

of participant dropouts differ across different treatment conditions and is considered a significant challenge to internal validity.

**Objectives:** We aimed at systematically review and meta-analyse differential attrition of digital mental health interventions in the workplace setting.

**Methods:** On January 2, 2022, we performed a search in the following electronic databases: PubMed, Scopus, and Web of Science Core. We utilized a combination of terms from five distinct areas, namely mental health, intervention, workplace, implementation, and study design. The study encompassed adult employees who took part in a randomized control trial aimed at preventing mental health issues in the workplace through an online intervention. A team of six reviewers collaborated on the study selection process, while two independent researchers conducted the data extraction for the selected studies. We performed a meta-analysis of the log-transformed relative attrition rates of the included studies using a random-effects model with limited maximum-likelihood (REML) estimation to account for the degree of heterogeneity.

**Results:** A total of 19 studies were included in the meta-analysis. For baseline to post-intervention, the average total attrition was 26.27% (SD = 21.16%, range = 0 – 66.3%) and the random effects model revealed a higher attrition rate in the intervention group compared to the control group, with a pooled risk ratio of 1.05 (95% CI: 1.01 - 1.10,  $p = .014$ ). For baseline to follow-up measurement the average total attrition was 27.71% (SD = 20.80%, range = 0 – 67.78%), however, in this case the random effects model did not indicate a higher attrition in the intervention group when compared to the control group (pooled risk ratio = 1.05, 95% CI: 0.98 – 1.12,  $p = .183$ ).

**Conclusions:** There is an indication of higher attrition in the intervention group as compared to the control group in occupational e-mental health interventions from baseline to post-intervention, however this does not seem to be the case for baseline to follow-up attrition. These results should be taken into account in the design process of studies and statistical analyses should be adapted to counteract the bias that could result from differential attrition.

**Disclosure of Interest:** None Declared

## EPP0120

### University students' perspectives towards digital mental health: a qualitative analysis of interviews from the cross-country 'CAMPUS study'

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**Introduction:** Poor mental health of university students is a growing concern for public health. Indeed, academic settings may exacerbate students' vulnerability to mental health issues. Nonetheless, university students are often unable to seek mental health

support due to barriers, at both individual and organisational level. Digital technologies are proved to be effective in collecting health-related information and in managing psychological distress, representing useful instruments to tackle mental health needs, especially considering their accessibility and cost-effectiveness.

**Objectives:** Although digital tools are recognised to be useful for mental health support, university students' opinions and experiences related to such interventions are still to be explored. In this qualitative research, we aimed to address this gap in the scientific literature.

**Methods:** Data were drawn from "the CAMPUS study", which longitudinally assesses students' mental health at the University of Milano-Bicocca (Italy) and the University of Surrey (United Kingdom). We performed detailed interviews and analysed the main themes of the transcripts. We also performed a cross-cultural comparison between Italy and the United Kingdom.

**Results:** Across 33 interviews, five themes were identified, and an explanatory model was developed. From the students' perspective, social media, podcasts, and apps could be sources of significant mental health content. On the one hand, students recognised wide availability and anonymity as advantages that make digital technologies suitable for primary to tertiary prevention, to reduce mental health stigma, and as an extension of face-to-face interventions. On the other hand, perceived disadvantages were lower efficacy compared to in-person approaches, lack of personalisation, and difficulties in engagement. Students' opinions and perspectives could be widely influenced by cultural and individual background.

**Conclusions:** Digital tools may be an effective option to address mental health needs of university students. Since face-to-face contact remains essential, digital interventions should be integrated with in-person ones, in order to offer a multi-modal approach to mental well-being.

**Disclosure of Interest:** None Declared

## EPP0122

### Advancing schizophrenia care: Ongoing Study of a Mobile Application for Personalized Support

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**Introduction:** Psychiatric care faces a significant challenge in the regular monitoring of patient states, predicting relapses, and ensuring treatment adherence. To address this, we aim to develop a mobile application tailored to individual patient needs. This application will revolutionize mental health care by offering real-time monitoring, education, evidence-based interventions, and enhanced communication between patients and clinicians.

**Objectives:** This ongoing study seeks to develop and evaluate a mobile application for individuals with schizophrenia spectrum