

**Conclusions:** TP can improve mental health professionals' working conditions. The COD20 platform represents a valid implementation in mental health care. It is necessary to provide training and updated programs for healthcare workers in order to facilitate the use of TP tools.

**Disclosure of Interest:** None Declared

## EPP0830

### Telemedicine in Psychiatry: benefits and challenges of the the Home-Hospital Care system (COD20) project

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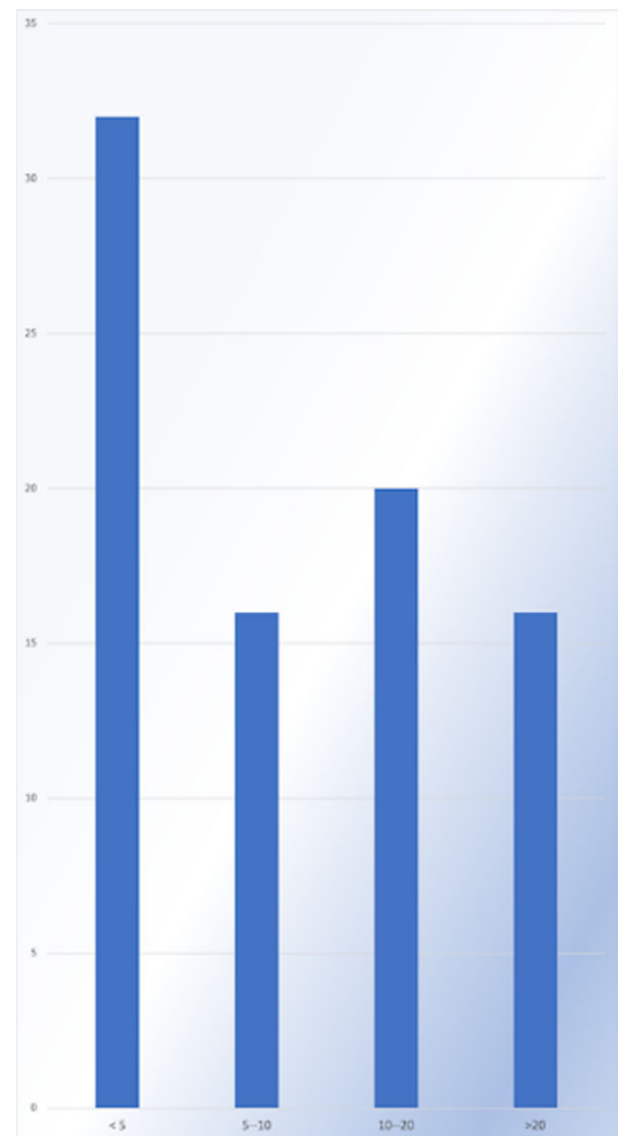
**Introduction:** Telepsychiatry (TP) is the use of telecommunication technologies to provide psychiatric assessment, diagnosis, treatment, and consultation. During the COVID-19 outbreak, TP has shown potential for connecting with people unable to access traditional in-person services, and also enabling patients to receive mental health care safely from home. The Home Hospital care system (Cure Ospedaliere Domiciliari; COD20) is a video consultation service developed by the University of Milan.

**Objectives:** We aimed at investigating the potential of Telemedicine (TM) in a sample of psychiatric patients.

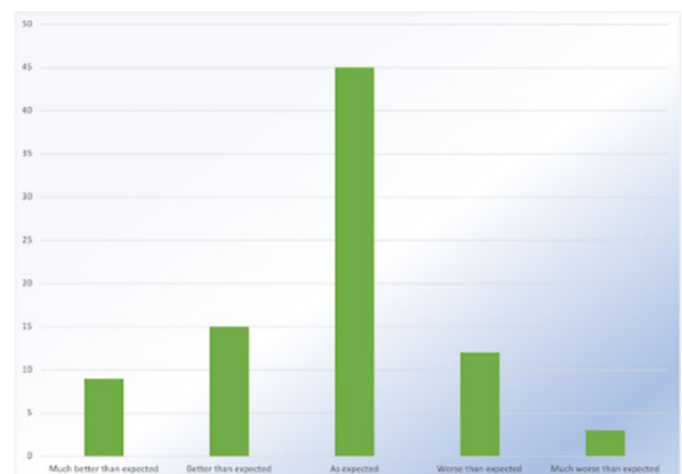
**Methods:** As of now, 208 consecutive patients of an outpatient clinic belonging to ASST Fatebenefratelli-Sacco in Milan were interviewed through an online anonymous survey. Data collected were sociodemographic, job position, educational level, digital skills and both satisfaction degree and ease of use of the COD20 tool. Data were analyzed using SPSS v.27.

**Results:** Among 208 patients, 87.7% had Internet access, 94.5% used a smartphone, 74% used a computer and 37% used a tablet. The levels of digital skills were considered intermediate-advanced in communication and information research for the majority of the cases. A high percentage of patients (80.8%) learned how to use electronic devices by themselves, while only 12.3% had an ECDL certificate. The most represented diagnoses were Mood Disorders (44.5%) and Anxiety Disorders (14%). The majority of the sample (54.8%) was visited using TM for clinical interviews: 24.7% of them used TM at least 10 times/year, and 19.8% more than 20 times/year. Among all the clinical interviews conducted using TM, 61% concerned psychiatric consultation, while 30% were dedicated to psychotherapy. The most used tool was the COD20 platform (21.9%): it was considered easy to use in 47.9% of cases, while 43.8% of patients would like to use it again in the future. The main reasons leading to the usage of TM were the difficulties in reaching the ambulatory (for 43.9%) and the workplace (for 30%).

**Image:**



**Image 2:**



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

**Disclosure of Interest:** None Declared

## EPP0831

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

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

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

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

System Usability Scale (SUS)

Credibility of analogue of therapy rationales

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

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

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

**Disclosure of Interest:** None Declared

## EPP0833

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

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

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

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

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

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

**Disclosure of Interest:** None Declared