

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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Addictive Disorders

O046

The rise of online gambling addiction: A mental health challenge

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Introduction: Gambling disorder is a rising concern among young adults, highlighting the need for effective screening to offer appropriate support and intervention.

Objectives: This study aims to characterize gambling disorder among young adults (ages 18-25) in Portugal.

Methods: A quantitative cross-sectional study was conducted using a self-administered online questionnaire completed by young adults.

Results: This study included a population of 554 participants, 166 of whom were gamblers. Among the gamblers, the prevalence was as follows: 63% did not show signs of pathological gambling, while the remaining participants exhibited gambling addiction at varying levels: 25% mild, 9% moderate, and 3% severe. The typical profile of a gambler was identified as a male university student with an average age of 23.5 years, of a middle economic status and residing in an urban area. The preferred types of gambling were sports betting and online casino games. Most online gamblers had previously engaged in offline gambling at the age of M=19.25. The primary attractions of online gambling for these individuals were accessibility, the variety of games, and the potential for economic gains. The main encouragements to gamble online were friend's influence and online advertising. No significant differences were observed in depression (PHQ-9) and anxiety scores (GAD-7) between gamblers and non-gamblers ($p > 0.05$). However, among gamblers, a strong positive correlation was found between higher levels of addiction (assessed by DSM-V gambling disorder criteria) and both depression and anxiety scores ($r = 0.732$, $r = 0.681$; $p < 0.01$). Furthermore, severe gambling cases were associated with a higher prevalence of prior formal diagnoses of psychiatric disorders, such as ADHD, anxiety, and depression, although this association was not statistically significant ($p > 0.05$). All gamblers showed a higher prevalence of substance abuse ($p < 0.01$). However, this trend did not extend to alcohol consumption ($p > 0.05$). The Jacobs Dissociative Experiences Scale was used to assess the presence of dissociative symptoms in relation to the severity of gambling addiction, revealing a strong positive correlation ($r = 0.721$; $p < 0.01$). Gamblers reported negative impacts on their family and romantic relationships. In contrast, they did not perceive their gambling behavior as having an adverse effect on their friendships or work performance. The majority (71.4%) of high-severity gamblers did not seek professional help and were not receiving any psychopharmacological therapy.

Conclusions: This study features the critical need for effective screening and intervention strategies for gambling disorder among young adults, given its correlation with mental health disorders and substance abuse. Addressing these challenges is essential for

enhancing support and improving outcomes for individuals with gambling disorder.

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Bipolar Disorders

O047

Seasonality and weather influence on mixed episodes of bipolar disorder

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Introduction: Seasonal patterns in bipolar disorder episodes, particularly manic episodes, have been widely studied, revealing a peak in early spring and a decline in late fall. However, less attention has been given to the seasonal variation of mixed states. Mixed episodes, a subtype of bipolar disorder, are characterized by both manic and depressive symptoms. Recent studies have suggested that mixed episodes may follow a different seasonal pattern compared to pure manic episodes, peaking in late summer. Understanding this seasonality can offer valuable insights into the timing and management of hospital admissions for bipolar disorder. In this study, we conducted a retrospective analysis of hospital admissions for bipolar disorder, evaluating the influence of meteorological factors on the frequency of admissions, particularly for mixed episodes.

Objectives: This study aims to analyze the prevalence of hospital admissions due to bipolar disorder at the Psychiatry Service of ULS-VDL during 2021 and 2022, with a particular focus on mixed episodes. Additionally, it seeks to explore the relationship between meteorological factors, such as temperature and cloud cover, and the frequency of admissions, identifying any seasonal patterns associated with bipolar episodes. This analysis aims to explore the potential link between environmental changes, such as temperature and cloud cover, and the occurrence of mixed states in bipolar disorder.

Methods: A retrospective analysis was conducted of hospital admissions for bipolar disorder between 2021 and 2022 ($n=71$) at the Psychiatry Service of ULS-VDL. Monthly averages of meteorological data (temperature, precipitation, cloud cover, and solar radiation) were obtained from a local weather station. Poisson regression was used to assess the relationship between monthly admissions and meteorological variables.

Results: Of the 71 total episodes, 16 were mixed episodes of bipolar disorder. The results showed a statistically significant association between decreased temperature (IRR=0.843, 95% CI [1.568-0.118], $p=0.023$) and increased cloud cover (IRR=0.162, 95% CI [0.023-0.302], $p=0.023$), compared to the previous month, and an increase in admissions for mixed episodes.

Conclusions: The findings of this study indicate a significant association between decreases in temperature and increases in cloud cover with higher rates of hospital admissions for mixed episodes of bipolar disorder. These results highlight the potential influence of meteorological factors on the seasonality of mixed episodes. Further research is needed to confirm these patterns