

Methods: Combining microdata from Statistics Netherlands, municipality data from The Hague and mental health care records, this population-based case-control study included four groups aged 0-17 years ($M_{age} = 10.6$, 35.6% female). Two groups of children receiving outpatient mental health care for MHP with MID ($n=505$) and without MID ($n=2,767$), each with a matched control group from the general population ($n=2,525$ and $n=13,835$, respectively), were studied. Through multivariate logistic regression analyses, both MHP groups were compared to their control group and each other to examine the likelihood of a particular SDOMH associated with receiving mental health care for MHP in children with and without MID.

Results: Children with MID receiving mental health care showed significant differences in multiple domains compared to their control group and to children receiving mental health care without MID. In the multivariate model, they were less likely to have European-born mothers, more likely to have parents with moderate or low education levels, and tended to live in smaller, single-parent, lower-income households. Similar, though less deviant, patterns were observed for children without MID receiving mental health care compared to the general population, except for parental education. Additionally, children without MID were more likely than their controls to reside in densely populated areas with lower neighborhood education levels.

Conclusions: Our study highlights that diverse SDOMH are associated with the likelihood of receiving care for MHP in children. Moreover, children with MID face disproportionate disadvantages, particularly regarding low parental education and household income. Thus, interventions should not only target the child but also their family and environmental context.

Disclosure of Interest: None Declared

EPV0391

“Evaluating the Implementation and Best Practices of Foster Care in Greece: Insights from Law 4538/2018 and the Anynet System”

I. Farmakopoulou¹, V. Baltioti¹ and M. Theodoratou^{2,3,*}

¹Sciences of Education and Social Work, University of Patras; ²Social Sciences, Hellenic Open University, Patras, Greece and ³Psychology, Neapolis University Pafos, Pafos, Cyprus

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1178

Introduction: The institution of child fostering aims to protect minors who lack a secure family environment. In Greece, the implementation of Law 4538/2018 and the Anynet electronic system sought to de-institutionalize minors. This paper, based on a doctoral thesis, investigates the law's impact and identifies best practices in child fostering.

Objectives: This study aims to evaluate the implementation of Law 4538/2018 in Greece and the Anynet electronic system, focusing on their impact on de-institutionalizing minors. Additionally, it seeks to identify best practices in the foster care system and their application in child protection settings.

Methods: A mixed-method approach was used. The first part involved a quantitative study targeting Directors of Child Protection Frameworks across Greece and foster parents. The second part employed a qualitative case study method, using semi-structured interviews with social workers from four selected Child Protection Frameworks recognized as examples of best practices

Results: The research revealed that, despite the introduction of Law 4538/2018, foster care in Greece remains underutilized, especially for adolescents. Long-term fostering is the most common form, with most children aged four to six. Contact with biological parents is limited, often leading to adoption. Social workers lack sufficient training and familiarity with Anynet, impacting foster placements. However, child protection frameworks that applied specialized strategies for difficult cases saw fewer placement failures. A Unified Foster Care Protocol could standardize and improve foster care practices nationwide.

Conclusions: Though Law 4538/2018 and Anynet are steps forward, Greece's foster care system is still underdeveloped, with minimal increases in placements. Targeted case management and better social worker training are essential for success. Implementing a Unified Foster Care Protocol could enhance consistency and improve outcomes for fostered children.

Disclosure of Interest: None Declared

EPV0392

Reflective Functioning, Emotion Regulation and Physiological Reactivity in Children with and without Behavioral Disorders: a Multimethod Approach

M. Tironi^{1*}, A. Schiavoni¹, F. Rospo¹, F. Bizzi¹ and S. Charpentier Mora¹

¹University of Genoa, Genoa, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1179

Introduction: Mentalizing (operationalized as reflective functioning; RF), emotion regulation (ER), and reactivity (operationalized as physiological reactivity; PR) are highly relevant protective factors during development. However, limited research has examined these constructs during middle-childhood using a multimethod approach.

Objectives: The first aim compared differences in these constructs between children with behavioral disorders and a non-clinical group, measuring PR during a dyadic stress task involving conflict with the mother. The second aim explored the relationship between RF and both ER and PR considering the moderating role of externalizing symptomatology.

Methods: The study involved 50 children with behavioral disorders ($M_{age} = 11.3$, $SD = 1.76$; 58% male) and 89 non-clinical children ($M_{age} = 10.6$, $SD = 1.64$; 48% male). The *Child Reflective Functioning Scale* applied to the Child Attachment Interview was used to assess RF, the *How I Feel* to assess self-reported ER over the past three months, and the *Positive and Negative Affect Scale for Children* to assess self-reported ER before and after the dyadic stress task. Shimmer 3 GSR+ device has been applied to measure physiological indexes of heart rate variability (HRV) and galvanic skin response (GSR) to assess PR during the dyadic stress task. Mothers completed the *Child Behavior Checklist* to assess child's externalizing symptomatology.

Results: Children with behavioral disorders showed lower levels of both global and others-oriented RF and reported higher levels of negative emotions in the previous three months, compared to their non-clinical peers. Both global and others-oriented RF were negatively correlated with reported negative emotions. In contrast, the non-clinical group exhibited higher levels of positive emotions in the previous three months and greater PR during the

dyadic stress task. Additionally, externalizing symptomatology moderated the association between others-oriented RF with 1) physiological reactivity (i.e., GSR), only at lower levels of externalizing symptoms; 2) emotion regulation (i.e., emotional control subscale of the *How I Feel*), only at higher levels of externalizing symptomatology.

Conclusions: These findings reinforce prior research suggesting that children with behavioral disorders exhibit lower levels of RF, especially towards others, and negative emotions which may be risk factors for the development of behavioral disorders. Using a multi-method approach allowed to both evaluate ER and PR, highlighting the differences between the subjective perception of emotions and their physiological response. Lastly, the lower PR during the dyadic stress task in the clinical group could be a consequence of greater habituation to conflict, a hypothesis that could be explored in future research.

Disclosure of Interest: None Declared

EPV0393

How to Tackle ADHD Medication Shortage and Changes in Shared Care Protocol (SCP) in Child and Adolescent Mental Health Services (CAMHS)

S. M. Toparlak^{1*}, E. Fergusson¹, M. Costa¹, C. Kowalski¹, R. Chapman¹, F. Whitaker¹ and R. Hogan¹

¹Oxford Health NHS Foundation Trust, Oxford, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1180

Introduction: Our team faced two challenges in prescribing for patients with ADHD. On 27 September 2023, a shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets was announced in the UK.

SCP is an agreement between secondary care, patient and GPs, which asks GPs to continue prescribing ADHD medication when young person is stable on a dose, this also applies to when the doses are changed. However, many GP practices in Oxfordshire declared a position statement that they would decline prescribing ADHD medication to adult or child patients on a “shared care” basis due to funding issues to support specialist reviews. These challenges led us to adapt our practices and create a protocol.

Objectives: To make all staff members aware of recent updates on ADHD medication stock availability at local depots to ensure continuity of care and minimise distress.

To help reduce the number of declined shared care requests by GPs in 6–17-year-olds.

To identify the patients of GP practices that do not prescribe ADHD medication to adults so that a planned discontinuation of treatment can take place prior to discharge from CAMHS services.

Methods: Young people’s and their carers’ feedback regarding the medication shortage were carefully recorded.

Concerns were raised and discussed in multi-disciplinary meetings via MS Teams and in person.

Team members shared information with each other with a view to creating a protocol to minimise the risk to patients’ safety and distress in families.

Results: Regular updates on ADHD medication availability, along with equivalent conversions of long-acting medications were sent to all staff members via email by the Trust.

Our service developed a “protocol for CAMHS ADHD when the children and young people’s (CYP) shared care protocol is declined and how to handle discharges at age 18.”

We agreed to make young people and carers aware of the current situation for prescribing ADHD medication in adults within Oxfordshire to explore the need for continuing medication in reviews.

ADHD medications were planned to be discontinued prior to discharge, if patients are 17, on ADHD medication, whose GP practice declines SCP. and do not meet threshold for community adult mental health team referral.

We agreed to consider prescribing for a brief time beyond age 18 on a case-by-case basis if patients are preparing for, or are currently taking, A-level (or other) exams or whereby discontinuing medication poses significant risk.

Conclusions: Patients and staff members were greatly affected by the ADHD supply issues as well as current changes in SCP. However, team members took necessary steps to address the current issues proactively.

We plan to develop guidelines about stopping stimulants under supervision prior to discharge from CAMH services.

Disclosure of Interest: None Declared

EPV0394

Maternal perinatal depressive disorders and the risk of attention deficit and hyperactivity disorder in offspring: A retrospective cohort study using linked data

B. S. Tusa^{1,2*}, R. Alati^{1,3}, K. Betts¹, G. Ayano¹ and B. Dachew^{1,4}

¹School of Population Health, Curtin University, Perth, Australia;

²Department of Epidemiology and Biostatistics, College of Health and Medical Sciences, Haramaya University, Haramaya, Ethiopia;

³Institute for Social Science Research, The University of Queensland, Brisbane and ⁴enAble Institute, Curtin University, Perth, Australia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1181

Introduction: Maternal perinatal depression may increase the risk of neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD), in children, either directly or through indirect pathways involving adverse birth outcomes.

Objectives: This study assesses the risk of ADHD in offspring born to mothers with perinatal depressive disorders, examining both the direct and indirect pathways through adverse birth outcomes such as low birth weight, low APGAR scores, and preterm birth.

Methods: The study employed a retrospective cohort design, utilising administrative-linked health data from New South Wales. Maternal perinatal depressive disorders and offspring ADHD were identified using the International Classification of Diseases (ICD-10) codes. A generalised linear model with a binomial distribution and a log link function was applied to estimate the direct association. Additionally, a mediation analysis examined the mediational effect of low birth weight, low APGAR scores, and preterm birth on the association between maternal antenatal depressive disorder and ADHD.

Results: After adjusting for potential confounders, offspring of mothers with antenatal, postnatal, and perinatal depressive disorders are respectively 2.10 times (RR = 2.10, 95% CI = 1.75–2.53), 1.81 times (RR = 1.81, 95% CI = 1.41–2.31), and 2.16 times (RR =