outcomes of self-quarantined residents to provide future intervention targets.
Objectives: During the COVID-19 pandemic, mandatory quarantine may threaten people's psychological health and well-being. This study aimed to test the relationship between self-compassion and general well-being among self-quarantined residents and to examine the mediating role of certainty in control (i.e., a component of psychological security) in the relation. It further explored the moderated role of positive coping in the correlation between self-compassion and certainty in control.
Methods: Participants were 312 self-quarantined residents (120 men, 192 women) from a community in Liaoning Province, China, who completed online questionnaires of the Self-Compassion Scale (SCS), Security Questionnaire (SQ), Simplified Coping Style Questionnaire (SCSQ), and General Well-Being Scale (GWBS). A moderated mediation model was conducted to test the hypotheses.
Results: The moderated mediation model suggested that self-compassion was positively associated with well-being. Certainty in control partially mediated the relationship between self-compassion and general well-being. Moreover, positive coping moderated the relationship between self-compassion and certainty in control. The link between self-compassion and certainty in control was stronger among low-level positive coping people than high-level ones.
Conclusions: Findings reveal that increased psychological security (*e.g.*, certainty in control) by self-compassion contributes to general well-being during the self-quarantined period. People with low positive coping may benefit more from self-compassion. This study thus broadens the understanding of the mechanism underlying self-compassion on positive functioning and well-being. Psychological interventions should focus on self-compassion to enhance the general well-being of quarantined people in the pandemic.

Disclosure of Interest: None Declared

EPP0431

The impact of prenatal maternal mental health during the COVID-19 pandemic on birth outcomes: A cohort study within the CONCEPTION cohort

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Introduction: External natural events, such as the COVID-19 pandemic, can contribute to increased stress, depression and anxiety in pregnant persons. Thus far, studies on the impact of maternal mental health during the pandemic on perinatal outcomes have been conflicting.
Objectives: Assess the impact of prenatal mental health during the COVID-19 pandemic on preterm birth (PTB) and low birthweight (LBW).
Methods: Pregnant individuals, >18 years were recruited in Canada, their data were collected through a web-based questionnaire. Our analysis includes data on individuals recruited between 06/2020 and 08/2021, who completed questionnaires at baseline and 2-month post-partum. Data on maternal sociodemographic, comorbidities, medication, mental health measures (Edinburgh Perinatal Depression Scale, General Anxiety Disorder-7, stress), hardship (CONCEPTION study Assessment of Stress from COVID-19 –150 points), gestational age at delivery and birth weight were self-reported. PTB defined as delivery before 37 weeks of gestation. LBW defined as birth weight less than 2,500 grams.
Results: A total of 1,265 and 1,233 participants were included in the analyses of PTB and LBW, respectively. After adjusting for potential confounders, we found no differences between prenatal mental health and PTB ([depression [adjusted RR [aRR] 1.01, CI 95% 0.91 to 1.11], anxiety [aRR 1.04, CI 95% 0.93 to 1.17], stress [aRR 0.88, CI 95% 0.71 to 1.10], hardship [aRR 1.00, CI 95% 0.96 to 1.04]). However, we found that the risk of PTB was increased with ethnicity/race (aRR 3.85, CI 95% 1.35 to 11.00), obstetrician/gynecologist follow-up (aRR 2.77, CI 95% 1.12 to 6.83). We didn't find any significant association between prenatal mental health and LBW. However, annual household income, previous delivery were associated with a decreased risk of LBW (aRR 0.15, CI 95% 0.05 to 0.49; aRR 0.39, CI 95% 0.20 to 0.77, respectively).
Conclusions: Conclusion: No association was found between prenatal mental health during the COVID-19 pandemic and the risk of PTB or LBW. However, it is imperative to continue the follow-up of mothers and their offspring in order to detect early any long-term health problems.

Disclosure of Interest: None Declared

EPP0432

Anxiety and depressive disorders in patients with Covid-19

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Introduction: Coronavirus infection has shown a significant impact not only on physical health but also on mental health. Among the long-term consequences in the post-COVID period, depressive and anxiety disorders are well observed. A potential mechanism for developing mental disorders after undergoing SARS-CoV-2 is a neuroinflammatory process in the central nervous system.
Objectives: This study aimed to discover the features of anxiety and depressive disorders in people who suffered from COVID-19.
Methods: The study was conducted from October 2021 to September 2022 in outpatient and inpatient conditions of the S. S. Korsakov Psychiatric Clinic of Sechenov University. 58 patients (17 (29.3%) men and 41 (70.7%) women) with a diagnosis of F32, F34.1, F41-F48.0, or F06.3-06.4 according to ICD-10 who underwent COVID-19, mainly of mild and moderate severity (46 (79,3%) and (8 (13,8%) consequently), were examined clinically.

Results: The median age among the respondents was 34 years. Mental illness in the family history had 38 (65.5%) people. Among the examined patients, 21 ((36.2%) people had psychasthenic traits premorbid, 13 (22.4%) – hyperthymic, 9 (15.5%) – hysterical. 15 patients (25.9%) had a history of maternal disorders during pregnancy and childbirth – 16 (27,6%) had neurotic disorders in childhood, 27 (46.6%) had a traumatic brain injury or general anesthesia. 2 patients (3.4%) reported substance abuse, 7 (12.1%) abused alcohol. The median period from somatic well-being after infection to the onset of mental illness was 3 months. The duration from the onset of symptoms of a mental disorder to treatment with a psychiatrist was 3 months. The main symptoms in the clinical picture were impaired concentration (100.0%), decreased productivity (98.3%), sleep disorders (96.6%), decreased mood (98.3%), anxiety (89.7%), anhedonia (75.9%), decreased appetite (65.5%), asthenia (65.5%), emotional lability (44.8%), self-blame ideas (43.1%), obsessive thoughts (39.7%), irritability (37.9%), suicidal thoughts (19.0%).
Conclusions: About two-thirds of respondents were female. The main reasons for consulting a psychiatrist were decreased concentration, sleep disorders, and reduced productivity. In addition, symptoms of anxiety, asthenia, and low mood were revealed, and more than half of the patients complained of apathy. Although the severity of depression was moderate, and the level of anxiety was mild, all these disorders were accompanied by clinically significant fatigue.

Disclosure of Interest: None Declared

EPP0433

The impact of the COVID-19 pandemic on children and adolescent mental health inpatient service use in England: An interrupted time-series analysis of national patient records

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Introduction: During the COVID 19 pandemic children and young people (CYP) faced significant restrictions. The virus and restrictions also affected how health services could function, including mental health. Research analysing the COVID 19 pandemic is important to ensure dynamic and resilient service design in case of future national emergencies.
Objectives: To investigate the impact of COVID-19 lockdowns on CYP psychiatric admission trends during lockdowns 1 (started 26 March 2020) and 2 (started 20 November 2020) of the COVID 19 pandemic in England.
Methods: Routinely collected, retrospective, English, administrative data looking at the CYP hospital admissions, length of stay and patient demographics were analysed using an interrupted time series analysis to compare pre-pandemic service use with service use during COVID 19 lockdowns 1 and 2. The analysis used an ordinary least squares (OLS) approach with Newey–West standard errors to handle autocorrelation and heteroscedasticity.

Results:

Table 1. Patient characteristics in the entire sample (n=6,250)

Variable	Pre-pandemic (n=1,156)	Post-pandemic (n=94)	Total sample (n=6,250)
Mean age at admission (SD) [Median; IQR]	15.3 (1.7) [16;3]	15.6 (1.6) [16;2]	15.3 (1.7) [16;3]
Gender			
Female	70%	72%	70%
Missing	1%	2%	1%
BAME background			
Yes	18%	18%	18%
Missing	7%	6%	7%
Looked after			
Yes	11%	8%	11%
Missing	14%	13%	14%
In full education			
Yes	43%	34%	43%
Missing	35%	47%	35%
Mean number of admissions per patient (SD) [Median; IQR]	1.7 (1.2) [1;1]	1.2 (0.6) [1;0]	1.7 (1.2) [1;1]
Mean length of stay (SD) [Median; IQR] n	93 (94) [68;94] 6,065	65 (65) [43;77] 71	93 (94) [67;94] 6,136
Mean number of out-of-area admissions per patient (SD) [Median; IQR]	0.48 (0.8) [0;1]	0.33 (0.6) [0;1]	0.48 (0.80) [0;1]

SD: standard deviation; IQR: Interquartile range

Image: