due to cost and lack of time. Mobile therapeutic application based on CBT may be the answer to these barriers.

Objectives: The aim of the study was to test the effectiveness of mobile CBT in comparison with CBT in the face to face formula and in comparison with the control group, not receiving any intervention.

Methods: The face-to-face (ftfCBT) CBT intervention included 12 hour treatment sessions. Mobile CBT (mCBT; *UpBalance* smartphone application) included a therapeutic program analogous to the protocol used in the ftfCBT group. The content of the application was divided into short educational parts (in the form of videos, animations, articles and podcasts) and exercise parts available to the subject throughout the duration of the study. The study involved 90 subjects randomly assigned to three groups: ftfCBT, mCBT and control (randomization 1: 1: 1). Two measurements were made - baseline and after 12 weeks. The following questionnaire methods were used: the Thermometer of Distress, the Occupational Stress Questionnaire and the LBQ to measure burnout.

Results: In the initial measurement, no differences were observed between the ftfCBT, mCBT and control groups. After 12 weeks in the control group, there were no differences between the t0 and t1 measurements. In the ftfCBT and mCBT groups, an improvement was observed in both the reduction of the level of distress and the reduction of burnout symptoms. There were no differences in t1 between the ftfCBT and mCBT groups. A higher level of compliance was observed in the mCBT group than in the ftfCBT group.

Conclusions: A mobile therapeutic application focused on coping with occupational stress is an effective intervention improving the mental state of employees. Mobila digital cognitive behavioral therapy can also be a helpful alternative to classic psychotherapy and can respond to the unmet needs of employees in terms of access to therapy at a suitable time.

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EPP0055

Evaluation of service-user and clinician feedback of 'Beth': a new digital tool in South London and Maudsley NHS Foundation Trust

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Introduction: Conventional healthcare records are generally inaccessible to service-users. 'Beth' is a digital tool in South London and Maudsley NHS Foundation Trust which allows service-users to self-monitor symptoms, set therapeutic goals, access aspects of clinical records and communicate with care teams.

Objectives: To explore service-user and clinician perspectives of Beth, and to understand how Beth might impact clinical care.

Methods: Service-user and clinician users completed an online questionnaire. Likert-scale and free-text response questions covered user experience, impact on clinical care and suggested improvements. N=26 service-users and 43 clinicians completed the questionnaire. Quantitative and qualitative analyses are presented.

Results: Service-users reported the most useful features were tracking sleep and mood, messaging their care team, logging coping strategies and viewing care plans, goals and upcoming appointments. A majority reported Beth improved clinical assessments and they would recommend it to others. Barriers to using Beth included navigational difficulties, lack of access to internet or hardware, needing to register for an account and forgetting to use it. Clinicians reported booking appointments, messaging service-users, sharing care plans and accessing mood diaries were the most useful features. However, many clinicians did not use Beth regularly. Barriers included difficulties using Beth, finding it time-consuming and reportedly poor service-user adherence.

Conclusions: Our findings highlight potential benefits of digital tools in mental health care, alongside numerous barriers and suggested improvements. Limitations include a small sample size and lack of objective user data. Future work may involve qualitative interviews, analysis of objective usage data and trialing improvements in service design.

Disclosure of Interest: None Declared

EPP0056

Three Months of Text4Hope-Addiction Support Program mitigates substance craving and improves mental health.

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Introduction: Problematic substance use is rising, and other mental health conditions like anxiety and depression correlate with substance abuse. Diverse interventions to reduce this effect are emerging. Supportive text messages offer the prospect of improving symptoms of drug misuse and other associated comorbidities.

Objectives: The study aims to evaluate the impact of the Text4Hope-Addiction program in mitigating craving, anxiety, and depression symptoms in subscribers.

Methods: Individuals self-subscribe to Text4Hope Addiction program by texting "Open2Change" to 393939 to receive daily addiction-related text messages for three months. Subscribers are invited via text message to complete online questionnaires which assess cravings, anxiety, and depressive symptoms using the Brief Substance Craving Scale, Generalized Anxiety Disorder-7 Scale, and Patient Health Questionnaire-9 on subscription (baseline), six weeks and three months. Data were analyzed using SPSS version 25 with descriptive and inferential statistics. Satisfaction responses were used to assess various aspects of the Text4Hope- Addiction program.

Results: There was a significant difference in the mean baseline and three-month BSCS scores (-2.17, 95% CI of -0.62 to -3.72), PHQ-9 scores (-5.08, 95% CI of -1.65 to -8.51), and the GAD-7 scores (-2.93, 95% CI of -0.48 to -5.56). Participants agreed that the supportive text messages helped them cope with addiction-related stress (89%), anxiety (81%) and depression (69%).

Conclusions: The Text4Hope-Addiction program effectively reduced cravings, anxiety, and depression among subscribers, with high satisfaction rates for the program. Healthcare practitioners and policymakers should consider implementing supportive text-based strategies to complement conventional treatments for addiction.

Disclosure of Interest: None Declared

EPP0057

Digital mental health: Perceptions and opinions of Tunisian patients

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Introduction: With the rapid advancement of modern technology, many countries have adopted mental health care systems supplemented by digital means of communication. Are Tunisian patients "ready" for the "digital revolution"?

Objectives: The aim of our study was to assess perceptions of people living with mental illness on digital mental health.

Methods: We developed a cross-sectional study where we randomly included patients who were treated for a psychiatric disorder in a public or a private practice. Inclusion criteria were: subject 18 years old or older, clinical remission for at least three months. We developed a questionnaire on sociodemographic and clinical variables. We also included questions on patients' level of interest in using digital mental health services such as teleconsultation and mental health smartphone apps. Perceived obstacles in using digital mental health by patients were also evaluated.

Results: Our sample size was 260 patients. The mean age of our population was 36,4 years old with. The mean distance from the household to the mental health care provider was 17,3 km.

Two thirds of the sample had access to a wifi connection at home (172 patients). When asked about the content of internet searches, 66% have already looked for information on their mental health or mental disorders on web pages. Patients were very interested in video teleconsultation with their therapists (72%), psychoeducation apps (68%) and online mood journals (61%). They expressed little to no interest in online exchanges with other patients and medication reminder apps. The most reported obstacles in implementing digital mental health as noted by patients were : lack of perceived effectiveness, virtual communication with their therapist and confidentiality issues.

Conclusions: Mental health patients in Tunisia expressed a great interest in teleconsultations and online psychoeducation programs. Further research on the willingness of mental health professionals to adopt digital mental health services are needed.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP0058

Attitudes towards Futile Treatments, Moral Distress and Intention to Leave Job in Nurses

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Introduction: The fact that nurses do not have a voice in the treatment decision of patients and that there is no framework about futile treatments can cause some psychological problems such as depression, burnout and moral distress (Yildirim et al., 2018). If not managed properly, moral distress leads to decreased job satisfaction, increased nurse turnover rates and intent to change the working area or leave the profession (Vieira & Doedato & Mendes, 2021).

Objectives: This study aimed to explore the nurses' attitudes towards futile treatments and its relationship with the moral distress, intention to leave the job and the other personal factors.

Methods: This study has a descriptive and correlational design, carried out with 425 nurses, between April-May 2021 in Istanbul. The data were collected using a Personal Information Form, The Nurses' Attitudes Towards Futile Treatment Scale(NATFTS), Moral Distress Scale(MDS) and Intention to Leave Scale (ILS). Personal Information Form: The form consists of 22 questions including the socio-demographics and professional characteristics. The Nurses' Attitudes Towards Futile Treatment Scale (NATFTS): The scale was developed by Yildirim et al. in 2019, consisting of 18 items and uses a 5-point likert type scale.Moral Distress Scale(MDS):The scale, developed by Hamric (2012), adapted to Turkish by Karagözoğlu et al. (2017), consisting of 21 expressions, was designed to measure the level of moral distress in nurses. Intention to Leave Scale (ILS):The scale was developed by Wayne et al. (1997), and adapted to Turkish by Avcı ve Küçükusta(2008) in the form of 5 items. The data were analyzed by using descriptives, Kruskal Wallis test, Independent Samples t- test and ANOVA, Pearson Correlation analysis on SPSS 25.0 for Windows. For significance, $p < .05$ and 95% CI were assumed in the data analysis.

Results: A moderate negative correlation was found between NATFTS score and the ILS score (r=-0.356, p<0.001). Nurses who think that futile treatments should be applied under the strict rules have less tendency to leave their jobs. On the other hand, there was a lower positive level of correlation between NATFTS score and the MDS score (r=0.295, p<0.001). That is, nurses who think that futile treatments should be applied under the strict rules have a