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Introduction Postnatal depression is known to cause disability and suffering in women and negative consequences both for their infants and their families, with huge costs globally. Several studies from low and middle income countries (LAMIC) have demonstrated that effectively delivered psychological interventions are cost effective for improving maternal and child health, but access to these interventions is limited in both the low and high income countries. *Objective* The objective of the study is to develop and test a mobile phone-based intervention (TechMotherCare), which will include components of cognitive behavioural therapy (CBT) and child development related psychoeducation.
Aim The aim of the study is to examine the feasibility and acceptability of the TechMotherCare intervention.
Methods A total of 36 participants will be recruited from health centers in Karachi, Pakistan for this 2-arm randomized pilot study. The TechMotherCare App intervention will be based on principles of CBT and learning-through-play (LTP) a parenting intervention and will assess the real-time depressive symptoms of participants and respond, using intelligent real time therapy (iRTT) dependent on symptoms reported by participants.
Results Outcome assessments will be completed after 3 months (end of intervention). In-depth qualitative interviews will also be conducted with participants pre- and post-intervention. The trial is ongoing and we will present both the qualitative and quantitative results.
Conclusions The results of this pilot trial will inform the design of a larger randomised controlled trial using a mobile based technology platform to address the huge treatment gap in LAMICs.
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EV1292

E-mental health: Updates on recent achievements and pitfalls

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The patient-centered care features quality, affordable, and timely care in a variety of settings – technology is a key part of that – particularly among younger generations and child and adolescent patients. The consumer movement related to new technologies is nearly passing clinicians by, as new ways of communicating with others (text, e-mail, Twitter, Facebook) revolutionizes how we experience life and access healthcare. This paper explores a continuum with healthy, innovative behavior on one end (e.g., social media) and pathological Internet use on the other end – and the range of self-help and e-mental healthcare options being used. Specifically, it focuses on how social media adds to, yet may complicate healthcare delivery, such that clinicians may need to adjust our approach to maintain therapeutic relationships, interpersonal/clinical boundaries, and privacy/confidentiality. We suggest planning ahead to discuss expectations about online communication between doctors and patients as part of the informed consent process, offer other do's and dont's for patients and clinicians, and review applicable guidelines. More research is needed on consumer and patient use of technology related to healthcare, as is an approach to basic and advanced measurement of outcomes.
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EV1293

Telepsychiatry in the opinion of Polish patients and psychiatrists

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Background Telepsychiatry takes advantage of modern communication technologies and new forms of patient–doctor and doctor–patient contact.
Objective This research focuses on the knowledge of telepsychiatry and the attitude to it among patients and psychiatrists in Poland.
Subject and methods An anonymous survey was conducted among 105 psychiatrists aged 26–74, including 74 women and 31 men and 102 patients aged 21–79, including 61 women and 41 men.
Results Research reveals that the majority of patients never met with the concept of "epsychiatry" and do not know what it means. However, more than 50% of respondents answered positively to every question considering the utility of telepsychiatry. Furthermore according to 18%, it is possible to replace an eye-to-eye conversation by videoconferencing. Only 15% of doctors claim to have an extensive knowledge on telepsychiatry, and 10% do not know what it means. The vast majority of physicians perceive positive aspects of this method of medical care, but 63% would not want any general insertion of telepsychiatry. Doctors are apprehensive of losing personal data and medical confidentiality, and of the necessity of legal changes.
Conclusions The obtained results allow us to conclude that Polish patients and doctors, regardless of their knowledge, age, gender or disease, perceive advantages of telepsychiatry. In connection with this, implementing this method into the Polish medical market makes sense and is in accordance with both patients' and doctors' opinion. Based on our research, we confirmed that there is a necessity of wider popularisation of telepsychiatry among Polish therapists.
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EV1294

MindfulSpot: A mindfulness mobile app for people dealing with infertility

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Introduction Infertility is not only a medical condition and its impact in mental health is well established. Although most couples facing fertility problems and the demands of medical treatment are able to adjust, some of them may show psychological difficulties with clinical relevance, such as depression and anxiety. The Mindfulness Based Program for Infertility (MBPI) is a group intervention designed for infertile women and data from its efficacy study revealed impact in depressive symptoms reduction as well as in internal and external shame, entrapment and defeat. Based on the MBPI, a mindfulness app targeting infertile patients was developed – the MindfulSpot.

Aims This study addresses the MindfulSpot development.

Methods The MindfulSpot is a prototype mobile app, which seeks to offer the chance of practicing mindfulness in a comfortable and accessible way. This app covers informative audio and written texts. The audio contents correspond to mindfulness formal practices and suggestions for informal practice, making possible its use throughout different moments of the day. Beyond the practices mentioned above, users are invited to explore the informative menu, including information on the impact that infertility may have in several aspects of the patients' lives.

Results The efficacy of the MindfulSpot is still under analysis and results are expected to be available soon.

Conclusions The MindfulSpot was designed as a medium for training mindfulness skills and it includes useful information regarding specific aspects of the emotional impact of infertility. Additionally to its independent use, it may also be used as a support tool of the MBPI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EV1295

Towards a gold standard for internet-delivered programs in behavioral and mental health

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Introduction Technological innovation has been pervasive and has touched almost every aspect of modern life, including the delivery of behavioural and mental heath care. As telehealth expands, internet interventions are particularly interesting as a medium of delivering effective care. However, standards are required to help inform healthcare policy makers, providers, clinicians and patients.

Objective Move towards outlining a gold standard for internet-delivered behavioural and mental health interventions.

Aims Contribute and build upon existing standards and guidelines for the practice of telehealth, but to now extend these to include internet-delivered interventions.

Methods Drawing from research, experience and practice, the authors propose a matrix for the evaluation of what might be considered a gold standard for internet-delivered behavioural and mental health interventions.

Results Seven elements are proposed and considered aspects of what would constitute a gold standard and they include, the use of evidence-based and empirically supported content, robust, engaging, secure and responsive technologies, shaped by behavioural health subject matter experts, employ user-centred design and development principles, have a focus on accountable care-achieving clinical outcomes, have research and evaluation that supports its effectiveness, and a well developed implementation science and support.

Conclusion The paper proposes some characteristics that could compose a gold standard for internet-delivered interventions for behavioural and mental health care. The contribution is neither exhaustive nor conclusive, but offers an invitation to the discussion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EV1296

mHealth in mental health: What do the users think about it?

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There is currently a major trend for e-health and the first mental health applications for smartphones are now released. Patients and health care professionals are still struggling to position themselves in relation to these new approaches. So, we wanted to know more about the involvement of mental health users and their care providers in mobile health (mHealth) technologies. We needed to understand their expectations and their reluctances. For achieving this purpose, we carried out an online survey for mental health users ($n = 108$). It turns out that people who responded to this survey are well equipped with smartphones and are experienced in using mobile apps. They expect from professionals an advisory role in relation to e-health. The major interest lies in practical, concrete applications and the main reluctance is about management, transit and storage of data. It is necessary to involve mental health users and health care professionals together in order to develop these new tools. To achieve this, health care professionals must continue to invest themselves in the use and understanding of m-Health tools.

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Treatment practice

EV1297

Drug-induced tardive dyskinesia: A case report

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Introduction Tardive dyskinesia (TD) is a serious medical condition that affects a significant proportion of patients treated with antipsychotic agents.

Objective To report a patient who developed tardive dyskinesia after initiation of antipsychotic and antidepressant treatment.

Case report Miss H. is 24-year-old Tunisian woman who had been diagnosed with bipolar disorder 6 years ago. She received various drugs: olanzapine, haloperidol, amisulpride, sertraline, paroxetine, etc. On November 2013, she first complained of hand tremor and then developed severe dystonia of the trunk and chorea. A series of laboratory tests was performed after the onset of these involuntary movements. It included complete blood count, liver, renal, and thyroid function tests, blood prolactin level, blood glucose level, blood copper level and ceruloplasmin level. A brain MRI was also performed. These examinations showed no specific findings. The diagnosis of TD was presumed. The patient was first treated with amisulpride, lorazepam, avlocardyl and piracetam until May 2014. Then, amisulpride was substituted by olanzapine