in Tunisian families needs sometimes professional intervention mainly with children.
Objectives: We aimed to assess psychological impact of cancer parents on their children.
Methods: We interviewed 103 parents of children aged 6-18 years between July and December 2020. Children were not interviewed as they were not allowed into the chemotherapy treatment rooms. The questionnaire included items about emotional and behavioral impact on children.
Results: Patients' characteristics are are shown in Table 1. In our study, 85 patients (82.5%) told their children they were « sick ». Among the children who were not aware of their parent's condition, there were significantly more preschoolers, p=0.001. The reasons given by the parents in these cases were the young age of their children (60%) and the fear of generating emotional and behavioral trauma and threatening their psychosocial equilibrium (40%). In our participants 88.3% reported communication disorders with their children when referring to the parental illness.
Conclusions: Parental cancer may have unexpected consequences on children's behavior which should be handled by a specialist , hence efforts should be made for early detection and better understanding of these disorders.

Disclosure: No significant relationships.
Keywords: behavior; coping; Children; parental cancer

EPV0124

Headspace, a youth integrated care model: The relation between users satisfaction, clinical and demographic characteristics and service utilization.

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Introduction: Youth integrated care services were developed to overcome common barriers to mental health treatment. Satisfaction is key for services utilization and engagement.
Objectives: To study users satisfaction with youth integrated care service, "Headspace", throughout the course of treatment and its correlation with clinical and demographic characteristics and service utilization.
Methods: A sample of 112 participants ranging between ages 12-25 who attended the Headspace clinic between March 2016 and June 2018 were assessed in the middle (after 7 sessions) and end of treatment (n=71).
Results: Participants expressed high levels of satisfaction across all service aspects at the middle and end of treatment. The highest rate of satisfaction was with the centre's staff and the lowest with personal outcomes. A repeated measures ANOVA analysis revealed that only satisfaction with personal outcomes improved significantly over time Length of wait to begin treatment and parental engagement y were negatively correlated with youth satisfaction.

Conclusions: Satisfaction rates of Headspace among youth are high from the start and with their outcomes increase over time. Youth satisfaction with the staff's attitude and approach and satisfaction with accessibility suggest the service achievement in addressing barriers of help seeking in youth.

Disclosure: No significant relationships.
Keywords: young people; service satisfaction; treatment gap

EPV0125

Health Services Use and Costs in Individuals with Autism Spectrum Disorder in Germany: Results from a Survey in ASD Outpatient Clinics

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Introduction: Autism spectrum disorders (ASD) are associated with high services use, but European data on costs are scarce.
Objectives: Utilisation and annual costs of 385 individuals with ASD (aged 4-67 years; 18.2% females; 37.4% IQ < 85) from German outpatient clinics were assessed.
Methods: Client Service Receipt Inventory
Results: Average annual costs per person were 3287 EUR, with psychiatric inpatient care (19.8%), pharmacotherapy (11.1%), and occupational therapy (11.1%) being the largest cost components. Females incurred higher costs than males (4864 EUR vs. 2936 EUR). In a regression model, female sex (Cost Ratio: 1.65), lower IQ (1.90), and Asperger syndrome (1.54) were associated with higher costs.
Conclusions: In conclusion, ASD-related health costs are comparable to those of schizophrenia, thus underlining its public health relevance. Higher costs in females demand further research.

Disclosure: No significant relationships.
Keywords: health services; autism; Germany; costs

EPV0126

Attention-Deficit/Hyperactivity Disorder and Parenting: Toward a Cognitive/Schema Model

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) runs in families; however, there are mixed results on the interaction

effects of parent's and child's psychopathology on parenting qualities. Cognitive/schema therapy is a promising treatment approach for adult ADHD; we know little about the effect of cognitive factors on parenting, however.
Objectives: We aimed to fill this gap by exploring the role of dysfunctional schema modes in the associations between adult ADHD symptoms, child's externalizing symptoms, and perceived parental competence in a dimensional approach.
Methods: A community sample of parents (N=100, mean age=38.25 years, SD=5.73) filled out online questionnaires assessing ADHD symptoms (Adult ADHD Self-Report Scale), dysfunctional schema modes (Schema Mode Inventory), perceived parental competence (Parental Sense of Competence Scale), and child's psychopathology (Strength and Difficulties Questionnaire).
Results: In a multivariate model, higher levels of parental ADHD symptoms were related to higher levels of dysfunctional schema modes. However, neither the child's externalizing symptoms nor the interaction term of parent's symptoms by the child's symptoms had any effect on dysfunctional schema modes. Furthermore, the child's externalizing symptoms had a direct negative association with parental self-efficacy beliefs, whereas the relationship between adult ADHD symptoms and parental self-efficacy was mediated by the detached and overcompensating dysfunctional schema modes.
Conclusions: Our results suggest that the activation of dysfunctional schema modes is related to the parent's but not the child's psychopathology. The activation of dysfunctional schema modes may play an important role in the self-efficacy beliefs of parents with ADHD. Targeting that cognitive factors may enhance the effect of behavioral parent training programs.

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Keywords: adhd; attention-deficit/hyperactivity disorder; parenting; schema modes

EPV0127

A good investment: longer-term cost savings of sensitive parenting in childhood

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Introduction: Good quality parenting in early childhood is reliably associated with positive mental and physical health over the lifespan.
Objectives: The hypothesis that early parenting quality has significant long-term financial benefits has not been previously tested.
Methods: Design: Longitudinal study with follow-up from 2012 to 2016; UK multicentre study cohort. *Participants:* 174 young people drawn from 2 samples, one at moderate risk of poor outcomes and one at high risk, assessed aged 4–6 years then followed up in early adolescence (mean age 12.1 years). *Measures*: The primary outcome was total costs: health, social care, extra school support, out-of-home placements and family-born expenditure, determined through semistructured economic interviews. Early parenting quality was independently assessed through direct observation of parent–child interaction.
Results: Costs were lower for youths exposed to more sensitive parenting (most sensitive quartile mean £1,619, least sensitive quartile mean £21,763; $p < .001$). Costs were spread across personal family expenditure and education, health, social and justice services. The cost difference remained significant after controlling for several potential confounders. These included demographic variables (family poverty, parental education); exposure to child abuse; and child/young person variables including level of antisocial behaviour in both childhood and adolescence, IQ and attachment security.
Conclusions: This study is the first showing that more sensitive early parental care predicts lower costs to society many years later, independent of poverty, child and youth antisocial behaviour levels and IQ. The findings provide novel evidence for the public health impact of early caregiving quality and likely financial benefits of improving it.

Disclosure: No significant relationships.
Keywords: costs; sensitive responding; Children; parenting

EPV0128

Self-reported Depressive Symptoms of school-age siblings of individuals with an Autism Spectrum Disorder (ASD): Findings from a Greek sample

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Introduction: Previous studies have shown elevated levels of depressive symptoms in parents of children with ASD. However, few studies have assessed depressive symptoms in neurotypical ASD-siblings and most have done so, within a broad age range, while studies focusing on a certain developmental stage (middle childhood in particular) using a self-report depression-specific assessment tool are sparse.
Objectives: This study aimed to investigate the depressive symptoms of Greek school-age neurotypical siblings of individuals with an Autism Spectrum Disorder through a self-reported questionnaire.
Methods: The sample included 85 school-age neurotypical ASD-siblings (8-13 years old). The Children's Depression Inventory (CDI) and a demographics questionnaire were administered to all participants.
Results: Results showed that a considerable percentage of the sample (15.3%) scored twice as high as the mean score. ASD-siblings in the present study scored higher (mean total score in CDI was 7.24±6.27) than children of similar age and nationality. Further, 5.9% of the siblings in the present study exhibited severe depressive symptoms (using 19 as a threshold) whereas 12.9% of ASD-siblings scored above 15 and therefore should be further evaluated by mental health services.
Conclusions: The results of the present study documents a relatively high prevalence of depressive symptoms in neurotypical