treatment. Based on these considerations, we developed the app Robin Z to support adolescents in psychiatric treatment. Robin Z is intended as an add on therapy-tool. It aims to assess symptoms in real time, offer help in coping with symptoms and everyday life and to support medication adherence. Despite initial encouraging research findings supporting the use of smartphone technology in psychotherapy, it remains unclear whether the consistent use of smartphone technology in outpatient clinics is practical outside of research projects. Thus, it is uncertain whether patients will engage with this technology over an extended period of time and whether clinicians will be willing to integrate this new technology into their routine. In view of these factors, it is crucial to evaluate the use of smartphone apps for their applicability, effectiveness, and efficiency in clinical routine. In our investigation, we want to address these questions and fill the gap between research and clinical practice.

Objectives: The aim of our evaluation is to identify barriers in clinical implementation plus to assess the usability and applicability of the Robin Z app in clinical practice.

Methods: We started the clinical implementation of Robin Z in four community-based outpatient services. We collected data of 27 adolescent patients and their caregivers (N=15) over a six-week period. They all completed questionnaires on user-friendliness and satisfaction. Further, user data about mood logs, symptom trajectories, achieved weekly goals and entries for positive reinforcement were gathered to examine the clinical impact of using the app.

Results: The clinical implementation and evaluation will provide data on feasibility, user-friendliness, clinical implication and satisfaction of patients and therapists with the smartphone app Robin Z.

Conclusions: Although many apps are available for young people with mental health problems, most of these have not been developed by professionals, and their effectiveness has not been evaluated. To the best of our knowledge, Robin Z is one of the first apps of its kind to be specifically developed by clinical experts as an additional tool to support psychotherapy for adolescent patients. The results of this evaluation are of clinical importance to the field of eMental Health. They will provide preliminary evidence of the clinical utility of the app. In addition, the results will improve our understanding of potential barriers and facilitators to using Robin Z for both patients and therapists.

Disclosure of Interest: None Declared

EPV0490

Deprexis® Acceptability study in REal life (DARE): study design

O. Amiot[1]*, A. H. Clair[2], P. Courtet[3], E. Fakra[4], V. Narboni[5], F. Gheysen[6], E. Haffen[7], D. Drapier[8] and L. Lecardeur[9]

[1]Groupe Hospitalier Paul Guiraud, Boulogne Billancourt; [2]ICM - Paris Sorbonne Université, Paris; [3]CHU, Montpellier; [4]CHU, Saint Etienne; [5]Ethypharm Digital Thérapy, Paris; [6]cabinet libéral, Caen; [7]CHU, Besancon; [8]CH Guillaume Regnier, Rennes and [9]consultant, Nice, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1820

Introduction: Depression is a leading cause of disability, worldwide. Recently, WHO highlighted the negative impact of recent crises (COVID-19 pandemic, war in Ukraine, economic crisis). Although most international guidelines recommend psychotherapies as first-line treatment of depression, access remains scarce in France due to limited availability of trained clinicians (notably those with CBT certification), high cost for patient in a context of non-reimbursement and fear of stigmatization (Coldefy M. HCAA, 2022/04,19). Therefore, online blended psychological treatment such as deprexis® could increase access to care for people with depression. It presents several advantages such as easy access, scalability, and a proven efficacy (Twomey et al. PLoS One. 2020;15(1):e022810).

Objectives: This study aims to test real-life acceptability of deprexis® for people with depression in France outside a reimbursement pathway.

Primary objective of this cross-sectional study is to measure acceptability of deprexis® a new digital therapy in France.

Questionnaire includes acceptability of deprexis® assessed with patient willingness to complete deprexis® course, reasons of refusal, when needed, demographics and depression characteristics.

The secondary objectives are to study 1/ acceptability according to type of center (Hospital based, Community Based or private practice) and type of practitioners (psychiatrists or psychologists), 2/ differences in acceptability according to severity's level (evaluated with PHQ 9), 3/ differences in acceptability according to administration or not of a treatment (including psychotherapy), 4/ differences in acceptability according to prescriber's profile (age, sex, place and type of practice), 5/ identification of reasons for refusal , and 6/ analyze refusal rate over time.

Methods: DARE is as a cross-sectional study in which deprexis® is suggested to any patient meeting the inclusion criteria over the fixed inclusion period June-December 2022

Inclusion criteria are: 1/ depression, 2/ age between 18 and 65 years, 3/ speak French sufficiently, 4/ access to Internet with a device to connect to deprexis® platform.

Exclusion criteria are diagnosis of bipolar disorder, psychotic symptoms and/or suicidal thoughts during the current episode.

All investigators received a video-based training on deprexis® before inclusion to make sure they all have same level of information and understanding on the program.

Results: The study is currently recruiting. Data will be available for EPA congress.

Conclusions: It is a first time a digital therapy is completing the current therapeutic options for the treatment of depression in France. Acceptability of this innovation by both patients and Healthcare providers is a first step.

DARE may allow to have a better understanding of the acceptability of a digital therapy in the treatment of depression in France and identify the different factors influencing it in a natural setting.

Disclosure of Interest: O. Amiot Consultant of: Ethypharm Digital Therapy, A. H. Clair Consultant of: Ethypharm Digital Therapy, P. Courtet Consultant of: Ethypharm Digital Therapy, E. Fakra Consultant of: Ethypharm Digital Therapy, V. Narboni Employee of: Ethypharm Digital Therapy, F. Gheysen Consultant of: Ethypharm Digital Therapy, E. Haffen Consultant of: Ethypharm Digital Therapy, D. Drapier Consultant of: Ethypharm Digital Therapy, L. Lecardeur Consultant of: Ethypharm Digital Therapy