due to cost and lack of time. Mobile therapeutic application based on CBT may be the answer to these barriers.

Objectives: The aim of the study was to test the effectiveness of mobile CBT in comparison with CBT in the face to face formula and in comparison with the control group, not receiving any intervention.

Methods: The face-to-face (ftfCBT) CBT intervention included 12 hour treatment sessions. Mobile CBT (mCBT; *UpBalance* smartphone application) included a therapeutic program analogous to the protocol used in the ftfCBT group. The content of the application was divided into short educational parts (in the form of videos, animations, articles and podcasts) and exercise parts available to the subject throughout the duration of the study. The study involved 90 subjects randomly assigned to three groups: ftfCBT, mCBT and control (randomization 1: 1: 1). Two measurements were made - baseline and after 12 weeks. The following questionnaire methods were used: the Thermometer of Distress, the Occupational Stress Questionnaire and the LBQ to measure burnout.

Results: In the initial measurement, no differences were observed between the ftfCBT, mCBT and control groups. After 12 weeks in the control group, there were no differences between the t0 and t1 measurements. In the ftfCBT and mCBT groups, an improvement was observed in both the reduction of the level of distress and the reduction of burnout symptoms. There were no differences in t1 between the ftfCBT and mCBT groups. A higher level of compliance was observed in the mCBT group than in the ftfCBT group.

Conclusions: A mobile therapeutic application focused on coping with occupational stress is an effective intervention improving the mental state of employees. Mobila digital cognitive behavioral therapy can also be a helpful alternative to classic psychotherapy and can respond to the unmet needs of employees in terms of access to therapy at a suitable time.

Disclosure of Interest: E. Wojtyna Grant / Research support from: National Centre for Reaserch and Development, A. Mucha: None Declared

EPP0055

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

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Introduction: Conventional healthcare records are generally inaccessible to service-users. 'Beth' is a digital tool in South London and Maudsley NHS Foundation Trust which allows service-users to self-monitor symptoms, set therapeutic goals, access aspects of clinical records and communicate with care teams.

Objectives: To explore service-user and clinician perspectives of Beth, and to understand how Beth might impact clinical care.

Methods: Service-user and clinician users completed an online questionnaire. Likert-scale and free-text response questions covered user experience, impact on clinical care and suggested improvements. N=26 service-users and 43 clinicians completed the questionnaire. Quantitative and qualitative analyses are presented.

Results: Service-users reported the most useful features were tracking sleep and mood, messaging their care team, logging coping strategies and viewing care plans, goals and upcoming appointments. A majority reported Beth improved clinical assessments and they would recommend it to others. Barriers to using Beth included navigational difficulties, lack of access to internet or hardware, needing to register for an account and forgetting to use it. Clinicians reported booking appointments, messaging service-users, sharing care plans and accessing mood diaries were the most useful features. However, many clinicians did not use Beth regularly. Barriers included difficulties using Beth, finding it time-consuming and reportedly poor service-user adherence.

Conclusions: Our findings highlight potential benefits of digital tools in mental health care, alongside numerous barriers and suggested improvements. Limitations include a small sample size and lack of objective user data. Future work may involve qualitative interviews, analysis of objective usage data and trialing improvements in service design.

Disclosure of Interest: None Declared

EPP0056

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

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Introduction: Problematic substance use is rising, and other mental health conditions like anxiety and depression correlate with substance abuse. Diverse interventions to reduce this effect are emerging. Supportive text messages offer the prospect of improving symptoms of drug misuse and other associated comorbidities.

Objectives: The study aims to evaluate the impact of the Text4Hope-Addiction program in mitigating craving, anxiety, and depression symptoms in subscribers.

Methods: Individuals self-subscribe to Text4Hope Addiction program by texting "Open2Change" to 393939 to receive daily addiction-related text messages for three months. Subscribers are invited via text message to complete online questionnaires which assess cravings, anxiety, and depressive symptoms using the Brief Substance Craving Scale, Generalized Anxiety Disorder-7 Scale, and Patient Health Questionnaire-9 on subscription (baseline), six weeks and three months. Data were analyzed using SPSS version 25 with descriptive and inferential statistics. Satisfaction responses were used to assess various aspects of the Text4Hope- Addiction program.