

Introduction: Agonist opiate treatments with diacetylmorphin (DAM) for heroin addiction have proven their effectiveness for a long time. But few studies focused on psychiatric troubles among the treated patients. As a new DAM program will open in Freiburg in Switzerland, in order to assess the eligibility to this program, we consider the psychiatric dimension using the Addition Severity Index French translation (IGT).

Objectives: Assessing the patient eligibility for the DAM program and describing psychopathological characteristics

Methods: Assessing eligibility for a Dam program in Switzerland is based on some criteria defined by OFSP: Be adult, failure of at least two previous addiction treatments, intravenous consumption. In addition, the included patients (N=10) passed an interview with a trained examiner, to fill the addiction severity index scale (multi-dimensional psychometric scale). The result of the psychiatric dimension of IGT was compared with the psychiatric diagnosis in the medical file to assess the internal reliability of the descriptive method. Statistical method for little sample, mean, median, descriptive datas and Fisher test were applied.

Results: All kind of affective disorders, were the most representative psychiatric trouble in the studied population (47%) followed by personality disorders (32%) and severe anxiety troubles (21%). The psychiatric dimensional evaluation of IGT was consistent with the description file psychiatric diagnosis. In a surprising way, we found no psychosis spectrum troubles who could explained the previous treatment failure.

Conclusions: Affective disorders are overrepresented in our sample of addicted patient included in the DAM program. These troubles stay often underestimated. The have to be properly treated

Disclosure: No significant relationships.

Keywords: agonist opiate treatment; diacetylmorphine treatment; Addiction; dual disorders

Obsessive-Compulsive Disorder / e-Mental Health 02

EPP0514

How to raise awareness about electronic mental health services among prospect healthcare providers: a qualitative study on information preferences

P. Braun*, A.-K. Schwientek, L. Guthardt, A. Loerbroks and J. Apolinário-Hagen

Institute Occupational, Social and Environmental Medicine, Centre For Health And Society, Faculty Of Medicine, Düsseldorf, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.745

Introduction: Since fall 2020, electronic mental health services (eMHs) like apps can be prescribed by physicians and psychotherapists in Germany. However, future healthcare providers such as medical and psychology students remain reluctant to adopt eMHs, even though they represent a vulnerable group with respect to developing mental health problems themselves. Reasons include scepticism and lacking awareness, which can be addressed by tailored multi-component information material. However, to date little is known about the most important information attributes to educate prospect healthcare providers on eMHs.

Objectives: The objective of this study is to explore information preferences on eMHs among medical and psychology students.

Methods: A total of 21 semi-structured interviews were conducted (n=16 medical and n=5 psychology students) across Germany based on a topic guide. Interviews were recorded, transcribed and content-analyzed using MAXQDA.

Results: Most students reported having little knowledge about eMHs and that the issue of digital health has never been raised in their study, even though it is perceived as important. Concerning information design preferences, students favored light, neutral colors and a combination of short, compressible texts with matching images. Regarding the content, information about data protection, the underlying evidence base and the match with personal needs were perceived as important for utilization intentions, while there was little interest in tailored information focusing exclusively on psychology or medical students.

Conclusions: This study provides first insights into eMHS information preferences among prospect healthcare providers. In a next step, a discrete-choice conjoint experiment will be conducted to test the relevant information features on eMHs.

Disclosure: No significant relationships.

Keywords: semi-structured interviews; information preferences; medical and psychology students; eMental health

EPP0515

Using smartphone battery data to infer sleep-wake metrics in psychiatric cohorts – an exploratory study

S. Howes^{1*}, G. Gillett², N. Palmius³, A. Bilderbeck⁴, G. Goodwin⁵, K. Saunders⁵ and N. McGowan⁵

¹John Radcliffe Hospital, Oxford University Clinical School, Oxford, United Kingdom; ²King's College London, Institute Of Psychiatry, Psychology & Neuroscience, London, United Kingdom; ³University of Oxford, Institute Of Biomedical Engineering, Oxford, United Kingdom; ⁴Manor House, Pivotal Products, Wallingford, United Kingdom and ⁵University of Oxford, Department Of Psychiatry, Oxford, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.746

Introduction: Disturbances to sleep-wake patterns are associated with bipolar disorder (BD) and borderline personality disorder (BPD). Objective assessment typically involves actigraphy monitoring, although it may be possible to derive sleep-wake metrics from other digital data, such as smartphone battery degradation.

Objectives: To assess whether common actigraphy-derived phase markers of the sleep-wake pattern (L5 and M10 onset) are in agreement with measures derived from smartphone battery data and explore if battery metrics differ between people with BD, BPD, and a healthy control group (HC).

Methods: High frequency smartphone battery data was collected from 30 BD, 19 BPD and 33 HC participants enrolled in the Automated Monitoring of Symptom Severity (AMoSS) study, over 28 days. Participants also wore an actigraph during this period. L5 and M10 values were calculated separately based on the rate of smartphone battery degradation and conventional actigraphy methods. Bland-Altman analyses were performed to assess agreement between battery-derived and actigraphy-derived values, and Kruskal-Wallis tests used to compare diagnostic groups.

Results: For L5, battery-derived and actigraphy-derived values had a bias of 0.46 [-0.10, 1.02], upper limit of agreement (LOA): 5.45 [4.49, 6.41], and lower LOA: -4.53 [-3.56, -5.49]. For M10, the bias was 0 [-0.92, 0.92], upper LOA: 8.19 [6.61, 9.76], and lower LOA: -8.19 [-6.61, -9.76]. Between diagnostic groups, there was no difference for battery-derived M10 ($p=0.652$), or L5 ($p=0.122$).

Conclusions: Our results suggest battery-derived and actigraphy-derived M10 and L5 show good overall equivalence. However, battery-derived methods exhibit large variability, which limits the clinical utility of smartphone battery data to infer sleep-wake metrics.

Disclosure: No significant relationships.

Keywords: digital phenotyping

EPP0516

Effect of medical education on European primary care physicians' knowledge in management of major depressive disorder and psychiatric emergencies

L. Thevathasan*, L. Fairley and C. Phillips

Medscape LLC, Clinical Strategy, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.747

Introduction: The challenge for primary care physicians (PCPs) is keeping up to date in managing major depressive disorder (MDD) and psychiatric emergencies.

Objectives: We evaluated whether an online educational video lecture directed at PCPs, could improve knowledge and confidence regarding management of psychiatric emergencies associated with MDD.

Methods: Educational effect was assessed using a 3-question repeated pairs, pre/post assessment survey. A paired-samples t-test was conducted to assess overall number correct and confidence change. A McNemar's test was conducted to assess question-level significance. P values < 0.05 are statistically significant. Cohen's d test was used to estimate the magnitude of effect of education. The activity launched on 8 April 2021, and preliminary data analysed as of 24 June 2021.

Results: 511 PCPs participated in the programme, of which 86 PCPs completed the pre- and post-assessment test. An average overall correct response rate of 28% pre- increased to 64% post- (129% relative increase, $P<0.001$; Cohen's $d = 1.13$). Knowledge on the burden of suicide and MDD improved from 23% pre- to 87% post- (278% relative increase, $P<0.001$). Knowledge regarding clinical data for novel therapies for use in psychiatric emergencies improved from 29% pre- to 50% post- (72% relative increase, $P<0.01$). Knowledge regarding signs of suicidal intent in patients with MDD improved from 31% pre- to 53% (71% relative increase, $P<0.001$) following education.

Conclusions: This study demonstrates the positive effect of online medical education on PCPs' knowledge and confidence in contemporary management of psychiatric emergencies associated with MDD in Europe.

Disclosure: The results of this study were derived from an educational programme which was developed through independent educational funding from Janssen Neuroscience

Keywords: Suicide; major depressive disorder; MDD; Psychiatric emergencies

EPP0517

Coproducing multilingual conversational scripts for a mental wellbeing chatbot - where healthcare domain experts become chatbot designers

H. Nieminen^{1*}, L. Kuosmanen¹, R. Bond², A.-K. Vartiainen³, M. Mulvenna², C. Potts² and C. Kostenius⁴

¹University of Eastern Finland, Department Of Nursing Science, Kuopio, Finland; ²Ulster University, School Of Computing, Belfast, United Kingdom; ³University of Eastern Finland, Department Of Health And Social Management, Kuopio, Finland and ⁴Luleå University of Technology, Department Of Health, Education And Technology, Luleå, Sweden

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.748

Introduction: Digital mental health interventions, such as chatbots that promote mental health and wellbeing are a promising way to deliver low-threshold support 24/7 for those in need. According to current knowledge about the topic, health care professionals should participate in the design and development processes for digital interventions.

Objectives: The aim of this presentation is to describe the interdisciplinary content development process of the ChatPal chatbot.

Methods: The content development process started in co-operation with mental health professionals and potential users to identify requirements. Content was created, evaluated and tested in international, multi-disciplinary group workshops, and online tools were used to allow the collaboration. Initial conversational scripts were drafted in English, and translated into Finnish, Swedish and Scottish Gaelic.

Results: A multilingual chatbot was developed and the conversation scripts were structured and stored using a spreadsheet. The conversation scripts will be made freely available online in due course using this structured approach to formatting chatbot dialogue content. It will allow repurposing the content as well as facilitating studies that wish to assess the design of conversation scripts for mental health chatbots. Conversation design process also highlighted some challenges in turning empathetic and supportive conversations to short utterances suitable for a chatbot.

Conclusions: The ChatPal chatbot is now available in four languages. As literature about the topic is still scarce, it is important to describe and document the content development processes of mental health chatbots. Future work will develop a conversational UX toolkit that would allow health professionals to design chatbot scripts using design guidelines.

Disclosure: No significant relationships.

Keywords: development process; chatbots; mental wellbeing; digital interventions

EPP0519

A collaborative, computer-assisted, psychoeducational intervention for depressed patients with chronic disease at primary care: protocol for a cluster-randomized controlled trial.

G. Rojas^{1*}, P.A. Martinez Diaz^{2,3}, V. Guajardo¹, S. Campos⁴, P. Herrera⁵, P. Vöhringer¹, V. Gomez¹, W. Szabo¹ and R. Araya⁶

¹Hospital Clínico Universidad de Chile, Departamento De Psiquiatría Y Salud Mental, Santiago, Chile; ²Université de Sherbrooke, Faculté De Médecine Et Des Sciences De La Santé, Longueuil, Canada; ³Centre de