EPP0132

Relational factors predict telepsychotherapy acceptance in patients: The role of therapeutic relationship and attachment

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doi: 10.1192/j.eurpsy.2022.448

Introduction: During the early months of the COVID-19 pandemic, patients receiving individual psychotherapy needed to transition to telepsychotherapy (TP). Since telemental health appears to be here to stay after the pandemic ends, it is crucial to understand factors that determine whether telemental health is a good fit for patients.
Objectives: The aim of the present study was to (1) explore patients' perception of the therapeutic relationship and attitudes towards TP, and (2) identify predictors of patients' TP acceptance.
Methods: We used a longitudinal design, where patients (N = 719) receiving individual TP during the pandemic participated in an online survey, in which they responded to demographic questions and completed measures of symptom severity, Covid-related distress, attachment style (avoidant/anxious), perceived quality of the therapeutic relationship (working alliance and real relationship), and TP acceptance.
Results: We found that (1) patients perceived the quality of the therapeutic relationship as reasonably good, and patients' TP acceptance was moderately high. (2) patients' TP acceptance was predicted by their attachment avoidance and their perception of the real relationship, whereas attachment anxiety, working alliance, as well as demographic variables, symptom severity, and Covid-related distress were unrelated to TP acceptance. The final model showed that perceived strength of the real relationship mediated the relationship between attachment avoidance and TP acceptance.
Conclusions: Both general (attachment) and situational (therapeutic relationship) relational variables are important predictors of patient's acceptance of TP, and should be considered during decision making about suitability of TP to patients.

Disclosure: No significant relationships.
Keywords: attitude; patient; Covid-19; Telepsychotherapy

EPP0131

Online Functional Metacognitive Intervention for Work-Performance Improvement in Adults with Attention Deficit Hyperactivity Disorder

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doi: 10.1192/j.eurpsy.2022.449

Introduction: Adult attention deficit hyperactivity disorder (ADHD) is associated with reduced work performance. Online interventions increase accessibility of services to clients by removing barriers such as physical distance, which may prevent care.

Objectives: This study aimed to assess the efficacy of an innovative functional metacognitive intervention for work-performance improvement of adults with ADHD.
Methods: This study used a wait-list control group design, with a study and a comparison group (total 46 adults, mean age of 35.65 years). All participants had been diagnosed with ADHD, worked at least 3 months at the same place, and were willing to improve their work performance. Intervention sessions were provided mostly online and focused on the adults' occupational goals in a workplace context. The intervention's efficacy was evaluated with a focus on participants' work performance (Canadian Occupational Performance Measure) executive functions (Behavior Rating Inventory of Executive Function-Adult), organisation in time (Time Organisation and Participation Scale), and quality of life (Adult ADHD Quality of Life Questionnaire).
Results: Participants' work performance, executive functions, organisation in time and quality of life significantly improved following the intervention. Their achievements were maintained through to the 3-month follow-up.
Conclusions: The online metacognitive functional intervention for work-performance improvement of adults with ADHD was found to be efficient and suitable for clinical use among this population. Future studies with larger samples and additional objective measures are needed to further validate these findings.

Disclosure: No significant relationships.
Keywords: Online Therapy; ; Work-Performance; Attention Deficit Hyperactivity Disorder

EPP0132

Assessment of functionality and scientific evidence of mobile health applications (mHealth apps) for people with dementia and their caregivers

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doi: 10.1192/j.eurpsy.2022.450

Introduction: There is a rapid increase in the use of mHealth apps to provide care and support to people with deminetia (pwd) and their caregivers.
Objectives: Functionality as well as scientific evidence of mHealth apps were analysed from a Health Technology Assessment (HTA) perspective
Methods: mHealth apps for pwd and their caregivers were identified in the app stores and assessed for functionality and methodological quality of the underlaying scientific evidence. Functionality was assessed with the *Mobile App Rating Scale-German (MARS-G)*, methodological quality of studies using the *Critical Appraisal Skills Program (CASP)* checklists.
Results: A total of 20 mHealth apps for were identified via systematic search in the *Apple App Store* and the *Google Play Store*. The

overall quality of the apps can be rated medium with a mean score of 3.38. Studies have been published for only 30% of the apps (n = 6). 13 studies were included in the assessment of methodological quality, but the app itself was the object of study in only 2 publications. In summary methodological weaknesses such as small group sizes, a short study duration and insufficient comparative therapy were frequent.

Conclusions: Our results demonstrate that the majority of apps is lacking reliable scientific evidence. To support pwd and caregivers as end users in their choice standardised HTA criteria has to be defined and applied for mHealth apps.

The *Digital Dementia Registry Bavaria (digiDEM Bayern)* is funded by the Bavarian Ministry of Health (No.: G42d-G8300-2017/1606-381).

PROSPERO Registration Number: CRD42021260309.

Disclosure: No significant relationships.

EPP0133

COVID-19 and the emergence of inpatient tele-ward rounds.

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doi: 10.1192/j.eurpsy.2022.451

Introduction: Telemedicine has been at the heart of healthcare system's strategic response to the COVID-19 pandemic. Within psychiatry, there has been a surge of research and guidelines into the use of video-teleconferencing to replace face to face consultations across clinical settings. Clinical ward rounds are central to inpatient psychiatric care yet little guidance is available on how best to integrate telemedicine into the multidisciplinary work of inpatient psychiatry.

Objectives: We report on the introduction of video teleconferencing for psychiatric ward rounds on our acute inner-London psychiatric unit during the outbreak of COVID-19.

Methods: In undertaking the rapid transition to tele-ward rounds, we had to reconcile the multiple functions of psychiatric ward rounds with the technological resources available to us.

Results: Tele-ward rounds helped simplify care delivery, facilitate multidisciplinary collaboration and improve accessibility for patients and relatives in a time of crisis. The transition to tele-ward rounds also brought about technical, operational and communication issues that may impact on the patient experience and quality of care including governance challenges, contextual dissonance and technological limitations.

Conclusions: The routine use of newer technology in psychiatry ward rounds is unlikely to succeed on the basis of improvisation, particularly given the stream of technical innovations in telemedicine, and the multifarious quality of social interactions in our clinical setting. Staff training and the development of an adapted etiquette and code of communication are both essential. Patient participation in future developments will also help ensure tele-ward rounds continue to meet the standards of high quality inpatient psychiatric care beyond the COVID-19 pandemic.

Disclosure: No significant relationships.
Keywords: Multidisciplinary team work; Ward rounds; telepsychiatry; Inpatient psychiatry

EPP0134

Sociodemographic characteristics associated with an eHealth system designed to reduce depressive symptoms among patients with breast or prostate cancer: a prospective study

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doi: 10.1192/j.eurpsy.2022.452

Introduction: Electronic health (eHealth) interventions integrate different elements of care in treating and preventing mental ill-health in patients with somatic illnesses. Identifying different sociodemographic characteristics that might be associated with higher perceived usability can help in improving the usability of these e-health interventions.

Objectives: This study aimed to identify sociodemographic characteristics that might be associated with the perceived usability of the NEVERMIND e-health system, comprised of a mobile application and a sensorized shirt, developed to reduce co-morbid depressive symptoms in patients with breast or prostate cancer.

Methods: The study included 129 patients with a diagnosis of breast or prostate cancer who received the NEVERMIND system. Sociodemographic data were collected at baseline. Usability outcomes included the System Usability Scale (SUS), the Mobile Application Rating Scale: user version (uMARS), and a usage index.

Results: The analysis was based on 108 patients (68 breast cancer and 40 prostate cancer patients) who used the NEVERMIND system. The overall mean SUS score at 12-weeks was 73.4 with no statistical differences among different sociodemographic characteristics. The global uMARS score was 3.8, and females scored the app higher than males (β coefficient= 0.16; p=.03, 95% CI 0.02 - 0.3). Females had significant lower usage (β coefficient= -0.13; p=.04, 95% CI -0.25 to -0.01) after adjusting for other covariates.

Conclusions: There was a higher favourability of the mobile application among females compared to males. However, males had significantly higher usage of the NEVERMIND system. The NEVERMIND system does not suffer from 'digital divide' where certain sociodemographic characteristics are more associated with higher usability.

Disclosure: No significant relationships.
Keywords: eHealth; Usability; Depression; mental health