

E-mental Health

O046

Are online workers amenable to digital interventions? Results of a fully-remote nationwide trial of behavioral activation in 804 depressed adults in the United States

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Introduction: Online workers are individuals who participate in crowdsourced work. They experience a higher rate of internalizing symptoms than the general population, a phenomenon dubbed the “Turker blues.” Three large trials of online single-session interventions (SSIs) failed to find statistical or clinically significant treatment effects in this population. Because these trials tested SSIs, it is unclear if online workers are unresponsive to SSIs in general or online interventions specifically. Moreover, participants in these studies were not selected based on their desire to learn skills online, raising the possibility that intervention effects would be present in treatment-seeking individuals.

Objectives: We conducted a nationwide, fully remote two-arm randomized (1:1) controlled trial to test the efficacy of a 4-week self-guided online behavioral activation treatment for depression in online workers in the United States (N=804). The intervention was designed as an extension of the Common Element Toolbox (COMET), an SSI previously found ineffective in online workers.

Methods: 804 online workers were randomized to COMET-BA or a waitlist control (WLC). Self-report measures of depression, anxiety, subjective well-being, behavioral activation, psychosocial function, and emotion regulation were collected weekly for 4 weeks, 1-week post-intervention, then at a 1-month follow-up.

Results: There was a significant time-by-treatment interaction during the intervention phase on the study, suggesting those in the COMET-BA arm improved significantly more than those in the WLC, with a small-medium effect on depression symptoms (SMD=-0.32; 95% CI: -0.47, -0.17). All but two outcomes, suppression and functioning, demonstrated significant improvement. Improvements were maintained during the 1-month follow-up period but did not grow during this period. Attrition was comparable between the treatments and the results were sensitive to missing data imputation.

Conclusions: COMET-BA may be effectively delivered as an unguided online intervention for depression in online workers. Crucially, intervention effects were evident after the second iBA session, suggesting that SSIs may not be effective in adult online workers.

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Mental Health Policies

O045

Socioeconomic inequalities on unmet needs for mental health care: a cross-section analysis in European Union countries

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Introduction: Mental health disorders are a leading cause of disability in European Union countries. Previous evidence highlighted the role of socioeconomic inequalities on unmet mental health care needs, varying by income or education. Being both reducing inequalities' gaps and mental health promotion current goals of European Union (EU), it is essential to understand the differences between EU countries and the role of socioeconomic factors on this.

Objectives: The study aims to assess the socioeconomic inequalities on unmet needs for mental health care in EU countries in 2019.

Methods: This was a cross-sectional study using data from the 2019 European Health Interview Survey across 26 EU countries. The main outcome considered was the proportion of self-reported unmet needs for mental health care due to financial reasons. Inequalities for income, education and degree of urbanization were assessed by calculating the rural-city, primary-tertiary education and lowest-highest income quintiles, respectively.

Results: The proportion of self-reported unmet need for mental health care in 2019 ranged between 1.1% (Romania) and 27.8% (Portugal), with a median of 3.6%. Regarding income inequality, all countries except Hungary (ratio=0.88) showed highest share of unmet need among inhabitants with the lowest income quintile. The country with the highest inequality was Greece with a ratio of 23.8. Regarding education inequality, 15 out of 26 countries showed that less educated inhabitants had highest unmet needs of mental health care, with values ranging from 0.5 in the Netherlands and 7.2 in Bulgaria. As for degree of urbanization, rurality showed lowest unmet needs for 21 out of 26 countries, with the highest ratio being 2 in Romania.

Conclusions: The study highlights significant and wide socioeconomic (income, education, and urbanization) inequalities in unmet mental health care needs across EU countries.

While income inequality plays a similar role across EU countries with the poorer quintile showing higher unmet needs due to financial reasons, EU is divided on the role that education plays. On the opposite side, there is also a tendency across the EU for rural areas showing lower unmet needs for mental health care. Policy-makers should prioritize strategies to ensure financial access to mental health services, as well as promoting mental health literacy and improve service availability for vulnerable populations.

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