Introduction Infertility is not only a medical condition and its impact in mental health is well established. Although most couples facing fertility problems and the demands of medical treatment are able to adjust, some of them may show psychological difficulties with clinical relevance, such as depression and anxiety. The Mindfulness Based Program for Infertility (MBPI) is a group intervention designed for infertile women and data from its efficacy study revealed impact in depressive symptoms reduction as well as in internal and external shame, entrapment and defeat. Based on the MBPI, a mindfulness app targeting infertile patients was developed – the MindfulSpot.
Aims This study addresses the MindfulSpot development.
Methods The MindfulSpot is a prototype mobile app, which seeks to offer the chance of practicing mindfulness in a comfortable and accessible way. This app covers informative audio and written texts. The audio contents correspond to mindfulness formal practices and suggestions for informal practice, making possible its use throughout different moments of the day. Beyond the practices mentioned above, users are invited to explore the informative menu, including information on the impact that infertility may have in several aspects of the patients' lives.
Results The efficacy of the MindfulSpot is still under analysis and results are expected to be available soon.
Conclusions The MindfulSpot was designed as a medium for training mindfulness skills and it includes useful information regarding specific aspects of the emotional impact of infertility. Additionally to its independent use, it may also be used as a support tool of the MBPI.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2279

EV1295

Towards a gold standard for internet-delivered programs in behavioral and mental health

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Introduction Technological innovation has been pervasive and has touched almost every aspect of modern life, including the delivery of behavioural and mental heath care. As telehealth expands, internet interventions are particularly interesting as a medium of delivering effective care. However, standards are required to help inform healthcare policy makers, providers, clinicians and patients.
Objective Move towards outlining a gold standard for internet-delivered behavioural and mental health interventions.
Aims Contribute and build upon existing standards and guidelines for the practice of telehealth, but to now extend these to include internet-delivered interventions.
Methods Drawing from research, experience and practice, the authors propose a matrix for the evaluation of what might be considered a gold standard for internet-delivered behavioural and mental health interventions.
Results Seven elements are proposed and considered aspects of what would constitute a gold standard and they include, the use of evidence-based and empirically supported content, robust, engaging, secure and responsive technologies, shaped by behavioural health subject matter experts, employ user-centred design and development principles, have a focus on accountable care-achieving clinical outcomes, have research and evaluation that supports its effectiveness, and a well developed implementation science and support.
Conclusion The paper proposes some characteristics that could compose a gold standard for internet-delivered interventions for behavioural and mental health care. The contribution is neither exhaustive nor conclusive, but offers an invitation to the discussion.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2280

EV1296

mHealth in mental health: What do the users think about it?

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There is currently a major trend for e-health and the first mental health applications for smartphones are now released. Patients and health care professionals are still struggling to position themselves in relation to these new approaches. So, we wanted to know more about the involvement of mental health users and their care providers in mobile health (mHealth) technologies. We needed to understand their expectations and their reluctances. For achieving this purpose, we carried out an online survey for mental health users ($n = 108$). It turns out that people who responded to this survey are well equipped with smartphones and are experienced in using mobile apps. They expect from professionals an advisory role in relation to e-health. The major interest lies in practical, concrete applications and the main reluctance is about management, transit and storage of data. It is necessary to involve mental health users and health care professionals together in order to develop these new tools. To achieve this, health care professionals must continue to invest themselves in the use and understanding of m-Health tools.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.2281

Treatment practice

EV1297

Drug-induced tardive dyskinesia: A case report

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Introduction Tardive dyskinesia (TD) is a serious medical condition that affects a significant proportion of patients treated with antipsychotic agents.
Objective To report a patient who developed tardive dyskinesia after initiation of antipsychotic and antidepressant treatment.
Case report Miss H. is 24-year-old Tunisian woman who had been diagnosed with bipolar disorder 6 years ago. She received various drugs: olanzapine, haloperidol, amisulpride, sertraline, paroxetine, etc. On November 2013, she first complained of hand tremor and then developed severe dystonia of the trunk and chorea. A series of laboratory tests was performed after the onset of these involuntary movements. It included complete blood count, liver, renal, and thyroid function tests, blood prolactin level, blood glucose level, blood copper level and ceruloplasmin level. A brain MRI was also performed. These examinations showed no specific findings. The diagnosis of TD was presumed. The patient was first treated with amisulpride, lorazepam, avlocardyl and piracetam until May 2014. Then, amisulpride was substituted by olanzapine