

Sensors and Artificial Intelligence to avoid and/or interrupt suicide in the inpatients population. Preliminary explorations will determine whether this kind of device might be acceptable for care providers and patients.

Objectives: Determine whether care providers (doctors, nurses) consider the SPIN system as usable in a routine hospital care setting. Determine whether care providers (doctors, nurses) consider the SPIN system as acceptable.

Establish the technical feasibility of the SPIN system including hardware (sensors) and software (algorithm) in an in vitro setting.

Methods: A full presentation of the SPIN device was presented to the care providers in an in vitro setting and via a video tutorial of the data capture procedure.

Participants were interviewed during a personal meeting.

Evaluation criteria were: Score to the SUS usability scale, score the net promoter score and Analysis of the qualitative contents of the interviews.

Results: Qualitative analysis of the interviews contents showed a good

The SPIN system will enable earlier intervention in cases where risk factors associated with increased suicidal risk are identified, as well as adjustment of therapies associated with the management of suicidal risk. It can also be used to adjust hospitalization conditions for patients at risk of suicide, transfer knowledge to the prison environment, for example, or to the home of a patient identified as being at high risk (repeat patient).

According to participants, the SPIN device will:

- alleviate the mental workload of caregivers whose job it is to supervise high-risk patients (risk of falling, risk of agitation, risk of suicide, etc.).
- admit patients under better conditions (less frequent searches on admission, less frequent room visits, more human-centred care).

This type of system will free us from the logistical constraints associated with the proximity of surveillance rooms and treatment rooms, or even their availability. In this way, patients in intensive care units (monitoring rooms with a view of the nurses' station) can benefit from more flexible hospital conditions (accommodation), thanks to a remote monitoring system.

Image:

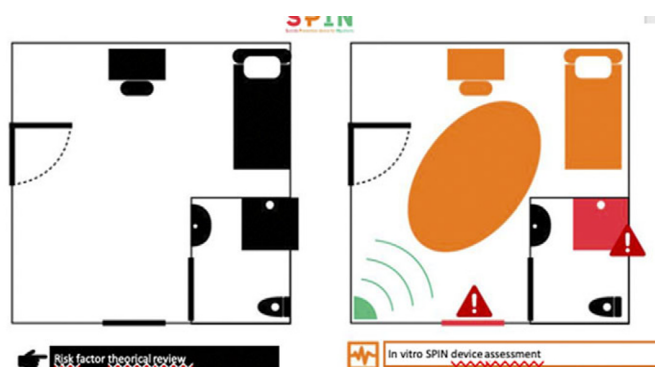
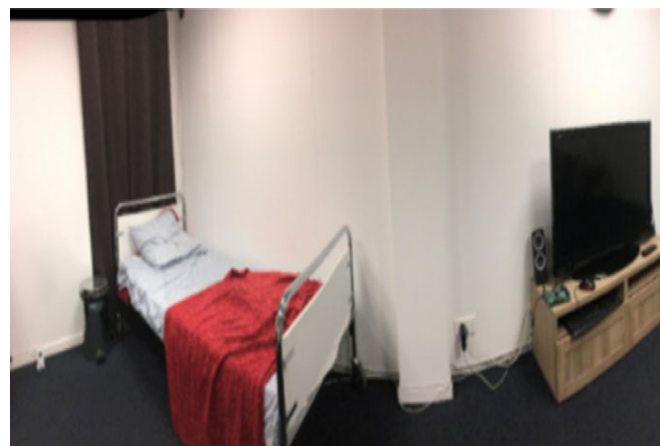


Image 2:



Conclusions: Overall, our study showed a good acceptance of the in vitro setting of the SPIN device in the care providers population. The next step of our study will describe the acceptance in a patient population and the efficiency on suicidal outcomes in routine population.

Disclosure of Interest: None Declared

EPV0733

Efficacy of Step-by-Step (SbS) in Improving Depressive Symptoms and Functional Impairment: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

V. Astori^{1*}, F. Pesente², G. de Oliveira e Souza³, T. Y. Kimura³, G. Coachman Hollenstein¹, L. Pontes de Oliveira¹ and D. Fernandes Holanda⁴

¹Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória;

²Universidade Federal do Espírito Santo, Vitória; ³Universidade Federal de Minas Gerais, Belo Horizonte and ⁴Universidade Federal do Amazonas, Manaus, Brazil

*Corresponding author.

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Introduction: The growing need for effective solutions to bridge the mental health treatment gap is particularly critical in countries where economic and political crises have exacerbated existing mental health challenges. In this context, the urgency for scalable and accessible interventions is evident. Step-by-Step (SbS), a guided digital self-help program developed by the World Health Organization (WHO), has been implemented as a promising approach to alleviate depressive symptoms and improve functionality in vulnerable populations.

Objectives: This meta-analysis aims to evaluate the findings of studies that examined the efficacy of SbS, compared with enhanced care as usual (ECAU), in reducing depressive symptoms and functional impairment.

Methods: We systematically searched PubMed, Cochrane, and Scopus for randomized controlled trials (RCTs) comparing SbS with ECAU. The pooled outcomes were the overall improvement in

depressive symptoms, measured by the Patient Health Questionnaire (PHQ-9), as well as functional impairment measured by the WHO Disability Assessment Schedule-12 (WHODAS). We calculated the mean difference (MD) for the outcomes, with 95% confidence intervals (CIs). Statistical analysis was performed using Review Manager (RevMan) 8.1.1 with a fixed-effect model. Heterogeneity was assessed using the I^2 statistic.

Results: Three RCTs were included, encompassing 604 patients, of whom 263 (43.5%) participated in SbS. The population consisted of 35.1% males and 64.9% females. The mean age was 28.8 years, with a standard deviation of 8.7. SbS reduced PHQ-9 scores (MD = -3.48; 95% CI [-4.44, -2.52]; $P < 0.00001$; $I^2 = 3\%$; Figure 1) and WHODAS scores (MD = -3.37; 95% CI [-4.84, -1.90]; $P < 0.00001$; $I^2 = 0\%$; Figure 2) compared with ECAU.

Image 1:

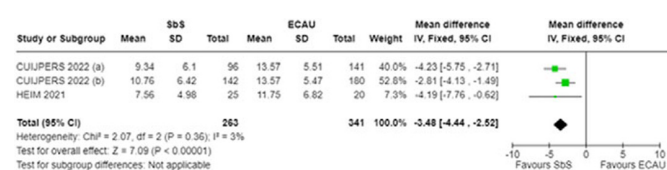


Figure 1 - Forest plot showing a significant reduction in depressive symptoms (PHQ-9 Scores) with SbS compared to ECAU ($P < 0.00001$)

Image 2:

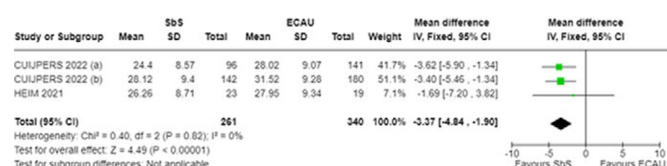


Figure 2 - Forest plot indicating a significant improvement in functional impairment (WHODAS Scores) with SbS compared to ECAU ($P < 0.00001$)

Conclusions: This meta-analysis of RCTs suggests that SbS has a positive effect in reducing depressive symptoms and functional impairment compared with ECAU.

Disclosure of Interest: None Declared

EPV0736

My Virtual Parent, Adult, and Child: Simulating Ego-States in Transactional Analysis with LLM

A. M. Bukinich^{1*}, A. M. Gerashenko¹, G. D. Vzorin¹ and A. M. Konovalova^{1,2}

¹Faculty of Psychology, Lomonosov Moscow State University and
²Department of Pedagogy and Medical Psychology, Sechenov University, Moscow, Russian Federation

*Corresponding author.

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Introduction: Recent advancements in large language models (LLMs) demonstrate their ability to perform verbal generalization and simulate agency, opening new possibilities for innovative

applications in psychotherapy. One promising avenue is the integration of LLMs into Eric Berne's Transactional Analysis, a psychotherapeutic approach that conceptualizes human personality through three distinct ego-states: Parent, Adult, and Child.

Objectives: To investigate the potential of LLMs in Transactional Analysis.

Methods: LLM capabilities described in the literature were compared with demands derived from the theory.

Results: By examining the interactions among ego-states in Transactional Analysis, individuals can become aware of their behavior patterns and modify ineffective ones, fostering healthier relationships and improving social adaptation. Incorporating LLMs into Transactional Analysis offers a novel tool for psychotherapeutic interventions. Therapists could utilize AI to help clients recognize emotional experiences and identify maladaptive interaction patterns. By simulating the Parent, Adult, and Child ego-states, an LLM could engage in dialogues that reflect these internal states, allowing the client to explore and better understand their emotional reactions and needs. This interaction would enable clients to actively engage with different parts of their personality, promoting self-awareness and providing valuable insights into the causes of relational difficulties. While the potential benefits are clear, further research is needed to assess the practical effectiveness of integrating LLMs into Transactional Analysis. Empirical studies should investigate the degree to which LLMs can accurately simulate ego-states and contribute to positive therapeutic outcomes. Additionally, ethical considerations must be addressed to ensure that the application of AI in psychotherapy is both responsible and beneficial for clients.

Conclusions: The proposed approach fosters a deeper understanding of internal conflicts and provides a structured, controlled environment where clients can work through problematic situations.

Disclosure of Interest: None Declared

EPV0737

Developing an early support mHealth intervention for women and partners after perinatal loss: A secondary study of the e-Perinatal Project

P. de-Juan-Iglesias^{1,2*}, S. Carretero³, C. García-Terol⁴, R. Company-Córdoba^{1,2}, F. J. Nieto-Casado^{1,2}, C. Barquero-Jiménez^{1,2}, L. Goossens⁵, J. J. Gil-Cosano⁵ and E. Motrico^{1,2}

¹Perinatal-IBIS Lab, Institute of Biomedicine of Seville (IBIS), Seville;

²Department of Developmental Psychology and Education, Universidad de Sevilla; ³Psychology, Loyola University, Seville; ⁴Hospital maternoinfantil Sant Joan de Déu, Barcelona and ⁵Department of Health and Biomedical Sciences, Loyola University, Seville, Spain

*Corresponding author.

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Introduction: Perinatal loss is a prevalent health concern worldwide, with one in four pregnancies ending in loss. Spontaneous perinatal loss (i.e., miscarriage, stillbirth, and neonatal death) is an excruciating experience that becomes part of parental identity and represents a unique form of grief. Online interventions offer a cost-effective and feasible option for reducing symptoms of depression, anxiety, and grief in cases of perinatal loss. Involving stakeholders during the early stages of content design and development results in interventions that are more relevant and effective.