

development in different cultures can help in clarifying universal and culture-dependent aspects of autonomy development.

Objectives: The present research studies adolescent's autonomy in context of family functioning in Azerbaijani (Baku) and Russian (Moscow) adolescents.

Methods: Family Environmental Scale (FES), Method of unfinished sentences to study adolescent's autonomy fields («I feel independent when...»), The Separation-Individuation Test of Adolescence (SITA) were used in the study with 201 adolescents, aged from 13 to 18.

Results: Family functioning of adolescents from Moscow is less achievement oriented (U-test, $p=0,000$), family life is less organized ($p=0,000$) and controlling ($p=0,000$). Adolescents in Baku consider the value of independence in families higher ($p=0,01$).

Context analysis of unfinished sentences shows universal categories of autonomy representation (autonomy in specific activities, autonomy as possibility to be alone) and culture specific representations: adolescents from Moscow describe autonomy more like «independence from others», whereas adolescents from Baku describe autonomy as «the presence of others nearby».

Engulfment Anxiety shows negative correlations ($p<0,01$) with family cohesion ($r=0, -0,474$), conflict ($r=-0,466$) and independence ($r=-0,326$) for all adolescents, with expressiveness ($r=-0,490$) and achievement orientation ($r=-0,286$) by Moscow adolescence and with intellectual-cultural ($r=-0,249$) and recreational family orientation ($r=-0,278$) by Baku adolescents.

Conclusions: Autonomy development in families has universal aspects (positive effects of cohesion, etc.), but Moscow adolescents are less focused on others and family in their autonomy development.

Disclosure: No significant relationships.

Keywords: adolescence; personal autonomy; cross-cultural study

EPV0169

Association of childhood externalizing, internalizing and comorbid symptoms with long-term economic outcomes

F. Vergunst^{1*}, M. Commisso², M.-C. Geoffroy², C. Temcheff³, S. Scardera³, M. Poirier³, S. Côté¹, F. Vitaro⁴, G. Turecki², R. Tremblay¹ and M. Orri²

¹University of Montreal, Social And Preventive Medicine, Chemin de la Côte Ste-Catherine, Canada; ²McGill University, Department Of Psychiatry, Rue Sherbrooke, Canada; ³McGill University, Department Of Educational And Counselling Psychology, Rue Sherbrooke, Canada and ⁴University of Montreal, Department Of Psychoeducation, Chemin de la Côte Ste-Catherine, Canada

*Corresponding author.

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Introduction: Externalising and internalising problems are common in school-aged children. Few studies have examined the association between comorbid externalising and internalising symptoms and adult-life economic participation.

Objectives: To investigate associations of childhood externalising, internalising, and comorbid internalising-externalising symptoms with earnings and welfare receipt in adulthood.

Methods: We used group-based trajectory modeling to identify profiles of children with externalising, internalising, and comorbid

symptoms from age 6-12 years. We estimated associations of the identified profiles with participants' employment earnings at age 33-37 years and welfare receipt from age 18-35 years obtained from tax return records. The child's IQ and family socioeconomic background were adjusted for.

Results: Four profiles were identified: no symptoms (45%), externalizing (29%), internalizing (11%) and comorbid symptoms (13%). Relative to the no-symptom profile, participants in the comorbid profile earned US\$-18,323 less annually (95% CI=-20,925 to -15700) at age 33-37 years and were significantly more likely to receive welfare across follow-up (RR=6.30, 95% CI=5.4 to 7.2). Similarly, compared to the no-symptom profile, participants in the externalising profile earned US\$-7,256 less per year (95%CI=-9,205 to -5,307), while participants in the internalising profile earned US\$-9,716 less (95%CI=-12,358 to -7,074). Significant interactions by sex were observed. For participants in the comorbid profile, males were more likely to have lower earnings while females were more likely to receive welfare, relative to the no-symptom profile.

Conclusions: Children exhibiting comorbid externalising and internalising symptoms are at high risk of poor economic outcomes in adulthood. Early detection, prevention and management is crucial to improve the life chances of this vulnerable population.

Disclosure: No significant relationships.

Keywords: disruptive behaviors; developmental psychopathology; behavioral disorders

EPV0171

Electroconvulsive therapy in children and adolescents: a case report

L. Mallol Castaño*, P. Del Sol Calderón and R. Paricio Del Castillo
Hospital Universitario Puerta de Hierro, Psiquiatría Infanto-juvenil, Madrid, Spain

*Corresponding author.

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Introduction: Electroconvulsive therapy is a proven treatment for mood and psychotic disorders in adult patients. It is estimated that in children and adolescents this type of therapy is underutilised despite the fact that the most recent studies have supported the success of ECT in these patients. A case is described of a 15-year-old male patient diagnosed with psychotic disorder who was previously treated with several antipsychotics, including clozapine, and finally treated with electroconvulsive therapy.

Objectives: Review of the clinical indications of electroconvulsive therapy in children and adolescents with psychotic or mood disorders through a clinical case of a patient admitted to a Psychiatric Short Stay Unit

Methods: Detailed psychopathological description of the case as well as the treatments used (psychotropic drugs and electroconvulsive therapy).

Results: After the administration of electroconvulsive therapy, an improvement in both positive and negative psychotic symptomatology was observed, with a decrease in soliloquies and an improvement in affective flattening.

Conclusions: Electroconvulsive therapy is an effective treatment in adolescent patients with psychotic and mood disorders, which should be considered as indicated as an effective treatment.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; PSYCHOTIC DISORDERS; mood disorders; children and adolescents

EPV0175

problematic social media use among child and adolescent psychiatry consultants: family risk factors

A. Ben Othman^{1*}, M. Hamza¹, B. Amemou², A. Ben Hamouda¹, S. Bourgou³, F. Charfi¹ and A. Belhadj¹

¹Mongi Slim University Hospital, Child And Adolescent Psychiatry Department, La Marsa, Tunisia; ²Fattouma Bourguiba University Hospital, Psychiatry Department, Monastir, Tunisia and ³hospital of mongi slim, Pedopsychiatry, Tunis, Tunisia

*Corresponding author.

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Introduction: the problematic use of social media (PUSM) is considered nowadays as a behavioural addiction. Social media seem to provide an ephemeral escape especially for children suffering from dysfunctional families and abuse.

Objectives: To study in a population of children and adolescents followed in outpatient child psychiatry unit, the prevalence, and family risk factors related to PUSM.

Methods: a descriptive study was conducted among child and adolescent psychiatry consultants. Parents were asked to provide answers for the BSMAS (Bergen Social Media Addiction Scale). We used a self-administered questionnaire and the BSMAS to assess patients' social media's use characteristics and the APGAR Family Test to assess their satisfaction with their family functioning.

Results: The prevalence of PUSM was estimated at 9.2% in our population according to the conservative approach, rising to 48.7% according to the liberal approach. APGAR Family Test scores were negatively correlated with BSMAS scores (Pearson's coefficient = -0.37; $p=0.002$). Significantly higher scores were found in cases of exposure to physical ($p=0.001$) or moral ($p=0.037$) abuse and among patients who witnessed spousal violence ($p=0.041$), and whose parents had a lower level of education. A positive and significant correlation was found between parents' and adolescents' BSMAS scores ($p=0.04$).

Conclusions: Psychopathological fragility triggered by poor family functioning expose to the risk of PUSM. The implementation of preventive strategies and a rigorous and global management of these adolescents are imperative to fight against this disorder.

Disclosure: No significant relationships.

Keywords: APGAR Family Test; social media; Child and adolescent; Bergen Social Media Addiction Scale

EPV0176

Mental health in children and adolescents during the pandemic year 2020: Results from a department of child and adolescent psychiatry in Romania

M. Opait*, A. Floricel, L. Niculae and E. Andrei

Spitalul Clinic de Psihiatrie „Profesor Doctor Alexandru Obregia”, Child And Adolescent Psychiatry, Bucharest, Romania

*Corresponding author.

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Introduction: Infectious diseases can disrupt the environment in which children live and have negative consequences for the well-being, development and mental health of this population.

Objectives: Our aim is to compare the number and diagnoses of patients admitted during the first COVID-19 pandemic year to patients admitted during the same period in the previous year.

Methods: Retrospective observational study of patients admitted between March 1, 2020 and February 29, 2021 and the analogous period of 2019-2020 in a child psychiatry unit. Microsoft Excel was used for descriptive statistics.

Results: In our first pandemic year, there were 47.9% less admissions to our inpatient unit ($n=717$), comparing to the previous year ($n=1376$). Regarding the outpatient-type evaluations, there were 37.7% more admissions than the previous year ($n=1813$). Considering the fact that the number of inpatients was limited in 2020 due to the restrictive measures imposed, most of our patients were consulted on an outpatient basis. During the 5 weeks nationwide lockdown, 72 children were consulted, 42.8% representing psychiatry emergencies. Regarding the diagnoses made in the whole pandemic year, disorders of psychological development were the most common, with almost half of the total of admissions (44.4%). The number of autistic outpatients in the pandemic year ($n=1004$) was almost double than the one before ($n=572$).

Conclusions: Even though there was a reduction of admissions to the child psychiatry inpatient unit during the first pandemic year, we did not identify major differences regarding the discharge diagnoses comparing to the year before.

Disclosure: No significant relationships.

Keywords: Covid-19; mental health; Children

EPV0177

Type 1 diabetes and anxiety in adolescence. A case report.

A. Franco Soler*, A. Cerame and P. Coucheiro Limeres

Hospital Universitario José Germain, Psychiatry Department, Leganés, Spain

*Corresponding author.

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Introduction: Type 1 diabetes (T1D) incidence is increasing around the world, being the third chronic medical condition in childhood. It is characterized by pancreatic β -cell loss which leads to insulin deficiency. Treatment includes insulin medication and lifestyle changes. Youngsters with T1D are at a high risk of psychological comorbidity (depression, anxiety, eating disorders), and especially anxiety symptoms have been correlated with worse diabetes control.

Objectives: Our purpose is to examine the impact of T1D in adolescence regarding a case report and literature review.

Methods: We present the case of a 14-year-old female with T1D onset and no psychiatric history. She is referred to our service three months after the T1D onset. Both her parents and the patient were anxious about the diagnostic implications and the treatment. The patient sometimes refused to follow insulin treatment and was angry and labile. Both family and individual assessment interviews were accomplished.

Results: Regarding our assessment and after coordination with endocrine service (doctor and nurse) we diagnosed an [F43.23] Adjustment Disorder (acute, with mixed anxiety and depressed mood). Following recent evidence Acceptance and Commitment