

**Results:** LSA, also known as ergine, is an ergot alkaloid with a chemical formula very similar to LSD. Ergine is found in plants of the Convolvulaceae family and is primarily consumed through chewing the seeds of these plants, soaking them in alcohol, or preparing an extract. The amount of LSA in each seed is inconsistent, making it unpredictable how much will be consumed, and these seeds may contain other harmful compounds.

LSA is a partial agonist and antagonist of serotonergic receptors, with a preference for 5-HT<sub>1A</sub> and 5-HT<sub>2</sub>, and stimulation of D<sub>2</sub> is related to nausea. It can cause symptoms including euphoria, hallucinations, anxiety, nausea, weakness, fatigue, tremors, and elevated blood pressure. In some cases, the use of LSA is associated with the use of other drugs, and there are case reports of LSA-induced PRES (Posterior Reversible Encephalopathy Syndrome), post-use suicides and the need for hospitalization due to psychosis-like states.

Studies conducted on the quality of information about LSA on digital platforms indicate misinformation with incorrect data that can be harmful to those who ingest the drug. Additionally, there are studies suggesting that LSA may improve symptoms of cluster headaches.

**Conclusions:** LSA is a legal drug in most countries, with widespread misinformation on the internet and limited control over its use. There are potential serious adverse effects caused by the drug, and it is often associated with other psychoactive substances. Greater knowledge about the drug is needed for diagnosing its use and abuse, as well as for educating the public.

**Disclosure of Interest:** None Declared

## EPV0448

### Psychological intervention online for adolescent: acceptability of Online Emotional Self-Regulation Improvement program

C. López Soler<sup>1\*</sup>, A. Martínez<sup>1</sup>, V. Fernandez<sup>2</sup>, M. Castro<sup>3</sup> and J. L. Vicente<sup>1</sup>

<sup>1</sup>Personality, Assessment and psychological treatment; <sup>2</sup>Medical Psychology and <sup>3</sup>Evolutionary and Educational Psychology, University of Murcia, Murcia, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1151

**Introduction:** Given that child and adolescent mental health has been affected by several factors in recent years, such as the distance between home and specialized centers that provide psychological care to children, the lack of care resources, or the lockdown caused by the COVID-19 pandemic, online psychological treatments are becoming increasingly common among the child and adolescent population, although it is necessary to develop this type of treatment for children at psychosocial risk, since these have been developed mostly for the general population. To this aim, the Online Emotional Self-Regulation Improvement program (Mejora de la Auto-regulación para Menores, Online MAM@) was developed.

**Objectives:** To assess the acceptability of the Online Emotional Self-Regulation Improvement program, by the adolescent.

**Methods:** The intervention program was applied to a total of n = 32 children (n = 17 girls) between 11 and 15 years of age. The program consists of 7 target emotions to be worked on, and the acceptance, usability, usefulness, enjoyment of each module and

barriers to use by the children were assessed with an adaptation of the Venkatesh and Davis scale. These measures were taken post-test, once the intervention module was completed. The program was applied online for five weeks by the children, and their regular therapists contacted them to provide them with weekly access codes and reminders in case they were not completing the modules.

**Results:** It was observed that the best rated module was the anger module, the most useful module was the sadness module, the module considered to have the highest usability was the fear module, and the most enjoyed module was the sadness module, although all the modules had very high scores above the average and no significant differences were found in the rating of the modules between sexes. As for the most common barriers to use among the children, problems were found with the completion of the intervention, since they often forgot to access the web, and these did not apply what they had learned outside the intervention program.

**Conclusions:** The Online Emotional Self-Regulation Improvement program is the first program developed in Spanish language for adolescents at psychosocial risk, and may represent a breakthrough to consolidate these programs in the national scene and bring the therapeutic possibilities for adolescents to the same level as in other parts of the world. Focusing on future versions of the program, it would be advisable to reduce its length and incorporate activities outside the treatment program to guarantee a generalization of what is learned in the intervention program in everyday life situations.

**Disclosure of Interest:** None Declared

## EPV0449

### A study of the personality trait-focused digital mental health intervention

S. Jeong<sup>1</sup>, H. Kim<sup>1</sup>, S. K. Lho<sup>2</sup>, S. Mun<sup>2</sup>, I. Hwang<sup>2</sup>, S. Kim<sup>2</sup>, H. Lim<sup>2</sup>, H. Kim<sup>1</sup>, W. Moon<sup>2</sup> and M.-S. Shin<sup>1,3\*</sup>

<sup>1</sup>Psychiatry, Seoul National University Hospital; <sup>2</sup>40FY inc and <sup>3</sup>Seoul National University College of Medicine, Seoul, Korea, Republic Of

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1152

**Introduction:** Mental healthcare services that address a variety of primary complaints which are highly related to maladaptive personality traits among the general population are important to prevent developing psychiatric disorders.

**Objectives:** This study aimed to examine the effectiveness of a digital mental health service (named “Mindling”) that focuses on maladaptive personality traits in the general population.

**Methods:** Participants were recruited through a South Korean community website and screened for adults between the ages of 18 and 60 in terms of personality traits such as perfectionism, low self-esteem, social isolation, or anxiety. Participants were allocated to four intervention programs (Riggy, Pleaser, Shelly, and Jumpy) based on their screening results and were randomly assigned to digital treatment and waitlist groups. Each intervention program was conducted online for 10 weeks. The primary outcomes were all measured by self-report questionnaires; in addition to stress levels, each program included measures of perfectionism (Riggy), low self-esteem (Pleaser), loneliness (Shelly), and anxiety (Jumpy). The secondary outcomes included self-efficacy, depression, and other