

2023; 8 e820-e826). One novel way to improve sleep health communication is to engage adolescents with lived experiences of sleep disturbances in the development of sleep health innovations.

Objectives: The designathon is a participatory innovation context that brings individuals to co-create communication packages to address a specific challenge within a short period. We aimed to present the process of crowdsourcing designathon to create sleep health communication packages for adolescents and the products produced in the event.

Methods: The designathon was a two-day event held at a university building in Hong Kong. Adolescents were recruited from a summer programme about sleep and psychology and sorted into groups with a balance of educational backgrounds. A judging panel that included experts in sleep and mental health and a youth representative evaluated the communication packages. The products were scored based on content, accuracy, visuals, innovation, and delivery.

Results: A total of 13 participants participated in the designathon. About 61.5% (n=8) of participants reported poor sleep quality. All three groups successfully created a sleep health communication package consisting of a poster, a leaflet, and a slideshow during the 2-day designathon event. One finalist was selected. The finalist package was a comprehensive package comprising psychoeducation and action elements to promote napping in school to address insufficient sleep and psychological health, and was described as structured, interesting, and informative although some information may be too technical to layperson based on judges' comments.

Conclusions: Designathon is a novel and successful strategy to engage the community to co-create sleep health communication package for adolescents. It is promising to utilise crowdsourcing designathon to increase access to sleep educational information and improve knowledge in the public. Future studies are needed to evaluate the feasibility, impact, and implementation of the products.

Disclosure of Interest: None Declared

EPV1935

Implementing group CBT-Insomnia in mental health and addictions services in London: initial results

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Introduction: Chronic insomnia is prevalent in secondary care mental health populations and is associated with emotional distress, interpersonal impairment and reduced quality of life. In addition, it contributes to the aetiology of major mental health conditions and substance use. CBT for insomnia (CBTi) is a well-established evidence-based treatment approach for chronic insomnia and is recommended as the first-line treatment for adults in the UK by National Institute for Health and Care Excellence (NICE). Despite this, CBTi is not accessible for most secondary care mental health patients and therefore few benefit from this intervention.

Objectives: To examine the feasibility and effectiveness of a 6-week group CBTi programme for people using secondary care mental health and addictions services with chronic insomnia, using a case series design.

Methods: Each participant underwent an initial screening assessment to evaluate their suitability for the programme, the nature and impact of their sleep problem, and exclude other causes of insomnia. Self-reported measures of insomnia, personality functioning and depression were examined pre- and post-intervention using the Pittsburgh Sleep Quality Index (PSQI), Level of Personality Functioning Scale (LPFS) and Patient Health Questionnaire-9 (PHQ-9) respectively. PSQI was also re-assessed at 3-months' follow-up.

Results: Of 42 people referred to the service (26 from mental health and 16 from addictions services), 25 attended baseline assessment, 19 started the group and 12 completed sessions. The most common primary diagnoses were Alcohol Use Disorder (n=8), Treatment Resistant Depression (n=5), Bipolar Affective Disorder (n=3) and Personality Disorder (n=3). There were 9 men and 16 women. The severity of sleep disturbance was high with a cohort average PSQI of 15.4 (s.d. 2.7, range 12-20). Additionally, the level of personality functioning was high (mean 31.0, s.d. 7.6 range 13-45) as well as depressive symptoms (PHQ-9 cohort mean 18.0, s.d. 5.5, range 7-26).

Among the completers, cohort mean PSQI score decreased from 14.1 to 12.0 (p=0.12). Of 10 patients with 3-month follow-up data, there was a relative reduction of 20.3% from baseline, to a cohort mean PSQI score of 11.5 (p=0.16). At 3-months other facets of sleep quality like total sleep time had improved in the cohort by 45 minutes, and onset latency reduced by 35 minutes. Post-group there were also reductions in cohort mean LPFS scores by a relative 10.3% (31.4 at baseline to 28.3 post-group, and in cohort mean PHQ-9 by 14.8% (16.4 to 13.8).

Conclusions: Group CBTi is a potentially scalable and feasible intervention that effectively treats chronic insomnia, depression and personality dysfunction in secondary care mental health and addictions populations. Further research should focus on replicating these findings in larger cohorts, and examine factors associated with uptake and completion of CBTi.

Disclosure of Interest: None Declared

EPV1936

Quantifying Stress and Relaxation: The New Measure of Heart Rate Variability as a Precise Biomarker Beyond Beats

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Introduction: The basis of this study is established on the unreliability of conventional heart rate variability metrics. The complex physiology of stress and the relaxed state cannot be drawn sufficiently, because the conventional heart rate variability metrics, presented by the established professional medical literatures, are