baseline and follow-up assessments are based on the ICHOM Standard Set for Addictions (ICHOM SSA, 2020), a set of brief validated questionnaires to measure and monitor treatment outcomes routinely in AOD services.

Following the 6-month follow-up we will perform a qualitative study in a subset of N=20 participants (5 per treatment modality). These participants will be invited to take part in an in-depth interview with one of the researchers, where the following topics will be discussed: treatment history, recovery experiences, helping and hindering factors in recovery, and experiences with different treatment modalities.

Results: 47 participants have been recruited in the OMER-BE study up until October 2022. 38 (81%) of the participants were born male, 9 (19%) were born female. The average age of participants is 33, with ages ranging from 19 to 47 years old.

Preliminary findings will be presented at the congress.

Further recruitment of study participants up to a total of 250 will be undertaken until the end of 2023.

Conclusions: The OMER-BE study aims to assess and improve AOD services by using a self-report tool, measuring PROMs and PREMs.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry 01

EPP0010

Development of a school-based digitalised intervention for ADHD using Intervention Mapping

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Introduction: Attention deficit/hyperactivity disorder (ADHD) is a prevalent and impairing neurodevelopmental disorder affecting 2-5% of children. These children are at risk of negative health, social and educational outcomes; ADHD incurs an estimated £670 million annual cost to health, education and social care in the UK. Children with ADHD often experience severe difficulties at school despite drug treatment: effective psychosocial interventions are needed. There is mixed evidence for the effectiveness of existing school-based interventions for ADHD, which are complex and resource-intensive, contradicting the preferences of teachers for short, flexible strategies that suit a range of ADHD-related classroom-based problems.

Objectives: To develop a prototype of a school-based intervention for ADHD.

Methods: Intervention Mapping, a framework for developing theory- and evidence-informed interventions with explicit consideration of implementation context, was used. Logic models were developed of the behaviour change steps required by each agent in the school system to improve outcomes for students with ADHD. A comprehensive evidence synthesis was conducted for interventions that targeted the key outcomes of relevance (inattention, impulsivity, hyperactivity, peer and teacher relationships, self-esteem, executive functions and organisation skills); findings were integrated alongside behaviour change theory and theories of the underlying aetiology of ADHD, in order to develop a logic model for the intervention. Components of the intervention were then developed in line with the logic model using evidence-based behaviour change methods, with input from people with ADHD, school staff and other key stakeholders at every stage of the development process.

Results: The development process resulted in a prototype digital platform that can be utilised to deliver a personalised behavioural intervention for children with ADHD within primary schools. It contains some core components that all teachers and children will complete, and then is individualised based on the key problems each child is currently facing. There are six optional modules, each containing a range of behavioural strategies for teachers to implement with the student or the whole class. The toolkit includes a symptom tracking graph that teachers can use to visualise the progress a child is making, and is developed to align with the current resources and capacity of primary schools in the UK.

Conclusions: The prototype intervention is designed explicitly to fit with existing school structures and demands, and to be low cost in terms of delivery and training. It focusses on adapting the school environment to better suit children with high levels of ADHD symptoms. It is now being feasibility tested, and in this talk I will describe the development process using Intervention Mapping, and the initial feedback from the first testing of implementation of the prototype.

Disclosure of Interest: None Declared

EPP0011

Clinical characteristics and functional improvement of patients admitted to a Child and Adolescent Autism Spectrum Disorders (ASD) Day Therapeutic Unit

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Introduction: The ASD Day Therapeutic Unit of the HUMT is an interdisciplinary reference center specialized in ASD, for the care of children and adolescents with this pathology, that offers care by programs with the aim of achieving functionality altered.

Objectives: The main objective of this study is to know the clinical characteristics of the patients admitted to our center and to offer preliminary data on the functional improvement achieved in a pilot program that works by processes.

Methods: This is a prospective clinical study of patients with ASD, treated at the ASD Day Therapeutic Unit of the HUMT since februay 2022 till nowadays. We compare the clinical improvement and functionality acquired through the evaluation through various scales: Conners scale, SRS, BRIEF and CBCL.

Results: Our sample is made up of 19 patients with ASD who are admitted to the HUMT ASD Day Hospital. 13 belonged to the intensive care program, 5 to recovery of low-functioning functionality, and 1 to the differential diagnosis program. 84.21% (n=16) have preserved cognitive capacity. The median age is 13.1 years. 73.7% of the sample are men.