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Introduction: Work stress, anxiety and depression have an enormous impact on the well-being of employees, their employers, and society. Due to the loss of productivity, common mental disorders have a substantial economic impact. Major depression alone has been attributed to 50% of long-term absences from work, and depressive symptoms are related to lowered productivity while at work. Anxiety also contributes to loss of productivity and sickness absence. Treatment of common mental disorders in a work setting may improve symptoms, however, that does not automatically lead to improved work productivity. Addressing mental well-being at the workplace might improve work functioning, and digital interventions have been introduced with that objective. However, their evaluation in research has been limited.

The European Intervention to Promote Wellbeing and Health in the Workplace (EMPOWER) digital intervention is designed to provide and evaluate an integrative user programme that meets the needs of employees and employers in addressing work stress.

This work was supported by the European Union Horizon 2020 Research and Innovation Programme Health (grant number APP1195937, 848180). The EMPOWER project started 1.1.2020 and is currently ongoing.

Objectives: We aim to

- 1) describe the design and development of the digital intervention.
- 2) culturally validate the intervention in three countries
- 3) test the prototype and beta version for its usability in the RCT to evaluate its effect in four countries that is currently ongoing.

Methods: A user-centred design process was followed from January 2020 until November 2021 to create a beta version for usability testing. A tailored algorithm was developed to provide support at the individual employee level and the company level. Each element of the digital intervention was translated and culturally validated in four languages in Spain, the United Kingdom, Poland, and Finland. Usability testing was conducted in each country (n=31) to explore validity, usability, and user experience.

Results: The digital intervention consists of a website and a mobile application (app). The website has a public section and an employer portal that provides recommendations to reduce psychosocial risks in their company based upon clustered input from employees. The app provides algorithm-based personalised content after assessing a user's physical and psychological symptoms, work functioning, and psychosocial risk factors for work stress. The usability testing improved the flow through the app and high ease of use and completion of tasks by participants.

Conclusions: The EMPOWER digital intervention is a tailored multimodal intervention addressing wellbeing, work stress, mental and physical health problems, and work productivity. Usability testing provided validation of the app as version to be evaluated in the EMPOWER RCT.

Disclosure of Interest: None Declared

EPP0052

Internet-based cognitive behavioral therapy for prevention of depression during pregnancy and in the postpartum period

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Introduction: Prevention of perinatal depression beginning from the antenatal period is essential.

Objectives: This study aimed to investigate the effectiveness of recently developed internet-delivered cognitive behavioral therapy (iCBT) for preventing the onset of a major depressive episode (MDE) in the third trimester and at 3 months postpartum.

Methods: This is a two-arm, parallel-group, general-information controlled, randomized controlled trial. Participants were 5,017 pregnant women at 16–20 weeks' gestation without MDE at baseline. They were randomly assigned to an iCBT (intervention; n = 2,509) or general-information (control; n = 2,508) group, stratified by psychological distress at baseline. The primary outcomes were the numbers of new MDE onsets, measured using the World Health Organization Composite International Diagnostic Interview 3.0, at 32 weeks' gestation and at 3 months postpartum.

Results: New MDE onset was reported by 59 participants (2.35%) in the intervention group and 73 (2.91%) in the control group during follow-up. Compared with the control group, the hazard ratio (HR) of MDE in the intervention group was 0.85 (95% CI 0.61–1.20). Among participants who scored between 5 and 8 on K6 at baseline, 10 (1.37%) in the intervention group reported new onset of MDE, compared with 28 (3.81%) in the control group, and the HR of MDE was 0.38 (95%CI 0.19–0.79).

Conclusions: No intervention effect was found for iCBT in preventing new onset of perinatal MDE. iCBT might prevent perinatal depression only among pregnant women with subthreshold depressive symptoms.

Disclosure of Interest: None Declared

EPP0054

The effectiveness of a mobile therapeutic application in coping with stress and burnout

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Introduction: Excessive stress at work is a problem that leads to numerous complications, including the development of depression and burnout. A very important factor contributing to coping is a change in attitude to the situation at work. A helpful tool is Cognitive Behavioral Therapy. However, access to CBT is limited