Discussion: The proposed analyses aim to offer a comprehensive perspective on the relative effectiveness of digital versus traditional interventions for mental health. Considering the rapid integration of digital tools in psychotherapy, these findings will support the development of evidence-based, personalized mental health care strategies.

Future directions should include examining the long-term sustainability of digital interventions, identifying factors that enhance user engagement, and exploring the benefits of hybrid treatment models. These insights may inform both clinical and policy-level decisions, promoting wider access to effective psychological support through mHealth technologies.

Canadian patients' perspective on the acceptability of an adapted Australian internet cognitive-behavioural program for social anxiety disorder

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Introduction: Social Anxiety Disorder (SAD) is characterized by intense fear and anxiety in social situations induced by the possibility of scrutiny by others. While cognitive behaviour therapy (CBT) is recommended as an initial treatment for SAD, barriers such as cost and fear of judgment can hinder treatment-seeking. THIS WAY UP, an Australian digital mental health service provider, developed an internet-delivered CBT (iCBT) program for SAD. Our team translated and adapted this SAD program for French and English speakers in Canada. **Objective**: This study evaluates the program's acceptability in the Canadian provinces of Quebec and Ontario to inform further adaptations in both official languages.

Methods: Participants (n=24) with lived experience of social anxiety and living in Quebec and Ontario will be invited to participate in four focus groups, where they will be asked to review, in their native language, and provide feedback on the six-lesson program. An interview guide will orient the discussions. Focus group discussions will be transcribed verbatim and thematically analyzed (inductive and deductive approaches). Key themes will be illustrated with representative quotes, and recurring patterns will be identified to emphasize shared perspectives.

Results: Findings from this work-in-progress will be organized into broad areas such as overall impression/appreciation of the program, characters and situational examples, content, expectations and objectives, and suggestions for improvement.

Conclusion: Adapting the SAD iCBT program based on the perspectives of English and French-speaking Canadians with lived experience of SAD can contribute to increasing access to evidence-based treatment for SAD, as well as decreasing barriers to treatment-seeking. Findings can also be considered for the adaptation of digital interventions in other contexts.

Metacognitive Therapy for Obsessive Compulsive Disorder: A Systematic Review

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Obsessive-Compulsive Disorder (OCD) is characterized by intrusive thoughts, images, or urges that trigger anxiety (known as obsessions), as well as repetitive behaviours (compulsions) aimed at alleviating this anxiety (American Psychiatric Association, 2022). OCD affects approximately 2–3% of the general population over their lifetime and significantly impairs individuals' quality of life (Ruscio et al., 2010). Research shows that the quality of life for those with OCD is notably poorer compared to healthy individuals and those with other psychiatric or medical conditions (Macy et al., 2013). Given this evidence, effective treatment for OCD is crucial. Cognitive Behavioral Therapy (CBT) is considered the most effective evidence-based psychotherapy for OCD (Hirschtritt et al., 2017; Öst et al., 2015). A meta-analysis revealed an effect size of 2.12 for CBT in treating OCD within routine clinical care (Öst et al., 2022). Exposure and response prevention (ERP) is another psychotherapy technique in the treatment of OCD (Hezel, & Simpson, 2019). In addition to these treatment approaches, Metacognitive Therapy (MCT) has emerged as a promising therapeutic approach and has demonstrated efficacy across a wide range of psychological disorders, including anxiety and depression (Wells, 2009; Normann & Morina, 2018; Normann et al., 2014). MCT is based on the Self-Regulatory Executive Function (S-REF) model and focuses on modifying dysfunctional metacognitive beliefs rather than the content of intrusive thoughts (Wells & Matthews, 1996). Although some studies suggest that MCT may also be beneficial for individuals with OCD, there is currently no systematic review that specifically evaluates the effectiveness of MCT for OCD. This systematic review aims to address this gap in the literature by synthesizing the available evidence on the efficacy of MCT in the treatment of OCD. It also examines whether MCT can serve as a viable alternative or complementary intervention to existing treatments such as ERP. This systematic review adhered to the Cochrane guidelines for systematic reviews (Higgins et al., 2019) and will be reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). We searched PsycINFO, PubMed, Web of Science, and Scopus databases. The search strategy employed text terms grouped into two thematic blocks: "obsessive-compulsive disorder" (OCD, obsessions and compulsions, OC) AND "metacognitive therapy" (metacognitive approach, metacognitive training, meta-cognitive therapy, metacognitive interventions). The search covered studies published between 2014 and 2025. Inclusion criteria were: (i) peer-reviewed articles, (ii) original research, (iii) published in English or Turkish, (iv) referring to the metacognitive model of OCD, and (v) involving participants diagnosed with OCD. The initial search yielded 290 potentially relevant records. After title and abstract screening, 201 were excluded due to duplication, and 25 articles were selected for full-text review. Following detailed evaluation, 15 studies met the predefined eligibility criteria and were included in the review. The analysis phase is currently ongoing. Preliminary findings suggest that MCT appears to be a promising treatment method for OCD, particularly in addressing dysfunctional metacognitions and beliefs. While it shows comparable efficacy to ERP and CBT, it can also be a supportive intervention.