

In those schools, 1357 classes participated, representing 29 414 children. We collected 15 206 questionnaires filled by children of elementary schools and 21 016 questionnaires filled by teachers for children in nursery and elementary schools. Analysis are ongoing. By March 2023, we will produce weighted estimates of prevalence of children internal and external disorders based on the children self-assessment and the teachers' assessment respectively and different dimensions of wellbeing. Prevalences will be presented by sex, age and school levels.

**Conclusions:** Enabee will provide a representative picture of French children wellbeing and mental health and protective and risks factors. This milestone is essential to guide national policies and build dedicated actions for children in order to promote and improve their wellbeing and mental health. Beyond this edition, Enabee is the first step of a long term monitoring system that will provide regularly updated data and will be completed by ancillary and ad hoc studies.

**Disclosure of Interest:** None Declared

## EPP0704

### Mental health related service contacts in children with 'sub-threshold/sub-clinical' psychopathology in the Mental Health of Children and Young People in England national survey

T. Newlove-Delgado<sup>1\*</sup>, F. Mathews<sup>1</sup> and T. Ford<sup>2</sup>

<sup>1</sup>Medical School, University of Exeter, Exeter and <sup>2</sup>Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.999

**Introduction:** Population surveys often present prevalence estimates of children meeting criteria for psychiatric disorders, which are used to plan services. However, studies have shown that those with 'subthreshold' or 'subclinical' symptoms also experience poorer outcomes, and benefit from identification and support.

**Objectives:** This study uses data from the 2017 NHS Digital Mental Health of Children and Young People in England survey (MHCYP-2017), a large probability sample, to examine prevalence of 'sub-threshold' difficulties and contact with services.

**Methods:** Secondary analysis of data from MHCYP-2017, using data on 6,718 children aged 5 to 16. The main measures of mental health were the Strengths and Difficulties Questionnaire (SDQ), a validated dimensional measure, and the Development and Well-being Assessment (DAWBA), a standardised diagnostic assessment which was clinically-rated to assign diagnoses based on ICD-10 and DSM-V criteria. Parents also reported on mental health related service contacts for their child in the previous year. Descriptive analysis reported the proportion of participants with 'sub-threshold' difficulties. This was defined as a high or very high score on the parent-rated SDQ total difficulties score and/or impact score, but not meeting criteria for a DSM-V diagnosis on the DAWBA. Levels of service contact in this group were reported.

**Results:** According to provisional findings (subject to final weighting strategy), 7.2% (95% CI 6.5-7.8%, n=486) of 5- to 16-year-olds fell into this 'sub-threshold' category, 79.1% (95% CI 78.1-80.1%, n=5,295) had no disorder and did not have raised impact or total difficulty scores on the SDQ, and 13.7% (95% CI 12.9, 14.6%, n=937) had a DSM-V diagnosis. Almost half of those with 'sub-

threshold' difficulties had contact with professional services in the previous year (47.4%, 95% CI 42.8, 52.1%). Teachers were the most commonly reported professional service contact (39.8%, 95% CI 35.3, 44.4%). Contact with child mental health specialist services was reported in 6.5% (95% CI 4.5, 9.1%).

**Conclusions:** This initial analysis demonstrates that a small but significant (on a population level) proportion of children in this sample had elevated levels of mental health difficulty and/or impact on functioning but did not meet criteria for a disorder. As these data are cross-sectional, it is possible that some children may meet, or have met, diagnostic criteria at an earlier or later point. Almost half of this group had had mental health related contact with a teacher, providing opportunities for early intervention, but only a small proportion had contact with specialist services. These analyses can inform planning and targeting of support for children who may not meet criteria for specialist services.

**Disclosure of Interest:** None Declared

## Mental Health Care 03

### EPP0706

#### Burn out of health care professionals leads to addiction

S. Elkardi\*, H. Choujaa and M. Agoub

Psychiatry, chu ibn rochd, casablanca, Morocco

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1000

**Introduction:** Despite their knowledge about the risks and treatment options for substance abuse disorders, healthcare workers are not immune to them. Meanwhile, a number of studies have shown that health professionals have an increased risk of depression, addictive diseases and burnout due to the occupation-linked mental and physical burden and in particular an increased prevalence of substance-related disorders.

**Objectives:** The aim of our present study was to focus on prevalence and the risk factors of addiction behavior and its possible association with burnout among healthcare workers in a moroccan hospital applying a questionnaire-based survey.

**Methods:** Questionnaires were distributed to 250 healthcare workers of CHU IBN ROCHD Casablanca, Morocco. A total of 200 participants completed the survey. Data collected in 2021 were analysed by using descriptive statistics, an independent t test and Pearson's correlation analysis.

**Results:** In our sample, the 26-35 year old age group presents 74%, 79% of the participants are women, 38.5% of the participants have freelance status, 62.5% are single, 78.8% of participants have no children, 60% of the participants are residents and 33.2% are nurses. Almost half of the participants have between 1 and 5 years of training or work experience. 37.2% reported a history of an anxiety disorder and 33.1% have a history of a depressive disorder. 90.2% have never used any substance.

45% spend more than 3 hours, 86.6% of the participants used the internet between 6pm and midnight.

In total, 20.5% suffered from mild burnout, 31% moderate burnout and 48.5% severe burnout, according to the Maslach Burnout Inventory. The prevalence of depression was 32%; that of anxiety was 29.5%.