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A stress-reduction eHealth intervention for healthcare workers: a pilot implementation study

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Introduction: Public health and policy require effective health strategies for diverse contexts. Despite numerous studies, a gap exists in translating knowledge to real-world scenarios. The RESPOND study's stepped-care intervention has shown efficacy in anxiety and depression among healthcare workers, recognized by the European Commission as a best practice. Conducting a pilot trial in Madrid, we aimed to address this research-to-practice gap.
Objectives: After evaluating a previous randomized controlled trial, we adapted our intervention for a primary care center in Madrid, implementing it over 5-6 weeks in November-December 2023. We used two strategies: remote delivery via app or website with weekly calls, and hybrid, with group sessions instead of calls.
Methods: Gathering data included sociodemographic (age, gender, and type of job), clinical (Kessler Psychological Distress Scale, K-10), and qualitative insights through interviews, to explore implementation outcomes from Proctor's model (Acceptability, Appropriateness, Feasibility, Fidelity, and some ideas for future large-scale implementation). We used mixed methods to analyse data. For the quantative data, we used descriptive statistics such as means, frequencies and percentages to describe the results. For qualitative data, interview transcriptions were analysed following thematic analysis guidelines.
Results: We included 17 out of 39 healthcare workers (44%) working at the primary care center, the sample included 8 doctors, 5 medical residents, 3 nurses, and 1 social worker. Only 3 were male. Over half chose the hybrid option, with 2 dropouts. Regarding clinical information, 88% of participants initially reported psychological distress, but after the intervention, this dropped to 66%. Participants found the intervention timely and appropriate, with an average satisfaction rating of 8 out of 10.
Conclusions: Preliminary findings show the intervention was well-received, and both strategies were successful, reaching a broad audience. Thematic analysis of the interviews is still ongoing. Preliminary results suggest that these strategies are appropriate /feasible for the Madrilenian healthcare system.

Disclosure of Interest: None Declared

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Recommendations for digital phenotyping using consumer grade wearable devices among people with severe mental illness: lessons from a systematic review of the literature

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Introduction: Digital wearable devices, such as smartphones and smartwatches, have shown potential for passively monitoring mental and physical health in individuals with Severe Mental Illness (SMI), such as schizophrenia and bipolar disorder. While research-grade devices are well studied, consumer-grade wearables could offer a more accessible alternative, though their utility in this specific context remains underexplored.
Objectives: We conducted a systematic review to assess the utility of data from consumer-grade wearables in tracking and predicting changes in mental and physical health among adults with SMI. We focused on passively collected physiological data, such as sleep patterns, physical activity, and heart rate. We sought to a) identify relationships between data streams and both mental and physical health outcomes and b) recommendations for future digital phenotyping research.
Methods: A systematic review of multiple databases (Cochrane Central Register of Controlled Trials, APA PsycINFO, Embase, MEDLINE, and IEEE XPlore) was conducted in May 2024. Studies that collected passive physiological data for at least three days were included. Narrative methods were used to synthesise results across three key phenotypes: physical activity, sleep and circadian rhythms, and heart rate. Studies using invasive, or research-specific devices were excluded.
Results: In total, 23 studies met the inclusion criteria, representing data from 12 distinct studies and more than 500 participants with SMI, mostly from high-income countries. The majority of studies used smartphones (N=15), with only eight utilizing smartwatches or other wrist-worn wearables. Eighteen studies focused on physical activity, 14 on sleep and/or circadian rhythms, and six on heart rate. We explore the findings of this study, focusing on practical recommendations for future research in the following areas: exploiting opportunities to promote physical health outcomes in SMI; greater standardization of reporting and methodologies; fine tuning longitudinal data collection and feature definition; and comparing alternative data analysis strategies.
Conclusions: Consumer-grade wearables hold significant promise for the passive monitoring of both mental and physical health in individuals with SMI, though current research focuses largely on psychiatric relapse prevention. The findings of this systematic review provide insights into research gaps and future research directions, including tackling physical comorbidities in this population.

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