

suicidal thoughts were willing to use MEMind. Novel interventions for suicide prevention could be developed with the use of EMA web-based tools. Further studies are warranted.

Table 1

Demographic & Clinical Characteristics	All participants (N=13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Age, years (mean ± SD)	47.2 ± 15.9	42.2 ± 13.5	48.5 ± 16.3	0.000
Sex (% males)	38% (5242)	35% (1003)	38.6% (4239)	0.001
Marital status (% married)*	49.1% (6339/12859)	53.7% (143/267)	48% (4902/10222)	0.000
Job status (% currently employed)*	47.6% (6076/12765)	54.6% (1440/2637)	45.8% (4636/10128)	0.000
CGI-Severity (% moderately ill and more)	45% (5410/12023)	43.4% (1080/2489)	45.4% (4330/9535)	0.036
ICD-10 Diagnosis (n=12809)				
(F10-F19)	2.8% (365)	1% (27)	3.3% (338)	0.000
(F20-F29)	7.7% (993)	4.8% (128)	8.5% (863)	0.000
(F30-F39)	11.9% (1533)	6.7% (180)	13.3% (1353)	0.000
(F40-F49)	23.4% (3004)	22.9% (614)	23.6% (2390)	0.260
(F50-F59)	4.8% (614)	5.6% (150)	4.6% (464)	0.035
(F60-F69)	12.4% (1587)	13.4% (359)	12.1% (1228)	0.036
(F70-F79)	1.4% (183)	0.7% (19)	1.6% (164)	0.000
(F80-F89)	0.3% (38)	0.2% (6)	0.3% (35)	0.293
(F90-F99)	20.1% (2573)	19.7% (526)	20.2% (2047)	0.283

Table 2

Suicidal Thoughts&Behaviours	All participants (N=13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Death Desire	17.8% (2472)	24% (682)	16.2% (1790)	0.000
Desire to Self-Harm	7.2% (1003)	8.4% (240)	6.9% (763)	0.003
Thoughts about Suicide	9.8% (1360)	12% (341)	9.2% (1019)	0.000
Suicide Plan	2.8% (395)	3.9% (110)	2.6% (285)	0.000
Suicide attempt	8.5% (1185)	8.5% (242)	8.5% (943)	0.498

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A randomized controlled trial of an internet-delivered treatment: Its potential as a low-intensity community intervention for adults with symptoms of depression

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Introduction Internet-delivered treatments for depression have proved successful, with supported programs offering the potential for improved adherence and outcomes. Internet interventions are particularly interesting in the context of increasing access to interventions, and delivering interventions population-wide.

Objective Investigate the potential feasibility and effectiveness of an online intervention for depression in the community.

Aims Establish the effectiveness of a supported online delivered cognitive behavioural intervention for symptoms of depression in adults in the community.

Methods The study was a randomized controlled trial of an 8-module internet-delivered cognitive behavioral therapy (iCBT) program for adults with depressive symptoms ($n=96$) compared to a waiting-list control group ($n=92$). Participants received weekly support from a trained supporter. The primary outcome was depressive symptoms as measured by the Beck Depression Inventory (BDI-II). The program was made available nationwide from an established and recognized charity for depression.

Results For the treatment group, post-treatment effect sizes reported were large for the primary outcome measure ($d=0.91$). The between-group effects were moderate to large and statistically significant for the primary outcomes ($d=0.50$) favoring the treatment group. Gains were maintained at 6-month follow-up.

Conclusion The study has demonstrated the efficacy of the online delivered space from depression treatment. Participants demonstrated reliable and statistically significant changes in symptoms from pre- to post-intervention. The study supports a model for delivering online depression interventions population-wide using trained supporters.

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Treatment practice

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Preventing weight gain and increased waist circumference during the first two years after antipsychotic initiation in youth with first-episode psychosis

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