websites Inventory (VisAWI-S) at follow-up. Moreover, focus group interviews were conducted after program completion. The transcripts were analyzed according to Kuckartz and a deductive-inductive category system was derived.

Results. A total of 38 participants registered for the study, of which 21 (Mage=16.7 years, 62% female) participated in the baseline assessment. 10 participants partook in the follow-up assessment with a dropout-rate of 41%. PWU-G and VisAWI-S values ranged between 5.4-6.1, which are above-average ratings for the usability and aesthetics of the intervention. Two main categories were derived from the focus groups (n=8) with five and six subcategories respectively.

Conclusions. The feasibility of the internet-based intervention EMPOWER YOUTH was confirmed with a high level of acceptance by its users. Minor adaptations were implemented based on user feedback, primarily to prohibit high dropout-rates. A randomized controlled trial is warranted to verify its efficacy.

Poster 6: Acceptance and feasibility of online support groups for mental health promotion of Brazilian graduate students within the COVID-19 pandemic context

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Background: The COVID-19 pandemic hit university students hard, and negatively affected their mental health outcomes. Online interventions may promote mental health.

Aim: The study aimed to investigate the acceptability and feasibility of a four-week online support group program for mental health promotion in Brazilian graduate students during the COVID-19 pandemic (May-June 2022).

Method: Participants participated in online support groups facilitated by a trained clinical psychologist. Self-report questionnaires were applied online at baseline (T0), post-intervention (T2), and at follow-up (T3, after 4-6 weeks). Sociodemographic variables, satisfaction (Client Satisfaction Questionnaire-8), negative effects (Negative Effects Questionnaire) and perceived positive and negative outcomes of the intervention as well as participants quality of life (World Health Organization Quality of Life assessment) were assessed.

Results: In total, N = 32 students completed the program, of whom 71.9% were doctoral students. Participants reported high satisfaction with the program at both T2 (M = 28.66, SD = 3.02) and T3 (M = 27.91, SD = 3.02). They reported they could learn from other participants' experiences (T2: 90.6%; T3: 84.4%), and felt encouraged to take better care of themselves (T2: 68.8%; T3: 75.0%). From baseline to T2, physical, psychological, and environmental domains of quality of life showed a significant improvement (T0: M = 57.03–59.18; T2: M = 64.32–68.75, $p < .05$). Whereas none of the participants reported they had no benefit from the program, 28.1% reported experiencing some negative effects related to the intervention in T2, and 25.0% in T3. Nevertheless, participants were not or only slightly affected by these negative effects (T2: M = 0.41, SD = 1.01).

Conclusions: Considering that e-mental health is a recent practice in Brazil, the study was innovative in evaluating online support groups for graduate students, showing their feasibility, acceptability, and positive influence on participants' quality of life.

Poster 7: Internet-based cognitive behavioural therapy in women with postpartum depression: study protocol for randomized controlled trial

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Aim: The primary aim of this study is to investigate the efficacy of an Internet-based cognitive behavioural therapy (ICBT) program targeted women with postpartum depression measured by the change in depressive symptoms. The secondary aims are to evaluate the usability and client satisfaction with ICBT among women with postpartum depression.

Methods: This study is designed as a two-armed randomized controlled trial situated as a multicentre trial in 15 municipalities. It compares ICBT plus treatment as usual to treatment as usual alone in women with postpartum depression. The ICBT intervention comprises a newly developed ICBT program, which was developed from an existing Danish program for persons with depression, by Centre of Digital Psychiatry. The program was adapted to target women with postpartum depression. In the present study, we will evaluate depression symptoms with the questionnaire Edinburgh Postnatal Depressions scale. In addition, the program will be evaluated with The Client Satisfaction Questionnaire and The System Usability Scale. The treatment duration will be three months. Primary end-point is at three months post baseline, and there will be a follow-up six month after baseline.

Results: This study is very early in the process. The results of the pilot study will be ready May 2024 and results of the RCT will be ready by January 2026.

Conclusions: We expect to conclude whether ICBT as an add on to exiting treatment can be used as a step-cared treatment among women with postpartum depression.

Poster 8: Moderators and mediators of change of an Internet-based mindfulness intervention for college students: Secondary analyses from a randomized controlled trial

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Aim. According to existing evidence, depressive symptoms in college students can be effectively alleviated by internet- and mobile-based mindfulness interventions (IMIs). However, effect sizes are small. Knowledge about potential mechanisms could contribute to the further optimization of target groups and interventions, but is still scarce. Consequently, within this secondary analysis of data from a randomized controlled trial (RCT), potential moderators and mediators of the effectiveness of the IMI StudiCare Mindfulness were investigated.

Methods. Secondary moderation and mediation analyses were conducted with data gathered within an RCT that evaluated the effectiveness of the 7-module IMI StudiCare Mindfulness in college students (intervention group: n = 217; waitlist control group: n = 127). Assessments took place before (t0; baseline), 4 weeks after (t1; during intervention), and 8 weeks after (t2; post-intervention) randomization. Longitudinal mediation analyses was performed using structural equation modeling and depressive symptom severity was set as dependent variable. Moderation analyses was conducted via bilinear interaction models with depressive symptom

severity and mindfulness at t2 as dependent variables. All analyses employed intention-to-treat methods.

Results. In the mediation analyses, a significant full mediation of the intervention effect on depressive symptom severity through mindfulness was found (indirect effect, $a*b = 0.153$, $p < 0.001$). Number of semesters (interaction: $\beta = 0.24$, $p = 0.035$) was a significant moderator of the intervention's effectiveness on depressive symptom severity at t2, and baseline mindfulness (interaction: $\beta = -0.20$, $p = 0.047$) and baseline self-efficacy (interaction: $\beta = -0.27$, $p = 0.012$) were found to moderate the intervention effect on mindfulness at t2.

Conclusions. Based on our findings, it appears that mindfulness played a crucial role in mediating intervention effectiveness on depressive symptom severity. Moderation analyses indicated that the intervention led to an improvement in depressive symptoms and mindfulness, regardless of most baseline characteristics examined. To validate our results, further confirmatory trials will be necessary.

Poster 9: An Internet-based cognitive behavioral intervention for adolescents with anxiety disorders: a study protocol for a randomized controlled trial

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Aim: Anxiety disorders are the most prevalent mental health conditions among children and adolescents. However, less than 25% of children and adolescents with an anxiety disorder are estimated to receive professional help. Thus, it is of utmost importance to develop novel interventions that aim to increase treatment accessibility. The primary aim of this RCT is to examine the efficacy of an iCBT intervention for adolescents with anxiety.

Methods: The study is designed as a three-armed randomized controlled trial comparing iCBT with planned feedback, iCBT with on-demand feedback and a waitlist control, with 56 patients in each group. The participants in the two treatment conditions will receive 12 weeks of iCBT, while participants in the waitlist control wait for 12 weeks, before receiving iCBT with planned feedback. The participants in the two iCBT conditions will be randomized to get a booster session or not, 12 weeks after finishing treatment. The participants are adolescents between the age of 12 and 17 years, who lives in the Region of Southern Denmark, with an anxiety diagnosis. The primary outcome measure is the Youth Online Diagnostic Assessment - child and parent versions. Outcomes will be evaluated at baseline, post-treatment and at 3-, 6- and 12-month follow-ups.

Results: The results from the study will be submitted to high-status international and peer-reviewed journals, as well as presented at national and international conferences.

Conclusions: This study will allow us to determine the efficacy of iCBT in adolescents with anxiety, where parent involvement is emphasized as part of the treatment. The results from this study intends to enhance accessibility of evidence-based treatment for adolescents with anxiety.

Poster 10: Professionals' experiences of the use of An Internet-Based Parent Training Intervention with Telephone Coaching (SFSW) at Special Family Counseling Centers during the COVID-19 Pandemic

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Aim: The availability of evidence-based parent training interventions for children with disruptive behavior was dramatically reduced by COVID-19 pandemic restrictions and lock-down. This study describes from professionals' perspective how the Strongest Families Smart Website (SFSW) parent training program, with telephone coaching, provided support during COVID-19 pandemic at specialist family counselling centers in Helsinki, when restrictions made face-to-face counselling impossible.

Methods: The study focused on social workers and psychologists from the eight family counseling centers in Helsinki, Finland, where the SFSW-intervention was implemented for the first time during COVID-19 pandemic. Descriptive study design including three focus group interviews with eight professionals (three social workers and five psychologists) was conducted in March and April 2022. **Results:** Professionals described several benefits of using the SFSW-intervention during the COVID-19 pandemic restrictions when face-to-face services were impossible to arrange. They highlighted the importance of providing evidence-based parental support in other ways including digital methods. They thought that the program is useful for the large target group at Special Family Counseling Centers. The professionals were also competent to identify parents who would benefit most from the program. The program was also easy to integrate as a part of families' care plan. The professionals were also very satisfied with digitally delivered treatment because it lightened their work burden. In the future, more attention should be paid to the information of the content and structure of the intervention.

Conclusions: This study demonstrated that professionals can accept a new digitally-assisted intervention, the SFSW-intervention, relatively quickly when the implementation plan is carefully designed and conducted. Technology can provide effective alternatives to traditional face-to-face interventions and can overcome a number of barriers during crises, like the COVID-19 pandemic.

Poster 11: A personalised digital treatment for adolescents with eating disorders – qualitative study results and a pilot study protocol

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Aim: Eating disorders (ED) are a group of severe disorders difficult to treat. Thus, an increasingly use of technology-enhanced interventions targeting ED. There is still a lack of digital treatments targeting adolescents with ED. As part of the development and evaluation of a digital treatment for adolescents with ED we will present: 1) Results from a qualitative study aimed to explore adolescents needs regarding a digital treatment for ED. 2) A study protocol for a pilot study examining the feasibility and preliminary clinical efficacy of the novel unified digital treatment.

Methods: The qualitative study involved semi-structured interviews and were analysed using reflexive thematic analysis. Based on the needs of the adolescents we will explore the feasibility and preliminary effects of a unified digital intervention through a pilot study in a single-group pre-, post-

and 3-month follow-up design, including 30 adolescents aged 16 to 18 years with ED.

Results: The qualitative study included 16 adolescents aged 16-19 years with experiences from the treatment of ED. Main findings shows a need for personalised treatment aiming to increase self-awareness and improve emotion regulation skills. Further, a digital intervention has the potential to create treatment optimism, and reduce shame, stigma, and guilt. The pilot study will start January 2024. Feasibility outcomes includes recruitment, adherence, negative effects, treatment credibility and acceptability. Clinical efficacy outcomes include primary and secondary symptom severity and impairment.

Conclusions: These studies will demonstrate whether a personalised digital treatment for adolescents with ED is feasible and prove clinical efficacy for its future implementation.

Poster 12: Young ADHD: A qualitative study with focus on adolescents' needs, wishes and barriers related to ADHD and a digital intervention.

Maren Storetvedt¹ & Tine Nordgreen¹

1 Research center for digital mental health services, Helse Bergen HF

Aim: The aim of this project is to develop a digital intervention for managing ADHD in adolescents between the ages 13-16 years. We are applying a user-centered approach (Person-Based Approach) to make sure the intervention will be relevant for adolescents. The purpose of this qualitative study is to gain knowledge and insights about what the participants find useful and necessary in a digital intervention targeted towards adolescents with ADHD.

Methods: Between November 2022 and January 2023 we interviewed sixteen adolescents with ADHD between the ages 13-16 years. We applied Braun and Clarke's thematic analysis to analyse the interviews. The analysis will be finalized in the start of June.

Results: Preliminary results indicate that adolescents with ADHD wants a digital intervention that is simple to use and avoids text heavy mediation. The youths convey the importance of balancing their needs for help with the possibility to participate in decisions related to the intervention. Emotion regulation and managing school related skills (planning and organizing) are considered important areas to address in the intervention.

Conclusions: Preliminary analysis suggest that it is central to create an intervention that can be tailored to individual needs. User-friendly content and formats are crucial to promote treatment adherence and prevent distraction. Promoting active engagement with the intervention rather than making content for passive recipients is important to engage youths with ADHD in digital treatment. The intervention must be relatable, hold a positive view on ADHD and avoid stigmatization.

Poster 13: Perceptions from stakeholders in education on the benefit of integrating digital internet-interventions through whole-school access

Ashley Roberts, Grace Wohi^{1,2}, Dr Milly Hedges¹, Dr Lousia Salhi^{1,2}

1 Kooth Digital Health,

2 University of Kent, UK

Aim: A service evaluation of a five-month pilot in Pennsylvania, United States, examined the education stakeholder views of the implementation of a whole-school approach to digital mental health support.

Methods: A thematic analysis was conducted of open-ended survey data collected from 61 education stakeholders, including super intendants, principals, guidance counsellors and teachers.

Results: Four themes were identified through the thematic analysis of stakeholder

responses: (i) Improving Access, (ii) Utility of Digital Services, (iii) Acceptability of Digital Services, and (iv) Impact of Digital Services. The theme, Improving Access, represents the perceived opportunity for digital services to address the resource-need gap caused by insufficient resources available to meet increasing needs. iUtility of Digital Services is defined as the perceived usefulness of digital mental health features such as ease of access, 24/7 support, and anonymity, and iAcceptability of Digital Services is defined as the perceived suitability of digital services for young people as digital native users. Lastly, iImpact of Digital Services is defined as the perceived positive outcomes of school-integrated digital services, such as academic success and the prevention of future mental health difficulties.

Conclusion: Pennsylvania school districts face significant barriers to accessing mental health support for their students. Early findings from a service evaluation using thematic analysis suggest that education stakeholders perceive digital mental services as an opportunity to address access barriers, particularly in rural and low-income areas. Additionally, stakeholders find digital services useful and acceptable for young people. Lastly, education stakeholders anticipate positive outcomes from the integration of digital services within their school districts and increased access to mental health services.

Poster 14: Effectiveness of a smartphone app for digital aftercare of depressive symptoms in adolescents and young adults: the iCAN project and results from the pilot study SMARDY

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2 Friedrich Alexander University of Erlangen-Nürnberg, Erlangen, Germany

Objective: Although immediate follow-up treatment after hospital discharge is critical to preventing depressive relapse in youth, this task remains challenging. Internet- and mobile based interventions (IMI) show promising potential to overcome this challenge; however, adherence is lower than in face-to-face psychotherapy. To leverage this potential, we developed the iCAN-project. iCAN encompasses a chatbot assisted mobile app for self-guided CBT training and individual tele-coaching (30min/week); it is prescribed for three months at the end of the hospital treatment. Aims are to maintain inpatient treatment effects and to facilitate transfer to outpatient psychotherapy. With 30 psychiatric hospitals participating in a prospective RCT, iCAN is currently one of the largest IMI worldwide. Before the beginning of the RCT (May 2023) we investigated the effectiveness and acceptance of the iCAN app prototype in the pilot study SMARDY. The poster presents the iCAN-project and results from the pilot study.

Methods: In SMARDY, N = 40 adolescents (age: M=19.9, SD=3.58) with depressive symptoms (PHQ-9: M=15.9 SD=4.1) used the iCAN app prototype for two weeks. In contrast to iCAN, the iCAN app prototype was neither chatbot assisted nor accompanied by tele-coaching. Outcome measures were: depressive symptoms (PHQ-9), level of functioning (SDS adapted), positive and negative affect as well as valence (PANAVA-KS adapted). Effects were analysed using repeated-measures MANOVA and post-hoc tests.

Results: After two weeks, participants showed reduced depressive symptoms ($t(39)=5.565$ $p<.001$, $d_z=.880$), improved levels of functioning in the domains of work/school ($t(39)=2.117$ $p=.041$, $d_z=.335$) and social life ($t(39)=2.066$, $p=.045$, $d_z=.327$) and positive affect ($t(39)=-2.591$, $p=.013$, $d_z=.410$).

Conclusion: Results indicate that the iCAN app prototype is effective in reducing depressive symptoms as well as in improving level of functioning in work/school and social life. Limitations: No control group and small sample size due to the pilot character.

Poster 15: Digitally assisted parental training program for parents of children with ADHD

Linda Casagrande, Johanna Palmroth, Malin Kinnunen, Atte Sinokki, Kaisa Mishina

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric disorders in childhood and may include behavioral difficulties. Due to better recognition of ADHD, the number of diagnosed children has increased, but the treatment methods and the versatility of services offered to families do not meet the increased demand. Long waiting times, the lack of services, and regional uneven distribution of services all lead to unequal access to help. Parental training has been found to be the most effective way to prevent and treat behavioral difficulties in children and improve parenting skills. The content and structure of the program uses an evidence-based approach back by methods of digital remote treatment developed by the University of Turku Research Center for Child Psychiatry, Voimaperheet. The parental training program offers a method of low-threshold parenting support, which can be implemented uniformly throughout Finland and offered to as many parents as possible whose child has been diagnosed with ADHD.

The parental training program is a compact, psycho-educational initial information package about ADHD. The internet-based parental training program offers three weekly themes and telephone-coaching with a trained healthcare professional. The program contains information about ADHD and its symptoms, strengthening positive parenting skills and problem-solving abilities, encouraging the child, strengthening positive activities, anticipating future situations, and planning everyday situations and routines.

The pilot study will be conducted in 2023-2024. The pilot study will provide information about the use, acceptability, accessibility and feasibility of the program, aiming to further improve the parenting skills of families whose children have ADHD. Overall, we expect a positive development in parent-child relationships and a reduction in behavioral difficulties for the child.

Poster 16: Solutions for young people's mental health crisis - The power of digital service, network and cooperation

Satu Raappana, Saara Huhanantti, Sekasin Collective

Aim & methods: Sekasin-chat [Mental-chat] is a national chat service for 12–29-year olds. The chat supports mental well being and helps coping with mental issues and life crises. It is free, anonymous and confidential. Diagnose or referral is not needed. Conversations are one-to-one chats with a professional counselor or a trained volunteer. The basic idea is to help as many young people as possible working in cooperation across different organisations across Finland.

Results & conclusions: The Sekasin-chat was launched in 2016 and it has been very popular ever since. Volume of the service is exceptional in Finland as over 32.000 conversations come true every year and even four times more won't even get through from the queue.

The chat is available every day of the year from Mon–Fri 9–24, Sat–Sun 15–24. Extensive opening hours and scope of service are possible due to an exceptionally wide network.

Sekasin-chat started as a project but is now a permanent mode of operation and is organized by the Sekasin Collective. The Collective is coordinated by four big non-governmental organizations: MIELE Mental Health Finland, Finnish Red Cross, Finnish Federation of Settlement Houses and SOS Children's Villages.

In addition to coordinating organisations, there is a network that consists of over 50 cooperators from different NGOs, churches and cities. Over 500 trained volunteers work side by side with professionals. Volunteers attend 70% of all chat conversations, so this resource is critically important.

Based on the feedback from young people it does not matter if they chat with a professional or a volunteer. The most important thing is to be heard and taken seriously.

Poster 17: Feasibility and preliminary clinical effects of a novel mobile application targeting anxiety in adolescents

Smiti Kahlon

1 Research centre for digital mental health services, Haukeland University Hospital, Bergen, Norway

Aim. Anxiety is one of the most common psychiatric disorders and has an onset in early adolescence. The anxiety symptoms may be persistent into adulthood, leading to a poorer life quality and functional impairment. The goal is to develop a novel application targeting anxiety symptoms that may be implemented in primary health care. In this trial, the study investigates the feasibility and clinical effects of a novel mobile application.

Method. A total of 30 adolescents aged 13 and up to 15 years will be recruited through social media channels. The intervention is based on cognitive behavioral therapy and consists of a rule-based click chatbot, combined with therapist guidance with a duration of six weeks. Parent-reported and self-reported anxiety symptoms will be assessed at pre, week 2, week 4, post and follow up 1 and 3 months follow-up, and functional impairment at pre, post and follow-up.

Results: The recruitment of the study started end of April 2023, and is ongoing. Preliminary results of the study will be presented at the poster presentation. The data will be analyzed using linear mixed models.

Conclusion. If the study is feasible and shows promising results, the study will serve as a first step to a future randomized controlled trial.

Poster 18: Psychologists Experience in Providing Online Mental Health Services for University Students in Indonesia

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Online mental health services development in Indonesia is relatively new, especially for university students. However, since the COVID-19 pandemic, the number of online mental health services has increased due to government restrictions on in-person meetings. Using the internet and digital technology is expected to extend the scope and accessibility of mental health care, reduce costs, and minimize the stigma. However, the practice of its implementation in Indonesia still needs to be explored and evaluated. This study aimed to explore the experience of psychologists treating university students' mental health problems using online mental health services in Indonesia. Semi-structured interviews were conducted virtually with 11 psychologists in Indonesia. Data were transcribed verbatim and analyzed using thematic analysis. All psychologists reported the benefits of using online mental health services, despite the challenges to implementing them in Indonesia, such as those related to the internet connection and the infrastructures. Various delivery modalities have been used in implementing the services in Indonesia, such as videoconferencing, text messages, audio calls, email, apps, and web-based programs. Besides digital and technical skills as essential skills for psychologists, basic counseling skills in an online setting contribute greatly to the success of the online intervention. We also discovered that psychologists need to consider the intervention in the Indonesian context, such as incorporating religious and social aspects. The findings of this study

give us a better understanding of how online mental health services have been delivered to university students in Indonesia so far. Moreover, the results provide useful insights to guide the design of future online interventions in Indonesia.

Keywords: online mental health service, university student, psychologist, Indonesia

Poster 19: Smartphone-delivered sexual health promotion programs targeting older adults: user research, development, and testing

Cristina Mendes-Santos, Joana Couto¹, Ana Correia de Barros¹

1 Fraunhofer Portugal AICOS

Background: Sexual health is a core dimension of global health and quality of life, often hindered by aging. Yet, older adults' access to sexual health support is limited by geographical and organizational barriers and stigma. Smartphones may contribute to bridging this supportive care gap due to their intimate and ubiquitous nature. However, limited research focused on smartphone-delivered sexual health promotion programs, and no study targeted older adults.

Aim: This communication discusses the design, development, and testing of Anathema, a smartphone-delivered sexual health promotion program targeting older adults.

Methods: Drawing on mixed-methods studies conducted in the context of a European project, we will present user research insights gathered among various project stakeholders (i.e., older adults, healthcare professionals, and decision-makers) and illustrate how these findings influenced the design, development, and testing of Anathema.

Results: We will discuss how to tailor smartphone-delivered sexual health promotion programs to older adults' sexual health unmet care needs. We will also provide orientations on how to design, develop, and test such interventions in a usable and engaging manner.

Conclusions: By reflecting on Anathema's design, development, and testing procedures, we expect to inform and incentivize future research on smartphone-delivered sexual health programs capable of bridging the sexual health supportive care gap affecting older adults.

Poster 20: Multimodal Personalization with Shared Decision Making for StayFine: Individualized App-based Relapse Prevention for Anxiety and Depression in Young People

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Although the majority of young people with anxiety and depression disorders initially respond to CBT, many relapse after remission. Our group developed StayFine, an accessible app-based intervention aimed at preventing relapse of anxiety and depressive disorders in remitted 13-to-21-year-olds. The app is modular, to shape each intervention to the diverse residual symptom profiles of potential users. In this presentation, we describe the novel data-driven 4-step personalization approach to assign modules to 74 participants who took part in the StayFine intervention. The intervention consists of 6 modules, the first two – psycho-education and cognitive restructuring – and the last –

creating a relapse prevention plan – being fixed. In-between, 3 of 5 optional modules are assigned from enhancing positive affect, behavioral activation, exposure, sleep and wellness. The personalization approach contains four indicator groups: (1) prior diagnoses (diagnostic interview: past anxiety or depression disorders), (2) transdiagnostic psychological factors (self-report questionnaires: sleep quality, affect and wellness), (3) individual symptom networks (ecological momentary assessment of affect, thought and behavior via a two-week diary with six time-points per day) and subsequently (4) patient preference through shared decision-making with a trained expert by experience. The (in)congruence between data-driven advice and participant preference will be presented, as well as a critical evaluation of this multimodal approach.

Poster 21: Efficacy of an Internet-Based Intervention Program for Bereaved Individuals: A Pilot Randomized Controlled Trial

Samet Baş & Orçun Yorulmaz¹

1 Dokuz Eylul University, Department of Psychology

Prolonged Grief Disorder (PGD) has recently been recognized as a mental disorder (ICD-11 & DSM-5TR). It is very important for bereaved individuals to access effective treatments and specialists. Especially in geographies where sudden losses are experienced due to natural disasters such as earthquakes and floods, there is a great need for methods that minimize time and space limitations. Today, there are internet-based grief programs that are known to be effective, but a Turkish program has not yet been implemented. Within the scope of this study, an internet-based and therapist-supported prolonged grief intervention program was developed and initial findings were presented.

The intervention program consists of 10 written sessions and lasts 6-8 weeks. After each session, written feedback was given to the participants by the therapist. The feedback aims to motivate the participants and provide various suggestions and explanations about the grieving process. Forty-four bereaved participants at risk for PGD were randomly assigned to the intervention (n=22) and wait-list control (n=22) groups. Seven participants (32%) in the intervention group dropped out during treatment for various reasons. Self-report measurements were taken from at four different time points: pre-intervention, post-intervention, 1st and 3rd months following the intervention.

Completer analyses showed that compared to the control group, the intervention program resulted significant reductions in traumatic grief ($\eta^2p=.47$), global violations of meaning ($\eta^2p=.27$), depression ($\eta^2p=.47$), anxiety ($\eta^2p=.20$), and stress ($\eta^2p=.32$) symptoms. Treatment gains were also maintained at both follow-up measurements.

These results show that this internet-based intervention program can offer an important treatment alternative in reducing the prolonged grief and related psychological symptoms of bereaved individuals. However, it is clear that the intervention program needs testing in more representative and larger groups of bereaved participants.

Keywords: Internet-Based, Loss, Grief, Prolonged Grief, Intervention Program

Poster 22: DaydreamCatcher: a pilot RCT study of an online psychological intervention for Maladaptive Daydreaming in university students

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Aim: Maladaptive Daydreaming (MD) is a clinically-relevant dysfunctional cognitive process involving excessive uncontrollable fantasising present in university students. MD is associated with psychological suffering, functional impairment, and reduced academic performance, has high comorbidity with other emotional disorders, and poses a risk to successful academic and life progression. We question if the DaydreamCatcher - an internet-delivered cognitive behavioural (iCBT) intervention for university students designed to improve psychological suffering related to MD - is effective in reducing MD and aim to evaluate the feasibility, acceptability, and preliminary efficacy of DaydreamCatcher through a two-arm pilot randomised controlled trial (RCT) feasibility study with university students.

Methods: We will develop a two-arm, parallel, open-label, waiting list RCT of DaydreamCatcher with data collection on pre-, post-, and 3-month follow-up assessment points. After IRB approval, data will be collected from 52 university students (calculated on G-Power) through student networks and submitted to initial screening and telephone interviews to assess MD, whereafter randomisation to experimental (iCBT) and WLC groups will then follow. The main self-report measures to use are: clinical and sociodemographic questionnaire, European Portuguese validated Maladaptive Daydreaming Scale (MDS-16-PT), Patient Health Questionnaire (GAD-7), and Generalised Anxiety Disorder (GAD-7). The DaydreamCatcher Intervention will last between 5-8 weeks, consisting of the completion of weekly modules with text and video-based psychoeducation and CBT exercises, and will be accompanied by a weekly therapist text-based check-up through iTerapi. Posteriorly, Semi-structured interviews for qualitative feedback will occur following post-assessment in experimental group.

Results: We expect the experimental group to present significantly lower scores on clinical outcomes of MD, anxiety, and depression on post-assessment and 3-month follow-up compared to the pre-assessment of WLC group.

Conclusions: The preliminary effectiveness of the DaydreamCatcher is evaluated. The DaydreamCatcher is an iCBT intervention designed to improve psychological suffering and diminish MD symptoms.

FRIDAY SEP. 1st MORNING SESSION 10:40-11:10

Theme 2: Implementation, evaluation & effectiveness of digital mental health interventions

Poster 1: Digital self-care for problematic alcohol use – feasibility and optimization of guidance

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Aim: The aims are to develop a digital self-care tool for problematic alcohol use, to examine this tool's feasibility as a basic self-guided intervention, and then to gather information on the effects and efficiency of different forms of guidance added to the basic version of digital self-care in order to optimize the intervention.

Methods: An uncontrolled feasibility study (n=36) and a factorial experiment (planned n=300) comparing the addition of mid-treatment phone call and/or weekly written messages to the basic version of digital self-care. Main outcomes are based on alcohol consumption and clinician time spent on guidance.

Results: Preliminary results from the feasibility study and intermediate results from the factorial experiment will be presented.

Conclusions: A digital self-care tool for problematic alcohol use is a feasible treatment option even without any added guidance. Preliminary conclusions on what combinations of guidance that may be efficient additions to the digital self-care tool will be presented.

Poster 2: Internet-based and mobile interventions for prevention and treatment of mental problems: A systematic review of economic evaluations

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5 Centre of Health-Economic Evaluation, Trimbos Institute (Netherlands Institute of Mental Health and Addiction), Utrecht, Netherlands

Aim: In view of the staggering disease and economic burden of mental disorders Internet- based and mobile interventions (IMIs) targeting mental health problems have often been touted to be cost-effective, however the evidence is inconclusive. The aim of this review is to provide an overview of the cost-effectiveness of IMIs for mental health.

Methods: A systematic search was conducted using following databases: MEDLINE, PsycINFO, CENTRAL, PSYINDEX and NHS EED for trial-based economic evaluations. Randomized controlled trials published before 10/05/2021 were identified following the categories: 1) intervention, treatment,

prevention, or psychotherapy, 2) mental disorders, 3) internet, online or mobile-based and 4) economic evaluation. Quality was assessed using the Consensus on Health Economic Criteria (CHEC) list and the Cochrane Collaboration's tool for assessing risk of bias (RoB). Cost-effectiveness was assumed at or below £30,000 per quality-adjusted life year per QALY gained.

Results: Of 1093 studies, 35 economic evaluations were reviewed. Guided IMIs were likely to be cost-effective in depression and anxiety (N= 19). Guided IMIs for insomnia, stress and unguided IMIs for suicidal ideation had potential of being cost-effective, while the evidence- base for guided IMIs in obsessive compulsive disorder was not very firm. The quality of most evaluations was good, albeit with some risk of bias.

Conclusions: IMIs for anxiety and depression have potential to be cost-effective. However, robust conclusions about the overall cost-effectiveness of IMIs could not be reached given high heterogeneity across the studies regarding methodologies, interventions and comparators in a range of disorders and symptoms among various populations and age groups. More research is needed on unguided (preventative) IMIs with active control conditions and longer time horizon across a wider range of disorders. From an economic perspective IMIs for anxiety and depression can be recommended as additional treatment option.

Poster 3: Contextual Self-Efficacy Enhancement for Improving Adherence in Internet Interventions: Study Protocol for a Randomized Controlled Trial.

Magdalena Lesniewska¹, Jan Maciejewski², Per Carlbring³, Ewelina Smoktunowicz⁴

1 StresLab Research Centre, Institute of Psychology, SWPS University, Warsaw, Poland

2 Department of Psychology, SWPS University, Warsaw, Poland

3 Department of Psychology, Stockholm University, Stockholm, Sweden

Aim: In this study, we address the issue of low adherence to self-guided internet interventions. With established links between low adherence and unfavorable intervention outcomes, identifying modifiable factors that can improve adherence is crucial. While existing predictors have limited applicability, this study introduces the concept of context-specific self-efficacy, which has the potential to enhance adherence to internet interventions. We present a protocol for a randomized controlled trial to investigate whether enhancing internet intervention adherence self-efficacy improves actual adherence and intervention outcomes.

Methods: The protocol presents a 2-phased randomized controlled trial. In Phase 1, the effectiveness of adherence self-efficacy enhancing exercise will be assessed in comparison to a waitlist control condition (N = 216). In Phase 2, a two-arm trial will be conducted with 720 medical students, wherein all participants will receive a Med-Stress Student internet intervention to reduce job stress and promote well-being. However, the experimental group will be preceded by the self- efficacy enhancing exercise developed in Phase 1.

Results: We anticipate that the experimental group will exhibit improved adherence to the intervention and better intervention outcomes compared to the control group. These outcomes include decreased stress levels and increased work engagement, which will be measured at post-test, six-month, and one-year follow-ups.

Conclusions: If effective, enhancing context-specific self-efficacy may be suggested as a feasible strategy to boost participant adherence before any internet intervention. This innovative approach has the potential to advance the field of self-guided internet interventions and pave the way for more effective and scalable projects.

Poster 4: Implementation and Effectiveness of Digital Mental Health Interventions in Germany: A 3-Year Status Update

Dr. **Anja Zimmer**¹, Dr. Elena Heber, Prof. Dr. David Daniel Ebert², Anne Etzelmueller¹

1 HelloBetter, GET.ON Institut für Online Gesundheitstrainings GmbH

2 Technische Universität München, Psychology and Digital Mental Health Care

Aim: We examined the routine implementation efforts and success of digital interventions for mental health conditions in Germany after the introduction of a legal and financial framework for digital health applications (DiGA) in October 2020.

Methods: This systematic review of the German DiGA directory identifies routinely-implemented interventions to improve the treatment and management of mental health conditions. We summarise information on their effectiveness, barriers and facilitators of implementation, as well as user and health care practitioner (HCP) satisfaction with the interventions.

Results: Currently the DiGA directory lists 25 DiGA in the area of mental health for different indications: 7 for depression, 6 for anxiety disorders, 3 for substance abuse, 2 for sleeping disorders, 2 for eating disorders, and 5 for others (chronic pain, burnout, borderline, vaginismus). All DiGA need to be clinically tested in a randomized controlled trial, in order to be permanently approved. So far results indicate positive, small to large effects. These effect sizes are consistent with current evidence on the effectiveness and implementation of digital interventions for the addressed indications. Knowledge about the scientific evidence of a specific DiGA was identified as an important facilitator for HCPs to use and recommend DiGA and therefore their implementation process.

Conclusion: The introduction of the DiGA system in Germany has shown promising results for the implementation of digital interventions for mental health. However, the quality and depth of documentation on the interventions' effectiveness and implementation is still limited and varies from case to case. The German DiGA system provides a unique opportunity for studying real-world implementation and can serve as a model for other countries. Further research on DiGA effectiveness as well as user and HCP experience might support their successful implementation into routine care.

Poster 5: BLEND-A: blending internet treatment into conventional face-to-face treatment for alcohol use disorder

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Background: A major challenge to psychological treatment for alcohol use disorder (AUD) is patient non-compliance. A promising new treatment approach that is hypothesized to increase patient compliance is blended treatment, consisting of face-to-face contact with a therapist combined with modules delivered over the internet within the same protocol. While this treatment concept has been developed and proven effective for a variety of mental disorders, it has not yet been examined for AUD.

Aims: The study described in this protocol aims to examine and evaluate patient compliance with blended AUD treatment as well as the clinical and cost effectiveness of such treatment compared to face-to-face treatment only.

Methods: The study design is a pragmatic, stepped-wedge cluster randomized controlled trial. The included outpatient institutions (planned number of patients: n = 1800) will be randomized in clusters to implement either blended AUD treatment or face-to-face treatment only, i.e. treatment as usual (TAU). Both treatment approaches consist of motivational interviewing and cognitive behavioral therapy. Data on sociodemographics, treatment (e.g. intensity, duration), type of treatment conclusion (compliance vs. dropout), alcohol consumption, addiction severity, consequences of drinking, and quality of life, will be collected at treatment entry, at treatment conclusion, and 6 months after treatment conclusion. The primary outcome is compliance at treatment conclusion, and the secondary outcomes include alcohol consumption and quality of life at six-months follow-up. Data will be analyzed with an Intention-to-treat approach by means of generalized linear mixed models with a random effect for cluster and fixed effect for each step. Also, analyses evaluating cost-effectiveness will be conducted.

Discussion: Blended treatment may increase treatment compliance and thus improve treatment outcomes due to increased flexibility of the treatment course. Since this study is conducted within an implementation framework it can easily be scaled up, and when successful, blended treatment has the potential to become an alternative offer in many outpatient clinics nationwide and internationally.

Trial registration: Clinicaltrials.gov : NCT04535258

Poster 6: Space from Social Anxiety programme

Diarmuid Mc Laughlin¹

1 Silvercloud

This presentation will showcase the new SilverCloud Space from Social Anxiety programme. The programme was created as a blended intervention for individuals who are experiencing symptoms of anxiety associated with social situations. The programme intends to be used as an adjunct to therapy (complex social anxiety symptomatology). The presentation will share the development process (i.e. literature search, feedback from services, content writing, and technical development). It will show how content was developed based on current evidence base and guidance to facilitate their use as an adjunct to therapy by clinicians. It will also proceed to demonstrate how the content and design of the programmes come together to create a therapeutic space and experience for users and

clinicians. This will be achieved by taking the audience through the programme and exhibiting different tools, content, and functionalities.

Poster 7: Mental Health Promotion and Intervention in Occupational Settings for Kosovo SME Workplaces: Experiences from Pilot Phase

Naim Fanaj¹, Arlinda Cerga Pashoja², MENTUPP Consortium

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2 St Mary's University Twickenham, London, UK

Aims: Kosovo is a small low-middle income country. SMEs in Kosovo lack the resources to implement activities that support mentally healthy workplaces. Online interventions might therefore be a good opportunity for SMEs to address workplace mental health. The aim of the presentation is to present the main features of the pilot phase of MENTUPP Hub in Kosovo healthcare SME-s and discuss our experiences with this online workplace mental health intervention so far.

Methods: Questionnaire's and focus groups as methods were used to obtain a comprehensive understanding of key factors relating to the implementation of the MENTUPP intervention in healthcare SME workplaces.

Results: The EU Horizon 2020 funded project Mental Health Promotion and Intervention in Occupational Settings (MENTUPP) developed a comprehensive, multilevel online intervention for use in SME workplaces in Europe and Australia. The intervention targets clinical mental disorders (depression and anxiety disorders), non-clinical mental health problems (stress, burnout, depressive symptoms), and stigma related to mental health in the workplace.

The intervention is facilitated through the MENTUPP Hub and links to additional resources in an accessible and user-friendly manner. The MENTUPP Hub was tested in a pilot phase including 5 healthcare SMEs in Kosovo, as one of nine intervention countries. The pilot study took place over a 6-month period.

Conclusions: The pilot study revealed several factors as important for future online intervention designs, who are pioneers especially in low-middle income countries.

Poster 8: Effectiveness of an online intervention delivered to Mayan population of Yucatán, Mexico, during the COVID-19 pandemic.

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Aim: To evaluate the effectiveness of an online intervention aimed at decreasing symptoms of depression, anxiety, and fear of COVID-19 in an adult sample of the indigenous population of Teabo, Yucatan, in Mexico, a small village with a population of 6,921 participants.

Methods: A single group was included in this study. The intervention was composed of 6 videos in Mayan and Spanish that were delivered via WhatsApp. The participants were assessed before and after receiving the intervention. Further information can be found at <https://www.itlasgroup.com/maya-project.aspx>. A total of 18 participants completed the pre-and

post-assessment. Mean differences between pre-and post- test measures were analyzed through paired Wilcoxon's signed ranks test.

Results: The results reported statistically significant differences between pre-test and post-test measures of depression -3.50 ($p = 0.046$) and anxiety -3.00 ($p = 0.030$) symptoms. Size effects through Rosenthal's R were -0.47 and -0.51. No statistically significant differences were detected between the pre-and post-test evaluation for fear of COVID ($p=0.568$).

Conclusions: This is the first online intervention delivered to the indigenous population in Latin America. The results are promising; however, further improvements are needed for future interventions. Online interventions can provide access to mental health in indigenous populations where mental health professionals and other health services are scarce.

Poster 9: Efficacy of the web-based psychological intervention 'Personal COVID' for improving healthcare workers' mental health during COVID-19: A randomized controlled trial

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Aim. To evaluate the efficacy of 'Personal COVID' (available at www.personalcovid.com), an online psychological intervention developed for decreasing dysphoric symptoms of Mexican healthcare workers during the COVID-19 pandemic.

Method. A randomized controlled trial was conducted with two web-based conditions: therapist-guided versus self-applied. Participants were randomly assigned to one of the groups. Contents were the same for both conditions. Pre-and post-measurements assessed symptoms of depression, anxiety, sleep disturbances, burnout, secondary traumatic stress, and compassion satisfaction. T-tests for independent samples and Cohen's d -effect sizes were calculated.

Results. Twenty-one participants completed the intervention. In the therapist-guided group ($n= 12$), the intervention was effective reducing depression ($p= .028$, $d= 1.05$), anxiety ($p= .008$, $d= 1.31$), sleep disturbances ($p= .001$, $d= 1.50$), burnout ($p= .002$, $d= 0.65$) and secondary traumatic stress ($p= .015$, $d= 0.86$). In the self-applied group ($n= 9$), comparisons between pre-and post- measures showed mostly a symptom reduction, although there were not statistically significant.

Conclusions. A human's presence, even virtual, was a differentiating element of the online intervention. Future work should explore in-depth motivations and needs of healthcare workers for implementing attractive and effective interventions, especially in developing countries where mental health services are still scarce.

Poster 10: Digital interventions for addictive disorders: A comprehensive and systematic scoping review

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Aim: Addictive substances are prevalent world-wide, and their use presents a substantial public health problem. A wide range of digital interventions to decrease substance use and prevent related problems have been developed and tested during last decades. A systematic review was performed to comprehensively map the recent (2015-2022) literature on digital interventions for substance use problems and identify knowledge gaps.

Methods: Medline, Web of Science Core Collection, and PsychInfo were searched. Search terms related to alcohol, tobacco or other drug use, technology and aim were used to identify n=13,917 unique publications. Abstracts were screened manually in two stages and the abstracts of included publications were coded according to a custom scheme.

Results: Findings revealed an accelerating rate of publications in the field. Randomized trials were the most common design among the included n=3,056 studies. Several identified meta-analyses show that digital interventions can reduce substance use. Gaps in the extant literature were identified, e.g., support lacking for some types of interventions, unclear theoretical grounding of interventions, few health economic assessments, and limited research on video calls. Detailed coding was made difficult by inconsistent use of terms.

Conclusions: There are support for some digital interventions in reducing substance use, but the field is developing fast and several gaps in knowledge are important to address in future research and meta-analyses.

Poster 11: A mixed-methods study on motivation type in a sample of patients undergoing internet-based cognitive behavioral therapy for binge eating disorder - effects on adherence and symptom reduction

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Introduction: Motivation is an important factor in face-to-face therapy. However, little is known about how motivation type influences treatment effect in an online setting in general, and in patients with Binge Eating Disorder (BED) specifically.

Aim: This study set out to investigate how motivation type as per the Self-Determination theory would influence treatment adherence and effectiveness.

Methods: The 148 patients gave two written qualitative statements on why they were motivated for treatment and why they chose online treatment specifically.

The statements were condensed into quantitative thematic units via the condensation method. The themes were categorized according to the self-determination theory by Ryan and Deci.

These units were correlated with completion rate and outcomes on eating disorder symptomology. Completion was designated into three groups. Low completers >6 sessions, high completers 6–9 sessions, and full completers <10 sessions plus follow up.

The effect of the treatment on disordered eating was measured via the questionnaires Eating Disorder Examination Questionnaire (EDEQ) and Binge Eating Disorder Questionnaire (BEDQ).

Results: Figure for adherence will be produced for poster, no significance was found.

Conclusions: Perceived locus of causality and level of autonomy, did not affect level of adherence or outcome of treatment in either setting. This unexpected result suggests that internet-based therapy is less dependent on motivation types compared to face-to-face treatment.

Poster 12: Blended cognitive behavioral therapy for reducing psychological distress in polio survivors

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Background: Post-polio syndrome (PPS) is a neurological condition that affects polio-survivors decades after their initial infection. PPS symptoms include new or progressive muscle weakness, muscle fatigability, generalized fatigue, and joint and/or muscle pain. Although remarkably resilient, people with PPS reportedly have high emotional distress and depressive symptoms as compared to the general population. Likely, this high level of distress is due to the often traumatic disease history of polio, usually with functional limitations from a young age and coping strategies like extreme perseverance, denying physical limitations and refusal to share one's story with others or asking for help. Dysfunctional beliefs and coping strategies seem deeply rooted in the (family) history and identities of many polio survivors, which prevent them from making the changes necessary for adapting to successful rehabilitation interventions. An effective psychological intervention focusing on PPS-related distress is therefore highly desired.

Methods: We developed a blended cognitive behavioral therapy (CBT) for treating PPS-related distress, addressing trauma, dysfunctional beliefs and coming-out as a polio-survivor. With a mixed method design, we aim to assess the preliminary effectiveness of this program on distress symptoms (primary outcome) and on illness acceptance, wellbeing, fatigue, pain, and daily life functioning (secondary outcomes). Data of 15 participants will be collected at baseline (i.e. before start of the intervention, T1), directly after the intervention (T2) and at 3 months follow up (T3). Qualitative data on patients' experiences with the program will be collected after participants finish the program (at T2). We hypothesize that this 8-12 weekly blended CBT program is feasible, acceptable and effective in reducing PPS-related distress symptoms, improving illness acceptance, adjusting behavior and wellbeing, thereby reducing fatigue, pain and improving daily functioning.

Results: The first patients are now invited to participate. We will be able to present results in June 2024.

Poster 13: Blended psychotherapy in routine care – results of a qualitative study with participants of the project PSYCHOnlineTHERAPY

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Aim: Innovative approaches of blended psychotherapy (BT) combine the advantages of internet- and mobile-based interventions (IMIs) with those of face-to-face psychotherapy. The project PSYCHOnlineTHERAPY evaluates two versions of BT combining online-modules based on cognitive behavioral therapy (CBT) with on-site CBT sessions with a psychotherapist in German routine care. The aim of this study is to investigate participants' experiences with BT and its implementation in routine care.

Methods: Semi-structured qualitative interviews were conducted with N = 40/485 participants of the three- armed multicenter cluster-randomized controlled PSYCHOnlineTHERAPY study. Participants had a diagnosis of a depressive and/or anxiety disorder and were treated with one of two versions of BT. The interview guide was developed theory-based and contained questions on participants' motivation, expectations, effectiveness, mechanisms of change, scenarios of blending, functions of IMI and face- to-face elements, and side effects.

Results: The sample consists of n=28 female and n=12 male participants with a mean age of 39.2 (SD=14.1). A qualitative content analysis of the data is currently ongoing. Preliminary results of the study will be presented.

Conclusions: The results of this study will provide valuable insights into the practical implementation of an innovative approach of psychotherapeutic treatment from the perspective of participants. The findings on mechanisms in the application of BT can serve as a basis for the further development and implementation of BT into routine care.

Poster 14: Predicting drop out in routine internet based cognitive behavioural therapy for depression

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Introduction: On average, thirty percent of patients in internet based treatments do not complete the treatment program. The majority of studies predicting drop out have focused on baseline variables. While some consistent predictors have emerged (e.g. gender, education), they are insufficient for guiding clinicians in identifying patients at risk for dropout. For this, comprehensive models for prediction are needed.

This study aims to investigate:

- i) How much variance for drop out is predicted using baseline and sociodemographic variables?
- ii) Can we improve the model by including early response and program usage data?

Method: Data will be extracted from the depression treatment from a Danish routine care internet based cognitive behavioural therapy clinic. Sociodemographic data is collected upon application, and symptoms of depression and anxiety are measured at the start of treatment. Additionally, symptoms of depression are measured between each session. To determine early response, we calculate the individual regression slope for depression scores for each patient, during the first four weeks of treatment. Program usage data will be collected from the online treatment platform. Predictors for drop out will be examined in a step-wise logistic regression. The models will be compared based on adjusted R² and the Aikake Information Criterion.

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

Perspectives: In order to prevent drop out from treatment, we first need to identify the patients at risk for discontinuation. If a predictive model based on readily available data from the treatment can identify at- risk patients with sufficient accuracy, this could be an important first step to help clinicians identify which patients require extra support.

Poster 15: Patient Perspectives on Blended Internet-based and Face-to-Face Cognitive Behavioral Therapy for Alcohol Use Disorder: A Qualitative Study

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2 Region of Southern Denmark

Aim: The aim of this study was to investigate patient perspectives on a combination of internet-based cognitive behavioral therapy (iCBT) and face-to-face cognitive behavioral therapy (FtF CBT), referred to as blended cognitive behavioral therapy (bCBT) for alcohol use disorder (AUD). More specifically, to explore user experienced advantages and disadvantages of bCBT and user motivations for choosing to receive bCBT.

Methods: The design of the study was qualitative. Thirteen patients participated in semi-structured individual telephone and face-to-face interviews. The interviews explored their background, experiences with digital technology, motivations for choosing bCBT, and experiences with the iCBT program during AUD treatment. The interviews were audio-recorded and transcribed in full length and analyzed using thematic analysis.

Results: User experienced advantages of bCBT were increased anonymity and privacy as well as flexibility to the treatment course, enabling the patients to focus on their rehabilitation process at their own pace. The patients liked the availability of written text in the iCBT program and found it helpful for acquiring knowledge and information about AUD. They emphasized how the assignments could assist them in fully engaging themselves in treatment by firstly acknowledging to have a problem with alcohol and secondly to spend time for self-reflection prior to face-to-face sessions, leaving time for further discussions with the therapist. They liked the reminders they were given as these motivated them to perform their assignments.

Conclusions: Patients considered there to be more benefits than disadvantages by using bCBT as it offers the patient a form of assisted autonomy that cannot be captured by using solely iCBT or FtF CBT.

Poster 16: Digital interventions for the prevention of mental disorders and the promotion of mental health: an umbrella review and meta-meta-analysis

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Aim: Preventing mental disorders and promoting mental health is of global concern. In response, digital (app- or web-delivered) interventions (DI) for the prevention of mental disorders or promotion of mental health are on the rise. A large body of systematic reviews (SRs) and meta-analyses (MAs) shows that DIs are effective in various mental health domains. However, these SRs and MAs differ in their methodology and reported results, making it difficult to draw specific conclusions and point out implications for the practice of prevention and health-promotion. The objective of this umbrella review and meta-meta- analysis is thus to systematically aggregate and quantify meta-analytic findings of the effects of DIs on a broad set of mental health outcomes in non-clinical populations.

Methods: We will systematically search for SRs and MAs in PubMed, PsycINFO, and the Cochrane Library. SRs and MAs of randomized controlled trials will be included in our umbrella review if they pertain to non-clinical adult populations (P) and if they synthesized effects of DIs that are based on psychological techniques or physical activity (I) compared to any control group (C) on the outcomes depression, anxiety, suicide, stress, alcohol use, sleep, resilience or well-being (O). We will provide a narrative evidence synthesis for all outcomes. For outcomes for which sufficient data is available, we will conduct meta-meta- analyses.

Results: This is a study protocol of an umbrella review and meta-meta-analysis.

Discussion: On a high evidence level, our study will summarize the mental health effects of preventive DIs, in order to inform the practice of mental health prevention and promotion as well as future research.

Poster 17: Anthesis program: a randomized controlled trial of an Internet-based intervention for sexual distress

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Aim: High comorbidity rates among mental disorders have led to disagreements about the clinical benefits of a categorical approach to understand psychopathology. So, transdiagnostic processes, which usually explain high levels of distress, have been studied. Sexual distress experience is a mandatory criterion for sexual dysfunction (SD) diagnosis and is strongly associated with poorer physical and mental health and relational conflicts. There is high comorbidity between psychological problems and negative psychological processes in the etiology and maintenance of SD. These relationships suggest that a transdiagnostic approach will be an adequate intervention in sexual distress. However, people with sexual difficulties frequently have attitudinal, psychological, and sociocultural barriers that hinder them from seeking sexual health care. Online interventions may overcome these barriers. The study's aim is to answer the question: "Could an online intervention that uses the transdiagnostic approach effectively decrease levels of sexual distress?"

Methods: We intend to develop a pilot randomized controlled trial of two arms with a waiting list ($N \geq 30$), parallel, open, carried out through the internet. The eligibility criteria are: (1) understand Portuguese, (2) be above 18 years old, (3) be in a monogamous amorous relationship for at least six months, and (4) meet criteria for SD. Participants will be randomly allocated to Group 1 (treatment as usual) or Group 2 (waiting-list condition). Participants in both groups will receive the treatment in different time periods.

Results: We expect to reduce or eliminate the levels of sexual distress and help people to better regulate their emotions and increase quality of life and well-being (individually and as a couple).

Conclusions: Proven effective, this intervention will have enormous scientific and social relevance as it expands knowledge in sexual distress, which has been discredited in clinical interventions, and may help multiple people to promote sexual, physical, and mental health.

Poster 18: Clinical Sexologists' Perceptions of the Potentials, Downfalls, and Best Practices for Digitally Delivered Therapy

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Aim: Due to lockdown measures and their negative impact on people's lives, mental health system quickly shifted from face-to-face to online service delivery. Consequently, e-health has been studied. However, internet interventions are still underexplored in the clinical area of sexual problems. In this exploratory qualitative study, we explored sexologists' perceived difficulties, advantages, disadvantages, and suggestions to ensure the best practices on e-health in general.

Methods: We developed cross-sectional research by collecting data from a sample of 39 certified clinical sexologists (mean age = 48.59 ± 10.11). Four questions were used: 1) "What personal difficulties have you encountered in the practice of clinical sexology after the start of the pandemic?"

2) “Regarding internet-based intervention in clinical sexology, what do you consider an advantage of using it?”; 3) “Regarding internet-based intervention in clinical sexology, what are the disadvantages of using it?”; and 4) “Regarding internet-based interventions in clinical sexology, , what are the necessary measures and conditions to ensure good practice?”. The analysis followed the summative content analysis of Zhang and Wildemuth.

Results: An important difficulty reported was the implementation of e-health with vulnerable groups (e.g., older age groups). Most advantages were related to an increase in health service efficiency and user satisfaction (e.g., e-health does not involve travel time) also, people with disabilities can more easily attend clinical sessions since there are few physical barriers. Important disadvantages were related to limitations in establishing therapeutic alliances. Considering necessary measures for good practice, clinicians should receive training to be familiarized with e-health platforms and to know how to avoid being hacked. Following guidelines and codes of ethics with e-health therapies were also mentioned.

Conclusions:

We understood clinicians’ perceptions of the impact of the pandemic on sexual healthcare access and brought recommendations for good practice of sexual medicine with e-health.

Poster 19: Preliminary indicators of change in clinical measures in people suffering from gambling disorder who have received an online psychological intervention.

Díaz-Sanahuja, L., Paredes-Mealla, M., Suso-Ribera, C., García-Palacios, A., Bretón-López, J.

Gambling disorder (GD) is a non-substance-related disorder that has an important impact on different life areas. Although prevalence is increasing, the percentage of people suffering from GD receiving treatment is still low due, among other reasons, to shame and fear of stigma, geographical distance and accessible services difficulties, and/or time constraints. Information and Communication Technologies (ICT) can be a means to overcome those difficulties and improve the dissemination of evidence-based psychological treatments, such as those based on Cognitive-Behavioral Therapy, which is the first-line treatment chosen for GD. This study aims to show preliminary indicators of the progress on clinical outcomes of four pathological gamblers that have received an online psychological intervention between pre-test and post- test. The program includes eight modules based on CBT and extensions and innovations of CBT (motivation for change, psychoeducation, stimulus control and responsible return of debts, cognitive restructuring, emotion regulation, exposure with response prevention, and relapse prevention). It also includes brief therapeutic support (weekly phone calls) and an EMA/EMI tool. This study forms part of a broader study that presents a feasibility design. All participants (n=4) are male with a mean age of 38.75 (SD=8.85; range=26 to 46), 75% are married or in a relationship, and with university education studies. The primary outcome corresponds to gambling severity. Other relevant clinical outcomes affected will be considered (e.g., self- efficacy to cope with gambling urges, motivation for change). This study is in progress, and the analysis (e.g., percentage of change) and results will be reported in the poster.

Poster 20: A Randomized Controlled Trial of Attentional Control Training for Treating Alcohol Use Disorder

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Background: There is consistent evidence that community and clinical samples of individuals with alcohol use disorder (AUD) have attentional biases toward alcohol cues. The alcohol attentional control training program (AACTP) has shown promise for retraining these biases and decreasing alcohol consumption in community samples of excessive drinkers. However, there is a lack of evidence regarding the effectiveness of AACTP in clinical AUD samples. The main aim of this study is to investigate whether the effectiveness of conventional evidence-based pharmacological and psychological treatment for AUD can be enhanced by the addition of a gamified AACTP smartphone application.

Design and Methods: In this randomized controlled trial, a total of 268 consecutively enrolled patients with AUD will be recruited from alcohol outpatient clinics in Denmark. Upon initiation of treatment, patients will be randomized to receive either 1) a gamified AACTP smartphone application + treatment as usual (TAU) or 2) a gamified AACTP sham-control application + TAU. Alcohol attention bias, alcohol craving, and alcohol consumption will be assessed at baseline, post-treatment, and at 3- and 6-months follow-up.

Perspectives: Because attentional bias for alcohol cues is proportional to the amount of alcohol consumed, and these biases are not addressed within current evidence-based treatment programs, this study is expected to provide new evidence regarding the effectiveness of the gamified AACTP in a clinical population. Furthermore, due to promising results found using AACTP in community samples of excessive drinkers, there is a high probability that the AACTP treatment in this study will also be effective, thereby allowing AACTP to be readily implemented in clinical settings. Finally, we expect that this study will increase the effectiveness of evidence-based AUD treatment and introduce a new, low-cost gamified treatment targeting patients with an AUD. Overall, this study is likely to have an impact at the scientific, clinical, and societal levels.

Poster 21: Efficacy of an Internet-delivered cognitive behavior therapy for social anxiety in Portugal (PORTiSOFIE): What about the impact on relationship satisfaction?

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Aim: Social anxiety disorder (SAD) compromises intrapersonal and interpersonal functioning, namely relationship satisfaction. Internet-delivered CBT (iCBT) has proven to be efficacious in reducing social anxiety worldwide. However, in Portugal, iCBT for SAD has not been tested and, at an international level, intervention studies have systematically failed to consider the detrimental effects of SAD in intimate relationships. Subsequently, current knowledge fails to demonstrate iCBT impact on important intimate interpersonal outcomes, such as relationship satisfaction. In this sense, the current project aims to adapt and implement an iCBT protocol for SAD (iSOFIE) in Portugal and assess its impact on relationship satisfaction, a novelty in relation to existing knowledge, and a logical step based on theory and existing research.

Methods: We will use a mixed methods approach (qualitative and experimental). In study 1, we'll conduct a world cafe with CBT therapists, CBT researchers, and potential users, to culturally adapt iSOFIE to Portugal and reach a final version - PORTiSOFIE. In study 2, we'll implement PORTiSOFIE and test its efficacy. We will collect participants with SAD (N = 68) that will be randomly assigned into two groups: intervention and waiting list; they will complete measures to assess SAD symptoms and relationship satisfaction at pre, posttreatment, and at 6-month follow-up. Their partners must also agree to participate by completing measures regarding relationship satisfaction.

Results: We expect participants with SAD to decrease their anxious symptoms, and both participants and participant's partners report improvement in relationship satisfaction.

Conclusion: This project aims to have a significant social impact by expanding treatment resources for SAD through online modality, and by increasing knowledge on interpersonal variables and their association with SAD.

Poster 21: Processes of change in digital cognitive behavioral therapy for depression in patients with chronic back pain: Findings from a multicenter randomized clinical trial

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Background: While there is evolving knowledge on change processes of digital cognitive behavioral therapy (CBT) in the treatment of depression, little is known about how these interventions produce therapeutic change in the specific comorbid constellation of chronic back pain (CBP). Here, we examined whether the effects of a digital intervention to treat depression in patients with CBP are mediated by three pain-related variables (i.e., pain self-efficacy, pain-related disability, pain intensity).

Methods: This study is a secondary analysis of a randomized clinical trial conducted in routine care at 82 orthopedic clinics across Germany. In total, 209 adults with CBP and diagnosed depression (SCID interview) were randomly assigned to the intervention (n = 104) or treatment-as-usual (n = 105). Cross-lagged mediation models were estimated to investigate longitudinal mediation effects of putative mediators with depression symptom severity (PHQ-9) as primary outcome at post-treatment.

Results: Longitudinal mediation effects were observed for pain self-efficacy ($\beta = -.094$, 95%-CI [-0.079, 0.007], $p = .021$) and pain-related disability ($\beta = -0.068$, 95%-CI [-0.050, -0.000], $p = 0.047$). Furthermore, the hypothesized direction of the mediation effects was supported, reversed causation did not occur. Pain intensity did not reveal a mediation effect.

Conclusions: The results suggest a relevant role of pain self-efficacy and pain-related disability as change processes in the treatment of depression for patients with CBP in routine care. However, further research is needed to disclose potential reciprocal relationships of mediators, and to extend and specify our knowledge of the mechanisms of change in digital CBT for depression.

FRIDAY SEPT 1st AFTERNOON SESSION 15:00-15:45

Theme 3: Monitoring and Innovative Treatment Modalities

Poster 1: 360° nature video for relaxation: does the medium matter?

Sylvie Bernaerts¹, Bert Bonroy², Glen Debard², Marlon van Loo¹, Tom Van Daele¹*1 Centre of Expertise Care and Well-being, Research Group People and Well-being, Thomas More University of Applied Sciences, Antwerp, Belgium**2 Centre of Expertise Care and Well-being Research group Mobilab & Care, Thomas More University of Applied Sciences, Geel, Belgium*

Aim: Adoption of virtual reality (VR) in clinical practice is limited due to implementation barriers such as cost. This study, comprising two experiments, aimed to compare the efficacy and user experience of a 360° nature video for relaxation presented via VR headset and low-cost alternatives.

Methods: Both experiments had a between-subject design and were conducted in a student sample (N1=87, N2=61). The 360° video presented five nature locations. We compared the efficacy and user experience of three low-cost smartphone VR headsets (experiment 1) and, subsequently, the preferred headset out of these to a Meta Quest 2 VR headset and a laptop (experiment 2). In both experiments, pre-to-post changes in participant's tension (Profile of Mood States Questionnaire), level of relaxation (Visual Analogue Scale) and physiological measures (Empatica E4) were assessed. User experience was also assessed (User Experience Questionnaire). Additionally, in experiment 1, participants ranked all headsets on usability criteria.

Results: In experiment 1, all groups reported more relaxation and less tension after watching the 360° video, irrespective of the headset used. There were no significant differences in user experience between groups. The ranking questions, however, revealed that participants preferred the Bobo Z6 VR headset. In experiment 2, all groups reported more relaxation and less tension after watching the 360° video, irrespective of the medium used. Regarding user experience, both VR headset conditions were rated as more attractive than the laptop, and participants felt more attentive towards the VR headsets than the laptop. There were no differences in user experience between the VR headset groups. Analyses of physiological data are ongoing.

Conclusions: This study shows that using a low-cost smartphone VR headset can be as effective as a high-end VR headset to present a 360° nature video for relaxation, indicating that smartphone VR might be a feasible low-cost alternative for healthcare organizations.

Poster 2: Building Responsible AI for mental healthcare

Umar Nizamani*1 NiceDay International*

Advances in AI in the last decade have introduced incredible new possibilities for improving the care process. Meanwhile, healthcare rightfully requires strong accountability for all decisions made in the process and involves sensitive information about the people receiving care. In this talk, I will share some insights on what we at NiceDay have been doing over the last few years to responsibly move towards building AI solutions that can be used by actual professionals beyond a research setting.

About NiceDay: NiceDay is a digital workspace for therapists to provide effective and efficient care. Our evidence driven approach allows therapists to treat more effectively while giving clients all the tools they need to take control of their mental health. We are used extensively in the dutch public

healthcare by thousands of therapists with tens of thousands of patients being treated through our service.

Poster 3: Internet Delivered Cognitive Behavior Therapy Based on Intolerance of Uncertainty – A Pilot- Feasibility-Trial

Vilgot Huhn¹ Tove Wahlund, Erik Andersson, Erik Forsell

1 Karolinska Institutet & Region Stockholm

Background: Generalized Anxiety Disorder (GAD) is a common and debilitating anxiety disorder with a chronic course and a low rate of spontaneous remission. GAD is distinguished by a high degree of excessive worry about multiple subjects, as well as an experience that this worry is difficult to control. An influential model of how this excessive worry works in GAD is the Intolerance of uncertainty model.

Aim: Multiple studies have shown that ICBT for GAD is effective, but in Sweden implementation remains limited. In this pilot-feasibility-trial we have implemented a treatment protocol based on the intolerance of uncertainty model of worry at the internet psychiatry clinic in Stockholm. We aim to show that our treatment program is feasible and tentatively effective.

Methods: 21 patients with GAD have been included. The last patient is expected to complete treatment in May 2023. The treatment is a 10-week ICBT protocol consisting of 8 modules. Each patient has regular text-based contact with a psychologist.

Results: will be available by the time of the 7th ESRII conference 2023. We hope to show that the treatment is tentatively effective and acceptable, in order to then use it in our larger study comparing two GAD-treatments that will start in 2023.

Conclusions: Conclusions regarding feasibility and preliminary efficacy will be presented at the conference

Poster 4: Video-based psychotherapy: Findings from Germany's largest provider

Ina Beintner¹, Bernhard Backes¹

1 MindDoc Health GmbH, Munich, Germany MindDoc Health GmbH, Munich, Germany

Aim: While video-conferenced cognitive behavioral therapy (V-CBT) has shown promising results in clinical trials, data from routine care are still scarce. At MindDoc, patients with depression, anxiety disorders, eating disorders, and obsessive-compulsive disorders are treated with a combination of video-based psychotherapy and digital self-help.

Method: More than 5,000 patients have completed their treatment at MindDoc. Treatment effects have been assessed with both disorder-specific (PHQ-9, GAD-7, EDEQ, Y-BOCS) and transdiagnostic (FEP-2, AqOL-8D, WAI) questionnaires before, during, and after treatment. At regular intervals, we analyze pseudonymized patient data to contribute to the body of research on video-based psychotherapy.

Results: Completer-Analyses show significant improvements with medium to large effects ($d = 0.82$ to 1.20) on all measures over the course of treatment.

To be reported are also the results of intention-to-treat analyses with mixed longitudinal models, including subgroup analyses considering reason for treatment and duration of treatment as well as further findings on the quality of the therapeutic relationship and patient satisfaction.

Conclusions: During the COVID-pandemic, video-based psychotherapy has entered routine care. Even now, demand remains high. Data from naturalistic settings can help demonstrate that video-

based psychotherapy is more than an emergency solution, but is suitable for permanently expanding the treatment spectrum for those with mental illness.

Poster 5: Acceptability, feasibility, and user satisfaction of a virtual reality relaxation intervention in psychiatric outpatients

Sabrina Baldofski¹, Annika Humbert¹, Elisabeth Kohls^{1,2}, Carola Epple³, Christine Rummel-Kluge^{1,2}

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3 Lab E GmbH, Esslingen, Germany

Aim: The COVID-19 pandemic presented a particular challenge for people with pre-existing mental disorders. Many psychiatric face-to-face offers for outpatients were limited. Virtual reality (VR) offers the potential to support psychiatric outpatients by providing them with a relaxation tool that can be used independently. The purpose of this study was to investigate the acceptability, feasibility, and user satisfaction of a supportive therapy-accompanying, relaxation VR intervention in psychiatric outpatients during the pandemic.

Methods: The study was conducted between January and July 2022 in $N = 40$ patients with mental disorders receiving treatment in a psychiatric outpatient department. During the four-week VR intervention, patients were asked to regularly watch relaxation videos independently in their home environment. Sociodemographics, feasibility (frequency of use, user-friendliness), satisfaction, depressive symptoms, quality of life, and expectations of the intervention were assessed.

Results: Participants who used the VR device for ≥ 3 weeks ($N = 29$, 70.7%) were classified as completers and formed the final sample. The majority implemented the relaxation intervention during all four weeks and two or more times per week ($n = 26$, 89.7%). User-friendliness was described by almost all participants as rather easy or very easy ($n = 26$, 89.7%) and satisfaction with the intervention was high (ZUF-8: $M = 20.00$, $SD = 4.19$). Depressive symptoms were moderate before and after the intervention (T0: $M = 14.03$, $SD = 6.12$; T5: $M = 10.48$, $SD = 5.12$) and improved significantly in the pre-post comparison ($p < .001$). Further, psychological and physical quality of life improved significantly after the intervention compared to baseline ($p < .05$).

Conclusions: A supportive therapy-accompanying relaxation intervention using VR is feasible in a psychiatric outpatient setting and shows a high acceptance. The results on high satisfaction and user-friendliness suggest that VR can be an easy-to-implement relaxation tool to support psychiatric outpatients.

Poster 6: Healthcare professional perspective in using the quality label and recommending apps

Ieva Biliunaite¹, Laurens van Gestel¹, Marieke Adriaanse

1 Leiden University Medical Center (LUMC), the Netherlands

Introduction: Despite the rapid development of health and wellness apps, their regulatory system across Europe is fragmented, and use in clinical settings is limited. In response, the International Organization for Standardization (ISO) formulated a technical specification (nr. 82304-2) – a quality label stating quality requirements for apps. Despite its publication, the quality label has not been implemented yet. To evaluate its potential impact and use in a clinical setting healthcare professional view must be assessed.

Aim: the main aim of this research study was to evaluate the potential of the quality label on healthcare professionals' willingness to recommend apps.

Methods: the study was a pan-European mixed-method experimental vignette survey. Participants were randomized into two groups – quality label condition and no-quality label condition (between-subject factor). Then, participants were provided with six vignettes. Each vignette presented a different text-based scenario in which the type of patient (high versus low socio-economic background) and type of app (prevention, self-management, and healthcare) were manipulated (within-subject factors). Each vignette was followed by nine questions based on APEASE criteria (acceptability, practicability, effectiveness, affordability, side-effects, and equity). The main inclusion criteria for healthcare professionals were to be licensed to practice in the EU, EFTA, or Ukraine, be fluent in the English language, and be 18 or more years of age.

Expected results: study recruitment took place for 10 weeks, between January-March 2023. A total of 118 healthcare professionals filled in the survey. Currently, data is being analyzed. Study results will be ready by August 2023.

Discussion: study findings will guide further steps in quality label's implementation and in facilitating healthcare professionals to recommend high quality apps.

Poster 7: How we Integrated Acceptance and Commitment Therapy into SilverClouds Digital Mental Health Programmes to Support Individuals Living with long term Conditions.

Ciara Sears¹

1 SilverCloud Health

Aim: This oral presentation focuses on the development process of a digital mental health programme specifically designed for individuals with long term conditions (LTCs) with integrated Acceptance and Commitment Therapy (ACT) principles.

Method: A comprehensive review of the literature was conducted to identify the evidence base and best practice guidance to inform the clinical content of the interventions for people with LTCs. The development process also included collaboration with services and individuals with LTCs through user-centred design methods. The integration of research and feedback into the new programmes resulted in a tailored intervention for individuals living with LTCs.

Results: The new LTC suite incorporates evidence-based ACT principals and techniques delivered in an engaging and user-friendly manner. This presentation will discuss the rationale behind incorporating ACT principles to address the unique challenges faced by people living with a LTC. Features such as mindfulness exercises, cognitive defusion techniques and values-based goal setting are integrated into the programme. The programme works to facilitate psychological flexibility and adaptive coping strategies for individuals with LTCs. The programme does this using ACT principals such as self-compassion, acceptance and values-based goals which will all be explored in the presentation.

Conclusion: By sharing the development process, the presentation aims to highlight the importance of tailoring digital interventions for specific populations, and the potential of integrating ACT within digital platforms. It also emphasizes the importance of user centred and evidence-based design methodologies and how these can come together to ensure the programmes relevance and usability for individuals with LTCs.

Poster 8: Brain+ AlcoRecover: A Randomized Controlled Pilot-Study and Feasibility study of Multiple-Domain Cognitive Training using a Serious Gaming App for Treating Alcohol Use Disorders

Nicolaj Mistarz¹, Anette Søgaard Nielsen^{1,2}, Kjeld Andersen¹, Anneke E. Goudriaan^{3,4}, Lotte Skøt¹, Kim Mathiasen⁵, Tanja Maria Michel¹, & Angelina Isabella Mellentin^{1,2,5}

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5 Centre for Telepsychiatry, Mental Health Services of Southern Denmark, Odense, Denmark

Background: Patients with alcohol use disorder (AUD) exhibit deficits in various cognitive domains, including executive functioning, working memory, learning and memory, which may impede on the effectiveness of conventional treatment. Mobile health (mHealth) services are promising in terms of delivering cognitive training in gamified versions. Previous studies have focused on specific rather than multiple cognitive domains and overlooked the importance of assessing the effects of such training on clinical outcomes. Studies have yet to investigate the efficacy of multi-cognitive training with gamified elements delivered as an adjunct to conventional treatment in clinical AUD samples.

Aims: The aims of this study are to examine whether using smartphone-based, multi-domain cognitive training with gamified elements as part of conventional treatment for AUD indicate effect.

Methods: Patients from the alcohol outpatient clinic will be invited to participate in the study on a consecutive basis until a total of 60 patients have been recruited. The patients will be randomly assigned to one of two groups. The intervention group ($n = 30$) will receive smartphone-based, multi-domain cognitive training with gamified elements together with treatment as usual (TAU). The active control group ($n = 30$) will receive a sham version of the same cognitive training together with TAU. Cognitive outcomes will be assessed via the training application at baseline and post-treatment. Clinical outcomes will be assessed at baseline, post-treatment, and at six-month follow-up using the Addiction Severity Index.

Implications: It is anticipated that this study will provide tentative evidence for the effectiveness of smartphone-based, cognitive training as well as information about the usability and feasibility of this type of training. Since cognitive deficits are not addressed in current treatments for AUD, gamified, smartphone-based cognitive training may increase the effectiveness of current treatment for AUD as well as introduce more mHealth-based treatment that is accessible and cost-effective.

Poster 9: Exploring the acceptability of a novel digitally developed outcomes measure, the SWAN-OM, in face-to-face single sessions. Can digitally developed tools be just as applicable to face-to-face settings?

Louisa Salhi^{1,2}, Jenna Jacob³, Santiago de Ossorno Garcia¹, Aaron Sefi¹ and Julian Edbrooke- Childs³

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Aim: The Session Wants and Needs outcome measure (SWAN-OM 2.0) is an in-session goals tool and outcome measure, developed in Kooth, a digital mental health service, specifically to measure outcomes of single sessions. This project examined the acceptability of the 'SWAN-OM 2.0', in face-to-face services in the UK and in Kooth digital health, utilising a digital data capture platform to examine the acceptability and utility of the measure for non-digital services.

Methods: Data was collected as part of routine care in 3 face-to-face services and 1 digital service. The SWAN-OM 2.0 measure was deployed alongside additional questions directed to young people

and practitioners about the measure's acceptability in single sessions. Acceptability was examined through the completion rates of the measure.

Results: Early data (from 260 responses) indicates good acceptability in both face-to-face settings and the digital setting, with high proportions of users completing the measure (90.8% pre-session and 72.9% at post-session). Overall, pre and post-session measure completion times were rapid (pre=4 mins and post=2.5 mins) and thus are suitable for single sessions. Young people demonstrated some preferences towards certain SWAN-OM 2.0 items. Additionally, comparisons will be made across face-to-face and digital settings, but early data suggests similar levels of acceptability and utility.

Conclusions: The SWAN-OM 2.0 shows promise to be acceptable and valid for use in both digital and face-to-face settings, initially created in the digital setting alone. This is a good example of how a measure can be developed in the digital mental health environment and taken to the wider mental health settings, providing service users with appropriate tools that support their sessions, not only provide outcomes.

Poster 10: eMeistring Health and Work - a feasibility study of a transdiagnostic treatment for people on sick-leave caused by common mental disorders.

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1 Solli District Psychiatric Centre, Nesttun, Norway

2 Research centre for digital mental health, Haukeland University Hospital

3 Vinderen District Psychiatric Centre, Diakonhjemmet Hospital, Oslo, Norway

Aim: To explore the feasibility of a trans-diagnostic, digital, work-focused therapy and how it is experienced by patients and therapists.

Methods: A feasibility study was conducted across five secondary mental health care centres in Western Norway during 2022. 15 patients, aged 18-65 with common mental disorders were included. All were recruited via ordinary referrals in accordance with the national rules of priority. The treatment was delivered as a digital, guided self-help program lasting 10 weeks. A transdiagnostic understanding of CMD guided the development of the program. Principles and tools from Work-Focused CBT were used to address sick-leave and return to work. Qualitative data was collected using audio recordings and analysed using NVIVO v.27.1.0. Data on adherence and use were automatically collected in the program. All quantitative data were analysed using SPSS v.29.0.

Results: Sick leave was reduced from 75% to 32%. Average degree of completion was 71%. Participants experienced the treatment as motivating and efficacious in the areas of work, interpersonal relationships and in creating new ways to handle difficulties.

We found large and significant changes on Return-to-work self-efficacy (RTWSE-11, d: 1.03 p: .005), Depression (PHQ-9, d: .74 p: .008) and quality of life (RAND-12, 1.18 p: .004).

Conclusions: The feasibility study shows promising results on return to work and outcomes related to the ability to stay in work over time. Most participants experienced the program as feasible and effective. Further study of eMeistring – health and work therefore seem warranted.

Poster 11: Direct and indirect effects of MindDoc on mental health: Improvement of patient empowerment and self-management skills may substantially mediate effects of unguided mental health apps.

André Kerber¹, Charlotte Michel², Ina Beintner³, Sebastian Burchert¹, Christine Knaevelsrud¹

1 Freie Universität Berlin

2 Ruhr-Universität Bochum

3 MindDoc Health GmbH

Aim: Mental illnesses represent an enormous burden for affected persons and the health care system. Nevertheless, a large treatment gap exists due to structural and intrapersonal barriers. Smartphone interventions are effective interventions for mental health problems and offer immense potential, especially in primary care. However, research on underlying mechanisms of action, such as overcoming within- person barriers, is the subject of this paper using data from the transdiagnostic mental health app MindDoc.

Methods: Using longitudinal data from three measurement time points, two path models were used to analyze efficacy and mechanisms of action for direct and indirect effects after eight weeks (N = 415) and six months of MindDoc use (N = 518) on psychopathology and quality of life in people with mental health problems. Health literacy, positive help-seeking attitudes, empowerment/self-management, and help-seeking utilization were examined as potential mediators.

Results: MindDoc usage led to significant increases in empowerment/self-management. It also showed positive effects on improved psychopathology and indirectly on increased quality of life. Empowerment/self-management proved to be a significant mediator of the effect of MindDoc use on psychopathology symptom reduction and quality of life enhancement. Furthermore, effects of MindDoc use on health literacy and on positive help-seeking attitudes, and of the latter on psychopathology, emerged, but were less robust.

Conclusions: The effectiveness of MindDoc use on improved mental health was ascertained. This effect is partially mediated by improved empowerment/self-management as a mechanism of action. Improvements of help seeking behaviour and attitudes were also associated with the usage of MindDoc but the effects were less pronounced. In the future, more targeted content promoting empowerment and self-management may maximize the effects of unguided smartphone interventions on mental health.

Poster 12: Standalone smartphone apps for mental health – an updated systematic review and meta-analysis

Jennifer K. Kulke, Kiona K. Weisel, Lukas Fuhrmann, Matthias Berking, David Daniel Ebert

Aim: Apps for mental health are increasingly available and promoted as being able to alleviate mental health burden. However, previous meta-analyses found only few randomized controlled trials (RCTs) had been conducted to evaluate the efficacy of such applications. While smartphone-based interventions have been found to reduce symptoms of depression and anxiety, the results for other mental disorders remain unclear. Therefore, the aim of this study is to identify RCTs evaluating apps for mental health and assess their effectiveness based on the meta-analysis by Weisel et al. (2019).

Methods: A literature search was conducted on RCTs examining the effectiveness of standalone smartphone apps for mental health in adults with heightened symptom severity compared to an inactive control group until 2022. A random-effects model was applied in the analyses. When insufficient comparisons were available, data were summarized in a narrative synthesis.

Results: Preliminary results are based on 55 included RCTs targeting depression (k = 22), anxiety (k = 17), substance use (k = 9), insomnia (k = 6), PTSD (k = 6), self-injury and suicidal behavior (k = 4),

eating disorders, OCD, schizophrenia and body dysmorphic disorder ($k < 3$, respectively). Pooled effects on depression, anxiety and sleep were significant. No significant pooled effects were found for

substance use, PTSD and self-injury and suicidal ideation.

Conclusion: With this meta-analysis the current state of RCTs on smartphone apps for mental health is updated and presented. Possible research gaps can be identified and used for the development of evidence-based smartphone interventions aiming at alleviating mental health burden.

Poster 13: 'Flexibility In The Workplace': An ACT-Based Internet Intervention Aiming to Support Physicians' Psychological Health

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Introduction: Psychological burden of healthcare workers has increased after the COVID-19 pandemic, and the need for support systems that can help healthcare workers maintain their psychological well-being has reached a high level. Internet-based interventions may be beneficial for healthcare workers having work-related problems due to its flexibility, accessibility, anonymity and acceptability. This study aims to evaluate effectiveness of an iACT program named Flexibility in the Workplace which has developed for this study. The program is comprised of psychoeducation about ACT model, and adaptation of six core components of psychological flexibility to physicians work-related problems.

Method: The participants are physician assistants, physicians and general practitioners within the first 10 year of professional life. They were assigned two different conditions (treatment and control) randomly, The treatment group receives 8-week self-guided iACT program while the control group receives 8-week psychoeducation. Professional quality of life, stress level and psychological flexibility were measured at baseline, post-treatment and follow-up. Written feedback of the participants was also gathered at the end of every session to discover their personal experiences.

Results: This is an ongoing study and 35 participants enrolled so far. Multivariate analysis of variance (MANOVA) with repeated measurements will be performed and results will be presented.

Conclusion: Internet interventions could reduce the psychological burden of healthcare workers, but only who prefer to enroll it. The high drop-out rate is an issue that should be considered for this sample. Yet, this study allow us to determine the effectiveness of a self-guided iACT program in healthcare workers, optimization studies might improve the program with regard to make it more preferable for healthcare workers.

Keywords: internet interventions, self-help, healthcare workers.

Poster 14: Exploring participants' opinions after participating in a low-effort internet intervention delivered with Meta's Messenger chatbot (Stressbot): A qualitative study

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Aim: Despite their efficacy and cost-efficiency, self-guided internet interventions suffer from low adherence and high dropout rates. This indicates the need for new delivery formats to address

these issues. We propose an approach aiming to deliver accessible and easy-to-use programs. We designed a short, low-effort intervention delivered with a chatbot on Meta's Messenger (Stressbot). The aim of the intervention was to reduce stress and improve quality of life in university students through the enhancement of self-efficacy. In this qualitative study, we aimed to explore users' attitudes after participating in the Stressbot intervention.

Methods: We conducted this qualitative study as a part of an RCT testing the interventions' efficacy. At the posttest, participants were asked to evaluate Stressbot's user experience, notifications, effort, privacy, Messenger app as the delivery platform, as well as barriers and facilitators to participate and complete the intervention.

Results: The intervention was well-accepted. The majority of participants identified the privacy level as sufficient and stated that a Messenger chatbot was the most suitable format for receiving this kind of psychological support. Several barriers (e.g., notification deployment time) and facilitators (e.g., ease of access) were identified.

Conclusions: The Stressbot intervention was accepted pointing to the potential of both the low-effort approach and social-media messaging apps as means for delivering interventions. Identified facilitators and barriers provide insight for further development of similar interventions.

Poster 15: Finding your way in the app jungle: a Belgian database for welfare and mental health apps

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Aim The digital mental health and welfare field is quickly evolving, with new apps being released every month. There is also a growing interest from professionals, patients, governments and the general public in the use of digital technologies. Indeed, many studies have shown the potential of digital

technologies in the field of welfare and mental health. However, for social workers, psychologists, community workers, and other professionals, it is difficult to assess the quality of the thousands of welfare and mental health apps the App Store and Play Store. The aim of this study therefore was to bundle all relevant, high-quality apps currently available in Flanders (Belgium) in a online database.

Methods A screening framework was developed based on existing criteria and screening instruments from Belgium, the Netherlands, US and WHO, which was subsequently evaluated by a steering committee of 75 mental health and welfare organizations. Every app is screened on 9 criteria related to three central topics: (1) clarity: aim of maintaining or improving wellbeing or mental health, with clear target audience and contact options, (2) accessibility: user-friendly and transparency regarding costs of use, (3) reliability: relevant knowledge and expertise in the organization releasing the app, a scientific and/or relevant practical evidence-base, and accessible info on use of privacy and data protection.

Results The database 'onlinehulp-apps.be' is accessible for welfare and mental health care professionals, patients and the general public. By means of a solid search function, visitors can browse through a detailed overview of 144 apps. The database amassed a total of over 45000 unique visitors since its launch in January 2021.

Conclusion Online hulp-apps is the first database currently available in Belgium providing an accessible and up-to-date overview of relevant and high-quality apps.

Poster 16: Bridging the Detoxification-Treatment Gap: A Self-Guided Digital Intervention to Increase Post-Detoxification Treatment Among Individuals With Substance Use Disorders

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Aim: Inpatient detoxification offers a secure setting for alcohol and/or drug withdrawal, potentially serving as a vital step towards behavior change. Yet high relapse rates and frequent readmissions are observed, possibly due to low post-detoxification treatment rates. In the US, only 13-18% of patients receive treatment for substance use disorders (SUD) after detoxification. This two-phase project aims to (1) investigate the treatment gap and unmet patient needs following detoxification, and (2) develop and evaluate a self-guided digital intervention to increase the rate of patients initiating outpatient treatment after discharge.

Methods: To address our aims, we collected data for a registry-based study (N = 9,771) on patient transitions from inpatient detoxification to outpatient treatment and conducted qualitative interviews (n = 23) on patient-reported barriers to treatment. The next step is to develop a digital intervention, to be evaluated using an interrupted time series design. A simulation-based power analysis was performed to determine the minimum detectable effect size.

Preliminary results: Qualitative interview analysis identified treatment barriers such as competing priorities (e.g. work) and patients' perception of SUD care as not addressing their transdiagnostic treatment needs. Importantly, some patients experienced possible post-acute withdrawal symptoms (e.g. insomnia, anxiety) that hindered their ability to engage in face-to-face treatment. Digital support may mitigate some of these challenges. The power analysis, which considered 128 scenarios and 10,000 simulated time series per scenario, suggested a 1-year intervention at the clinic level would provide 80% power (given an alpha level of 0.05) to detect an absolute treatment rate increase of at least 2% or 3%.

Conclusions: To our knowledge, this is one of the first projects to evaluate a digital intervention for promoting post-detoxification treatment seeking. If successful, this potentially cost-effective intervention with minimal exclusion criteria could offer a sustainable, high-reach strategy to increase post-detoxification treatment in real-world SUD care.

Poster 17: Evaluating visual feedback of experience sampling data for mental healthcare practitioners

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Aim: Mental health problems cause an enormous burden on individuals and society. Obtaining precise insight into these problems and how and when they occur in an individual's daily life are crucial for diagnosis and treatment. The Experience Sampling Method (ESM) allows to capture and quantify people's thoughts, feelings and behaviors in daily life. Using a mobile-based ESM tool for more ecologically valid assessments, ESM holds great promise to inform and improve clinical practice.

However, ESM data are still primarily visualized for researchers and are therefore often not easy to interpret for therapists and their clients. As a solution, an online feedback system was developed in close collaboration with a multidisciplinary team. Part of the platform involves visualizations of ESM monitoring, which are a key component to bring evidence-based ESM within reach of actual clinical practice. To what extent such visualizations are able to assist clinicians in interpreting data, is however still unclear.

Methods: Forty mental health practitioners (in training) were enrolled to assess their ability to interpret the newly developed visualizations of ESM data. We manipulated three variables (i.e., interactive hover function, error-bars, and indication of significance) to determine their effects on interpretation. Practitioners were presented with example case studies and had to indicate correct statements based on the visualizations. Using the "think aloud" approach, we assessed whether the graphs were sufficiently intuitive for practitioners with limited time and experience to interpret.

Results: Participants, when receiving information about effect size and confidence intervals performed better in interpreting the visualizations and were more confident than when not receiving the information.

Conclusion: The results of this study will serve as a usability test for the newly developed ESM visualizations, offering concrete recommendations on how practitioners can derive statistically correct and clinically meaningful conclusions from ESM data.

Poster 18: Efficacy of a low-intensity internet-delivered psychological therapy in patients with multimorbidity in primary care: a randomized controlled clinical trial.

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Aim: The present study proposes to evaluate the efficacy of a cutting-edge and novel intervention, applied through Information and Communication Technologies (ICT) in Primary Care (PC), in a disorder of especially high prevalence, disability, loss of quality of life and health costs, such as multimorbidity between depression and type 2 diabetes mellitus or chronic low back pain.

Method: This was a multicenter randomized controlled clinical trial in two parallel groups. The patients included in the study were randomized among the two experimental conditions: a) blended (face-to-face and through ICT) low intensity psychological intervention + improved treatment as usual ('Intervention+iTAU') (n= 93); b) improved treatment as usual ('iTAU') (n= 90). The sample consisted of 183 patients, who were assessed at baseline, and at two follow-ups at 3 and 6 months from the start of the study.

Results: Patients in the 'Intervention+iTAU' condition showed significant improvements in depression severity, compared to the 'iTAU' group, at both follow-ups ($p<.001$). Similar results were achieved in the composite variable and the secondary variables negative and positive affect (PANAS), physical and mental health (SF-12) and openness to the future (OFS). However, pain-associated disability (Roland-Morris), pain intensity (FPS-R) and quality of life (EQ-5D) showed significant improvements compared to the 'iTAU' group at first follow-up, but were not sustained at 6-month follow-up.

Conclusions: The present research study supports the efficacy of a blended low-intensity psychological intervention in multimorbidity in PC. We strongly recommend to analyze the implementation of this type of intervention in routine clinical practice.

Poster 19: Facing our fears when they come out of virtuality. Augmented reality exposure treatments in anxiety disorders: A systematic review.

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Aim: There are many controlled trials focused on evaluating the efficacy of VR in the exposure treatment of different anxiety disorders (e. g., Gujjar et al., 2018). In fact, some meta-analyses focused on the evaluation of these studies are already available (e. g., Carl et al., 2019). However, the number of studies focused exclusively on AR is smaller and, to the best of our knowledge, there is no longer a systematic review or meta-analysis available. Given the differences between these two technologies, we consider it relevant to carry out a systematic review focused exclusively on those studies that evaluate the effectiveness and feasibility of AR in the exposure treatment of anxiety disorders.

Methods: Systematic searches have been carried out in PubMed, PsycINFO and Embase in April 2023 using all combinations of the terms (and variations) of two thematic blocks: "augmented reality" and "exposure treatment".

Results: A total of 432 results have been obtained after deduplication. The screening process is currently underway by two independent reviewers. The complete results of the qualitative review will be available for presentation at the congress. The main research questions that will guide this work are the following: On which anxiety disorders has AR been applied to carry out the exposure treatment? Is AR a sufficiently effective technology to carry out exposure treatments in anxiety disorders compared to in vivo exposure? What different AR technologies exist to date? What are their differences?

Conclusions: It is expected to observe that AR exposure treatment will show similar effectiveness results compared to in vivo exposure, however, in terms of feasibility and efficiency, AR is expected to show better results than traditional treatment. Finally, it is expected to observe different technologies based on augmented reality, which may vary depending on the particularities of each anxiety disorder.

Poster 20: Development and feasibility of a digital intervention for common mental health problems among older adults in Sweden and India

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Aim: Due to worldwide increases in longevity and falling fertility rates, the proportion of older adults (>65 years) in the world is greater than ever before. The purpose of this bilateral project is to develop the digital intervention Healthy Ageing with Mental Health (HAMH) in two different countries; Sweden and India. This intervention aims to provide prevention of common mental health problems among older adults (i.e. loneliness and depression, anxiety and symptom preoccupation, sleep disorders and addictive habits).

Research questions are:

1. Is HA-MH safe and feasible to use among older adults?
2. What is the experience of older adults using HA-MH?
3. What preliminary effect does HA-MH have on relevant outcomes (e.g. quality of life, depression, anxiety, sleep problems, alcohol use)?

Methods: In the project's first stage, focus groups, consisting of 6-8 stakeholders (i.e. older adults, caregivers, clinicians) in each country, will aid in the development of the intervention. In the project's second stage, feasibility trials will be conducted, where 75 older adults in Sweden and India respectively will be recruited. Further, 15-20 participants in each country will also be interviewed about their experiences using the intervention. The project will thus employ a "mixed methods" approach integrating quantitative and qualitative findings.

Results: This project will start in the fall of 2023, and results should be available in late 2024.

Conclusions: With this project, we aim to develop a digital intervention for older adults with milder symptoms of mental health problems that, when developed, could easily be implemented in primary care, geriatric clinics and other sites frequented by older adults in India or Sweden. The bilateral aspect of the project will provide insights into how digital interventions for older adults are best adapted to collectivist and individualistic cultures, where one central difference is the view on older adults.

Poster 21: Evaluating Usability and Explainability in AI-based predictive Decision Support Tools for ICBT

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Aim: (1) To ameliorate problems concerning use and acceptance of an AI-based clinical Decision Support Tool DST, by involving clinicians in the usability testing, development and implementation of the DST. (2) To evaluate how complementing the current DST prediction of a patient's final outcome with individual SHAP-values affects the therapist's experience of the DST and the clinical decisions they make,

Methods: The first study collected data of therapists' experiences of testing a beta version of an AI-based CDSS for ICBT, using mixed methods. User experiences were collected by:

- Having group sessions at the start and end of a test period, where therapists discussed different topics of a DST.
- Letting therapists fill out standard and customized user questionnaires.
- Having individual think-aloud-sessions with users/therapists. The second study is planned to evaluate how complementing the updated DST, from the first study, with individual SHAP-values affects the therapist's experience of the DST and the clinical decisions they make.

Results: The validation and usability testing of the beta DST showed that the basic concept was accepted by the therapists and important points of development were identified, like the importance of guiding how the therapists should interpret and act on the information given in the DST. Data collection in the second study will begin in the fall of 2023 and the main focus will be on how the added SHAP-values seems to affect the therapist's perceptions, interpretations, and decisions.

Poster 22: A digital medication adherence solution decreases treatment-related anxiety

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Introduction: Digital solutions can improve adherence to prescribed medication. This prospective observational study assessed the impact of the MEMS® digital solution (a smart button to record medication intakes and a companion mobile application) on medication adherence and treatment-related anxiety of patients under chronic medication.

Methods: Belgian French-speaking participants (>18 years old, owning an NFC-compatible smartphone, autonomously taking chronic medication) were recruited between October 2022 and March 2023. The MEMS® digital solution was provided for 3 months. Medication intake records, treatment-related anxiety, and data on acceptance of the solution were collected. Forty-five subjects were included, with treatment-related anxiety measured at baseline and after the 3 months of follow-up using a questionnaire. Eleven subjects were excluded from analysis (dropouts and technical issues).

Results: After 3 months with the MEMS® digital solution, treatment-related anxiety significantly decreased (42.9 to 35.4, $p=0.001$).

Discussion: The findings suggest that the MEMS® digital solution decreases treatment-related anxiety in patients taking chronic medication. However, limitations include potential biases associated to self-reported data. Future analyses will identify factors influencing acceptance and usage of the solution.