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# Trauma and Mental Health during the Global Pandemic

Abstract Book of the ESTSS 2021 Virtual Conference Editors: Annett Lotzin, A.A.A. Manik J. Djelantik, Marloes B. Eidhof, Anke de Haan, & Jana Kiralj

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of patients' needs to care and support. Strategies to improve patients' experience were suggested including offering psychological services to all patients regardless of whether they show signs of distress or not (n = 18) and allowing for the patient to be accompanied at the time of diagnosis and for the first chemotherapy/radiotherapy session (n =16). Conclusions: These results provide a better understanding of the impact that the pandemic has on individuals who also have to deal with a very stressful life event, that is a breast cancer diagnosis and/or treatments. Moreover, the proposed strategies reflect the patients' needs and could be applied in order to improve the mental health of individuals diagnosed with breast cancer.

#### Track: Mental health assessment

#### 8-001

#### Overcoming digital exclusion for treatment of Complex PTSD: A case study

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Background: In a time of rapid technological change, digital equipment and skills have become increasingly important to connect people to information, opportunities, and each other. This growth potentially excludes some communities and individuals with complex mental health difficulties and multiple levels of deprivation, who face a heightened risk of digital exclusion. Objective: To explore in detail the reasons for digital exclusion in traumatised clients awaiting Complex PTSD treatment and report on an innovative intervention to facilitate digitally excluded clients' access to remote treatment. A qualitative case study describing the development of a community-based participatory intervention to reduce digital inclusion in clients awaiting Complex PTSD treatment in a secondary mental health service in London, United Kingdom. We report themes relating to historical and current reasons for digital exclusion and describe the process of designing an intervention to increase access to technology, digital literacy, and client self-efficacy to facilitate access to remote Complex PTSD treatment. Results: Major reasons that appeared to maintain digital exclusion included being unable to access the necessary technology, a perceived lack of knowledge, overcrowded housing and lack of privacy, and economic deprivation. Facilitators for overcoming digital exclusion included clients' intrinsic motivation, enabling access to the necessary technology, and facilitating access to individualised learning of IT skills. Conclusions: Multiple factors contribute to digital exclusion among mental health service users, including material deprivation and low levels of digital literacy. Efforts to overcome digital exclusion must address the multiple deprivations individuals may face in the offline world in addition to their individual mental health needs.

### 8-002

## Online assessment of PTSD and CPTSD with the novel International Trauma Interview (ITI): A qualitative

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Background: Restrictions amid the COVID-19 pandemic brought to light a need for remotely delivered mental health services. The present study is aimed at validation of the International Trauma Interview (ITI; Roberts et al., 2019) used for the assessment of ICD-11 PTSD and CPTSD symptoms. The objective of the current analysis was to explore the experiences of participation in the interview online. Method: The sample consisted of 52 adults. 40 (76.9%) were female; average age 34.4 years (SD = 9.7). Six (11.5%) participants met diagnostic criteria for PTSD and 10 (19.2%) - for CPTSD. Participants were asked to report their experiences of participation in the interview via video meeting. The data were processed using thematic analysis (Braun & Clarke, 2006). Results: Around one third (36%) of the participants reported only positive aspects of participation in the interview online (saves time, feeling safer at home, etc.), a quarter (25%) - only negative sides of online interviewing in comparison to face-to-face contact (lack of privacy at home, prefers face-to-face contact, etc.). 31% of the sample expressed both, positive and negative, aspects of an online interview. 8% of the participants were neutral about being interviewed online. Participants meeting diagnostic criteria for CPTSD were significantly more likely to report safety at home as a positive aspect of online interview than the remaining sample. Conclusions: Online diagnostic interview of PTSD and CPTSD was positively received by the participants. However, challenges of online assessment within specific groups should be further investigated.