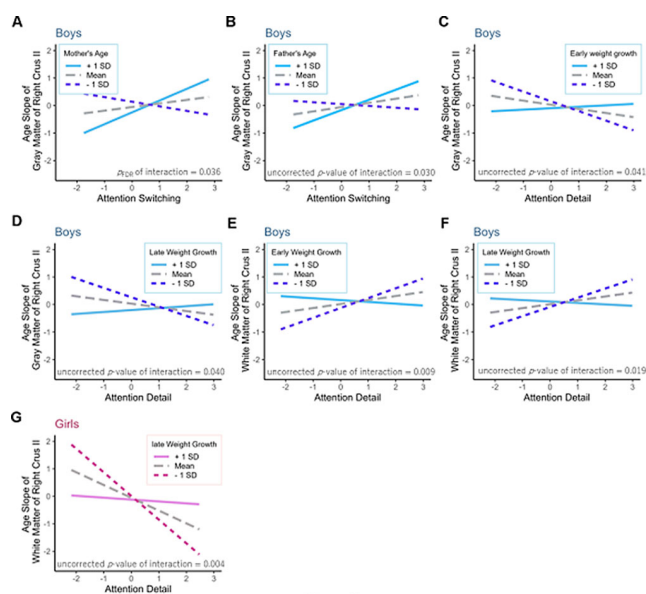**Image 3:**

Figure.3

Conclusions: There are significant associations between cerebellar development during adolescence and autistic traits, and its pattern of association can be moderated by parental ages at birth and weight growth during infancy in a cerebellar region- and sex-specific manner.

Disclosure of Interest: None Declared

EPP0087

Changes in Parental Reflective Functioning before and after a postpartum depression group therapy

L. Erkoreka[1,2,3]*, Z. Alonso[4] and L. Pérez Cabeza[5]

[1]Galdakao-Usansolo University Hospital, Galdakao; [2]University of the Basque Country UPV/EHU, Leioa; [3]Biocruces Bizkaia Health Research Institute, Barakaldo; [4]Bizkaia Mental Health Network, Getxo and [5]Bizkaia Mental Health Network, Bilbao, Spain
*Corresponding author.
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Introduction: Parental Reflective Functioning (PRF) refers to parents' ability to view their children's and their own behavior by considering internal mental states, such as thoughts, desires, and intentions. Depression has been described as compromising reflective functioning in female samples, whereas other studies have not detected differences in RF between depressed and non-depressed mothers.

Objectives: We aim to study whether a group intervention focused on postpartum depression, which we have already observed to cause significant changes in the mother-child bond and the severity of depressive, also improves parental reflective functioning.

Methods: To that end, we analyzed pre-post data from two different groups (N=12), composed of mothers who had been clinically diagnosed with postpartum depression. They received the 6-week Mothers & Babies Program© and completed the Parental Bonding Questionnaire (PBQ), the Edinburgh Postnatal Depression Scale (EPDS) and the Parental Reflective Functioning Questionnaire (PRFQ) before and after group therapy. Pre-post data from the PRFQ were analyzed using the repeated measures t-test. The correlation between changes in the three questionnaires was also analyzed using Pearson's correlation test.

Results: Significant changes were observed in the Pre-Mentalization Modes (pre=2.37±.457, post=2.03±.520, t=2.0206, p=0.027) and Certainty About Mental States (pre=2.87±1.141, post=3.68±.908, t=-2.814, p=0.010) subscales of the PRFQ, with no significant changes in the Interest and Curiosity subscale (t=-.516, p=0.309). A significant correlation was also observed between pre-post change in EPDS scores and pre-post change in the Certainty About Mental States subscale of the PRFQ (r=-.640, p<.05), while no significant correlations were observed with the rest of the PRFQ subscales, nor with the PBQ.

Conclusions: A brief cognitive-behavioral group therapy developed specifically to treat postpartum depression improves pre-post scores on the Pre-Mentalization (lower post- than pre- score) and Certainty About Mental States (higher post- than pre- score) subscales of the PRFQ. Although a control group is needed to determine the actual effect of the intervention, as time could also play a role in the observed changes, this is an encouraging result. Moreover, the improvement obtained in Certainty About Mental States is inversely correlated with the pre-post changes observed in the EPDS, meaning that the greater the improvement in depression, the greater the improvement in the aforementioned subscale of the PRFQ. A larger sample is needed to assess a hypothetical mediating effect of depression in the observed change.

Disclosure of Interest: None Declared

EPP0088

The Effect of Depression on Smartphone Addiction: The Medicating Effects of Interpersonal Problem in Korean Adolescents

Y. Seo*, Y. Nam and J. Lee

Department of Psychiatry, Yonsei University Wonju College of Medicine, Wonju, Korea, Republic Of
*Corresponding author.
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Introduction: Problematic smartphone use is twice as common among teenagers as it is among adults. Smartphone addiction is associated with anxiety, depression, attention deficit disorder, impulsivity, and sleep problems, among other issues.

Objectives: To assess whether interpersonal relationship problems mediate the relationship between smartphone addiction and depression among adolescents (ages 12-17) currently enrolled in middle and high school.

Methods: A cross-sectional study was conducted among 653 middle and high school students living in Wonju, South Korea between September 1 and November 30, 2019. Depression was measured by Center for Epidemiologic Studies Depression Scale (CES-D). In order to evaluate smartphone addiction, the Smartphone Addiction Scale Short Form Version (SAS-SV) was used. To examine interpersonal problems, the Korea Inventory of Interpersonal Problems

Circumplex scale (KIIP-SC) was employed. We used the dplyr package to check for skew, kurtosis, and create density plots. Scatterplots and Pearson correlation analysis were used to examine the relationships between the main variables. For the mediation analysis, we used the 8 sub-scales of KIIP-SC (Domineering, Vindictive, Cold, Socially avoidant, Nonassertive, Exploitable, Overly Nurturant, Intrusive) as mediators and conducted a mediation analysis with 10,000 bootstrap samples using the lavaan package in R, version 4.2.2. Each analysis was evaluated based on a 95% confidence interval to determine significance.

Results: Depression, interpersonal problems, and smartphone addiction exhibited significant positive correlations with each other. The direct effect of smartphone addiction was found to be significant. The association between depression and smartphone addiction was mediated by the KIIP-HI (Nonassertive), the KIIP-JK (Exploitable) and the KIIP-NO (Intrusive).

Conclusions: Interpersonal problems mediate the relationship between depression and smartphone addiction. Identifying the high-risk group is essential for treatment strategy development.

Disclosure of Interest: None Declared

narratively synthesised by symptom category and meta-analyses performed where number of studies reporting the same outcomes were sufficient (≥5).

Results: 6,083 records were identified and 21 studies (N=2,617) were included. These widely differed in country, setting, diagnosis, outcome, and timepoints under study. The narrative synthesis highlighted mixed findings in mental health changes during the pandemic for all three symptom categories showing increases, reductions, and no changes. Only studies reporting changes in internalising symptoms pre- versus during the pandemic were in sufficient number to be amenable to meta-analysis.

Conclusions: Our findings suggest the pandemic's impact on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions were complex and varied. We highlight an urgent need for longitudinal Covid research on long-term mental health outcomes in this vulnerable group. Understanding risk factors and longitudinal trajectories is warranted to guide clinical practice and policy.

Disclosure of Interest: None Declared

EPP0089

Impact of the Covid pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions: a systematic review and meta-analysis

B. C. F. Ching*, V. Parlatini, S. Zhang, H. Abdul Cader, J. Penhallow, E. Voraite, T. Popnikolova, A. Wickersham, J. Downs and E. Simonoff

King's College London, London, United Kingdom
*Corresponding author.
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Introduction: Existing systematic reviews have suggested mixed effects of the Covid pandemic on the mental health of children and young people. Those with pre-existing mental health and neurodevelopmental conditions have been suggested to be disproportionately affected, but this has not been meta-analysed. Most reviews of studies in clinical populations to date only include cross-sectional studies during the first lockdown or longitudinal cohorts up to early 2021, which limits our understanding of causality and long-term effects. To our knowledge, this is the first systematic review and meta-analysis to examine the longitudinal impact of the pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions.

Objectives: To compare 1) mental health pre versus during Covid, and 2) mental health during Covid.

Methods: Medline, Embase, APA PsycInfo, and Global Health databases were searched up to August 2023. Longitudinal studies reporting mental health outcomes in children and young people (≤18 years old) with pre-Covid mental health and/or neurodevelopmental conditions were included. Cohorts were deemed eligible if children and young people were diagnosed using a diagnostic assessment, scored above clinical threshold on validated measures, or attended mental health services pre-Covid. Outcomes included internalising, externalising, and other symptoms. Studies were

EPP0090

Adherence to therapy of patients with adolescent depression

V. Kaleda* and M. Omelchenko

Mental Health Research Center, Moscow, Russian Federation
*Corresponding author.
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Introduction: Therapy of adolescent depression is accompanied by a number of difficulties associated with the influence of the age factor, which include the following aspects: social - with the possibility of forming a fear of stigmatization, biological – with low tolerance of psychopharmacological agents due to the immaturity of the functional systems of the body, psychological – with a combination of oppositional behavior of adolescents and their desire to "be like everyone else". All these factors may lead to a decrease in patients' compliance in the treatment of adolescent depression and premature refusal to continue treatment, which may provoke a relapse of the disorder.

Objectives: To assess the adherence of adolescent patients with a first depressive episode regarding the continuation of therapy after discharge from the hospital.

Methods: 124 patients (average age – 19.4) were examined after discharge from the hospital where they were treated for a depressive episode (according to ICD-10: F32.1, F32.2, F32.38, F32.8). The severity of depression during hospitalization and at discharge was assessed according to the HDRS scale. During hospitalization, 45.9% of patients (n=57) were diagnosed with severe depression (HDRS score of more than 24), 54.1% (n=67) were diagnosed with moderate depression (HDRS score of 17-23) (Zimmerman M. et al. JAD 2013; 150(2):384-8). At discharge, 35.5% of patients (n=44) had moderate depression, 38.7% of patients (n=48) had mild depression (HDRS score of more than 7-16) and only 25.8% of patients (n=32) had no depression (HDRS score of less than 7 points). This indicated the need to continue therapy after discharge. The degree of adherence to therapy and the main reasons