EPV0767

Cognitive Adaptation Training for healthcare professionals & relatives: The development of a web-application through User Centered Design

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Introduction: Cognitive impairments often hinder daily functioning in people with severe mental illness (SMI). Cognitive Adaptation Training (CAT) is an effective psychosocial intervention that reduces this impact. However, barriers such as the two-day training and lack of neuropsychological expertise in some professionals hinder CAT implementation.
Objectives: To make CAT more accessible to healthcare professionals and relatives of people with SMI by developing a web application (House-CAT) that guides users through the intervention.
Methods: For the development, User Centered Design (UCD) is used: a design process where close cooperation with future users (healthcare professionals, relatives, service users) is important to make sure that their needs are met. Although UCD is circular and iterative, three phases can be distinguished: analysis, design, and evaluation. In the analysis phase, users' needs are identified and translated into design criteria. A testable prototype of House-CAT is created (design phase), followed by implementation and evaluation on efficiency, acceptability, and user-friendliness (evaluation phase).
Results: Three focus groups were conducted in the analysis phase: CAT-experienced professionals (n=5); professionals unfamiliar with CAT (n=4); and relatives (n=5). Further, individual meetings with family members (n=8), and professionals (n=6) were conducted. Design criteria included the app's ability to (1) support with setting up individual goals; (2) find personalized strategies or tools; (3) improve communication between professionals; (4) encourage cooperation between professionals, relatives, and service users; (5) be available in hybrid form; (6) use simple language. The design- and evaluation phase are currently in process: the web app and results from the evaluation phase will be presented at the conference.
Conclusions: House-CAT should support users in creating individual goals and personalized strategies, stimulate contact between professionals, relatives and service users, and be simple to use.

Disclosure of Interest: None Declared

EPV0768

Implementation of a Remote Primary Care and Psychiatry Model for Early Detection and Treatment of Depressive Symptoms in Adolescents

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Introduction: Psychopathology in adolescents is influenced by genetic factors, hormonal changes, individual vulnerabilities, and coping skills. Telepsychiatry has proven effective in improving access to mental health services.
Objectives: To implement a Remote Primary Care and Psychiatry Model (MAP/PSI) to facilitate early diagnosis and timely treatment of depressive symptoms in youths from the Municipality of Ciudad Fernández, San Luis Potosí, Mexico, using an implementation science approach
Methods: A prospective study was conducted with 38 patients evaluated in child psychiatry, using the PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalized Anxiety Disorder) scales. Non-parametric statistical tests were applied
Results: The sample included patients aged 15 to 25. Diagnoses included 8 (20%) with generalized anxiety, 8 (20%) with mild depression, 15 (35%) with moderate depression, and 9 (25%) with severe depression, who were referred to the general hospital due to suicidal ideation. 60% of patients were female and 40% male. The mean age was 20 years ±3, with mean scores on the PHQ-9 of 16 ±7 and on the GAD-7 of 13 ±6, reduced in the final consultation to 8 ±6 and 7 ±6, respectively. Increased symptom frequency was observed in females ($p < 0.044$) and older age correlated with higher initial PHQ-9 scores ($p < 0.034$), with no correlation to generalized anxiety ($p < 0.021$). No relationship was found between the duration of symptoms and improvement
Conclusions: The MAP-PSI model facilitated early detection and treatment of depressive and anxiety symptoms in youths, preventing progression to severe depression and its complications.

Disclosure of Interest: None Declared

EPV0769

Ecological Momentary Assessments: A Real-World Solution for Understanding Functional Challenges

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Introduction: Major Depressive Disorder (MDD) is the leading cause of disability worldwide, affecting individuals' functioning in various life areas. Prolonged residual functional impairment is one of the risk factors for recurrence. Moreover, symptoms severity and accompanying functional disabilities negatively impact quality of life (QoL) and personal well-being, affecting the recovery process of

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people with MDD and their reintegration into daily life. Therefore, restoring functional abilities is no less important than reducing symptoms.

Objectives: Recent changes in mental health policy have led to an expansion of client-oriented community-based services, focusing on preventing health problems and promoting QoL and well-being. A significant change can also be seen in depression evaluation and treatment, moving from traditional face-to-face therapy to hybrid care settings that incorporate remote or home-based treatments and assessments of everyday life.

While traditional assessments of symptoms and behavior often rely on questionnaires and interviews, they frequently miss the dynamic changes in daily functioning experienced by people with MDD. Clinicians primarily rely on patients' retrospective reports regarding mood, affective state, thoughts, and behavior. However, understanding and gaining insight into day-to-day experiences requires addressing dynamic processes and changes that occur over time, rather than in a single time point. Hence, **ecological momentary assessment** (EMA) is a powerful and effective technique for assessing moment-to-moment function patterns in daily life.

Methods: Advancements in technology have enabled the use of computer-assisted methodology and real-time monitoring EMAs. The methodological advantages, including the circumvention of retrospective bias and increased longitudinal and ecological validity, have facilitated the widespread use of EMA in mood disorder clinical practice. Nevertheless, addressing everyday functioning using EMA remains limited in clinical research and practice.

Results: Utilizing EMA can enhance our understanding of human experience, leading to human-centered research, design practice, and mental health care. It has the potential to reveal real everyday functioning and reflect the activities and contexts chosen and experienced by people with MDD. Addressing each patient's unique functional profile can facilitate personalized interventions, supporting the recovery process and improving QoL.

Conclusions: This presentation will review the benefits of EMA in the field of mood traits, and especially EMA monitoring for daily function. Additionally, it will present recent studies using EMA and discuss advancements and clinical applications.

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EPV0771

Digital Health in Psychiatric Aftercare – Evaluation of the App Flowzone for Bridging Waiting Times in Treatment of Depression

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Introduction: Since the risk of relapse is particularly high after completion of acute treatment of depression until remission, the guidelines recommend maintenance therapy or continuation over several months and subsequent relapse prevention. In contrast, average waiting time for further outpatient treatment after a part-time inpatient stay is 19.9 weeks in Germany. Digital health technologies can help to support patients at the vulnerable interface when changing health care sectors from part-time inpatient treatment to further outpatient treatment and contribute to a successful change of health care sectors.

Objectives: Flowzone is a digital communication platform in which therapists and patients can stay in contact after completion of part-time inpatient treatment. Individualized therapy content can be shared with patients in weekly plans and communication can be maintained via the chat function. The aim of the current study is to investigate whether Flowzone enables continuity despite long waiting times when health care sectors changes from part-time inpatient to outpatient care.

Methods: In a longitudinal intervention study depressive symptoms (BDI-II) and quality of life (WHOqoL-Bref) will be assed at the end of part-time inpatient treatment (t1) and 8 weeks after end of treatment (t2). Participants diagnosed with depression will be recruited in a day clinic with treatment focus of men of a psychiatric psychotherapeutic specialist hospital in Lower Saxony (Germany). Participants of control group (CG, $n = 11$) will take part in the local 8 week aftercare groups of the psychiatric hospital. Participants of intervention group (IG, $n = 21$) will take part in the digital aftercare with Flowzone. Furthermore subjective benefit, of IG will be measured. In addition, the subjective benefit and user experiences of IG will be measured.

Results: Mean BDI scores of IG are t1 = 14 vs. t2 = 15 and of CG t1 = 9. Mean values of IG for WHOqoL-Bref domains are general quality of life t1= 77/ t2 = 73; physical health t1= 71/ t2 = 68; psychological health t1 = 59/ t2 = 55; social relationships t1 = 65/ t2 = 57; environment t1 = 77/ t2= 71. Further inferential statistical analysis and group comparisons will be reported when date are available.

Conclusions: Results might suggest that depressive symptoms and quality of life could be stabilized with the use of Flowzone 8 weeks after part-time inpatient treatment. Further data collection will allow statistical comparisons to CG. Inclusion of the CG with standard follow-up in an outpatient setting is needed. Flowzone could help to bridge the gap in treatment when patients switch health care sectors and experience a gap between part-time inpatient care and further outpatient care.

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Emergency Psychiatry

EPV0773

Do patients with Autism Spectrum Disorder receive more sedatives in the Emergency Department? A case matched cohort study

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Introduction: Adult patients with Autism Spectrum Disorder (ASD) exhibit a range of behaviours that can be disruptive to the medical care of themselves and other patients and as a result, are at higher risk of being sedated.Symptom severity is heterogenous. Some patients are completely non-verbal, some require assistance with basic activities of daily living, and others function independently with only mild difficulties . Roughly two thirds of patients with ASD have a comorbid psychiatric diagnosis, with the most frequent comorbidities