

**Introduction:** The field of psychiatry is in a crisis. Developments in pharmacology and psychotherapy, reforms in services, increased spending and reduced treatment-gap have not substantially improved prognosis for patients in psychiatry. Mental disorder remains lethal short-term and disabling long term. In comparison, prognosis has improved dramatically in oncology and cardiology. Controversies in psychiatry are causing variation in clinical practice between hospitals, even within single-provider health systems. There is, for example, variation in rates of ADHD, use of coercive measures, and medication (type of drugs, dose and duration of medication). Current empirical methods are incapable of solving the major controversies in psychiatry. Epidemiology struggles with residual confounding, bias and reverse causality. Randomized controlled trials are expensive and time-consuming. Ethics may also be a barrier for clinical studies investigating variation in clinical practice. From a health management point of view, variation in clinical services within a single-provider system is usually indicative of variation in quality. However, the variability in service delivery caused by these controversies creates a lottery-like situation for the individual patient, who is generally unaware of the crisis in psychiatry, and blinded to the ongoing lottery.

**Objectives:** We will present a third empirical approach beyond randomized controlled trials and epidemiology which may help solve the crisis.

**Methods:** A systematic review of preference-based instrument variable analyses.

**Results:** We identified relevant high quality 185 studies, though almost none in mental health.

**Conclusions:** Causal modelling in observational data has potential as a third paradigm beyond RCTs and epidemiology, and may help solve the crisis in psychiatry.

**Disclosure:** No significant relationships.

**Keywords:** Epidemiology; systematic review

## EPV0751

### Improving quality of life with nutritional supplementation in Schizophrenia: A literature review

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**Introduction:** Schizophrenia is a chronic and severe mental health disorder, affecting 20 million people worldwide. Diet is a social determinant of health and is among one of the modifiable prognostic factors for schizophrenics. Previous research in nutritional psychiatry has shown that a balanced and healthy diet in this patient population has the potential to improve cognition, decrease positive and negative symptoms of the disease, and improve the overall metabolic profile.<sup>1,3</sup>

**Objectives:** To understand the evidence on the role that nutritional supplements play in improving quality of life in Schizophrenia by improving cognitive symptoms and decrease

mortality by decreasing chances of metabolic syndrome and CVD. Demonstrate how certain supplements can improve cognitive symptoms, and decrease positive and negative symptoms in schizophrenics

**Methods:** PubMed was used to search for articles within the past 10 years

**Results:** A total of 29 articles were initially generated, of which only 5 fit the search criteria. Each specific search produced more articles, and after carefully reading each, a total of 14 articles was determined to fit the criteria. All, but two articles included PANSS score assessment. The studies on vitamin D, cycloserine and omega 3's produced conflicting

**Conclusions:** Supplementation of vitamin D, Konjac powder, D-cycloserine, sarcosine, and omega 3's have the potential to improve symptomatology and enhance the quality of life of schizophrenics. D-serine and sodium benzoate have not been shown to be effective adjunctive treatments in schizophrenia. Due to a limited number of studies for each, more research is indicated to truly determine the public health significance.

**Disclosure:** No significant relationships.

**Keywords:** "schizophrenia" "nutrition" "supplements"; "omega 3's" "iron" "vitamin D" "vitamin C"; "sarcosine"; "D-serine" "sodium benzoate"

## EPV0752

### Psychological benefits of pre-conceptional and pre-marital genetic diagnosis in conservative societies

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**Introduction:** Preconceptional genetic diagnosis help couples of genetic disorders carrier risk making an informed reproductive decision. The risk is considerably higher for consanguineous couples. Premarital screening can also offers a crucial health assessment of soon-to-be married couples with genetic risk factors based on specific family history. However, such approach is not usually easy to manage in conservative societies, particularly when the affected family refuse to deliver the necessary information about the genetic condition considered as a taboo.

**Objectives:** Here, we addressed the psychological benefits of pre-conceptional and premarital genetic diagnosis through a retrospective study about the preconceptional diagnosis inquiries in our genetic counselling.

**Methods:** In order to assess requests for autosomal recessive disorders during ten years of our genetic counselling activity at the medical university of Sfax, we reviewed 2500 medical files.

**Results:** Three couples were recorded for genetic preconceptional diagnosis. Another couple was documented for seeking a premarital screening for an unknown neuropathy before wedding engagement decision. This single case was referred to us because of a familial history of a severe neuropathy that was noted in the

offspring of a shared cousin. The couple was unable to bring us more information about the genetic condition because of the familial repugnance.

**Conclusions:** Although our study is limited at the genetic level, it could be socially interesting because it showed the negative attitudes of the general population towards the genetic conditions and the familial responsiveness, as well as the reticence of physicians towards genetic preconceptional and premarital carrier diagnosis.

**Disclosure:** No significant relationships.

**Keywords:** Genetic screening; conservative societies; preconceptional diagnosis; pre-marital diagnosis

## EPV0753

### Internet addiction in light of social connectedness and connectedness to nature.

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**Introduction:** The Internet increasingly influences the lives of people in pandemic times. Although there are many positives, there are also risks related to excessive use and addiction. Internet addiction subject has been explored worldwide.

**Objectives:** The aim of this pilot study was to analyze the relationships between social connectedness, connectedness to nature and the occurrence of Internet addiction.

**Methods:** The data were collected from a group of 200 young adults. A cross-sectional observational study using an online questionnaire was conducted via social media. The semi-structured online questionnaire covered the following areas: (1) general sociodemographic data; (2) Internet usage, measured by Generalized and Problematic Internet Use Scale (GPIUS2) (Caplan, 2002), Internet Gaming Disorder Scale–Short-Form (IGDS-SF9) (Pontes & Griffiths, 2015), the Bergen Facebook Addiction Scale (BFAS) (Andreassen et al., 2012); (3) nature connectedness, measured by the Connectedness to Nature Scale (CNS) (Mayer, Frantz, 2004); (4) social connectedness, measured by the Social Connectedness Scale Revised (SCS) (Lee et al., 2001); (4) psychological impact and mental health, measured by Depression, Anxiety, Stress Scale (DASS-21) and (5) psychological features, such as coping strategies (Mini-COPE, Carver et al., 1989) and personality traits (TIPI -Gosling, Rentfrow, Swann Jr., 2003)

**Results:** The detailed results and key findings will be presented during the congress.

**Conclusions:** As the research of the described area is insufficient so far, this pilot study may provide a significant contribution to the knowledge on new aspects of internet addictions' mechanisms. Moreover, it is predicted that our result may have scientific influence on both research in connectedness and ecology.

**Disclosure:** No significant relationships.

**Keywords:** connectedness; internet addiction; mental health

## EPV0754

### National Study on Mental Health and Emotional Wellbeing among Young People in Malta: Phase 1

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**Introduction:** Half of all mental disorders (MD) begin by age 14, however, the majority of disorders remain untreated well into adulthood due to inadequate service provision. Prevalence studies of MD among young people (YP) are needed to elucidate the current epidemiology and better service development to prevent and help YP with MD in the Maltese islands. This abstract describes the first phase of a 3-phase national study.

**Objectives:** 1. To screen for MD among a sample of 5–16-year-olds. 2. To determine the presence or absence of a range of protective and risk factors among YP with and without a MD.

**Methods:** A multi-stage random sample of 800 YP aged 5–16 years were recruited from 39 schools across the Maltese Islands. Participants were screened for MD using the SDQ, SCARED, AQ10, SCOFF and AUDIT, and asked questions on life experiences.

**Results:** 25.2% of YP were identified as being at risk of suffering from a MD (T1). Only 10% of these were referred to MHS. A greater proportion of YP identified as having a possible MD (compared to those without), were found to have a physical impairment (19%), problematic family dynamics (12%), adverse life events (T2) and parents with a history of health/social problems (T3).

| Prevalence of YP at risk of a MD | 5-10 Years |      | 11-16 Years |      | 5-16 years |      |
|----------------------------------|------------|------|-------------|------|------------|------|
|                                  | n          | %    | n           | %    | n          | %    |
| Any MD (SDQ only)                | 30         | 11   | 137         | 45.2 | 183        | 25.2 |
| Emotional Disorder               | 30         | 7.14 | 70          | 23   | 100        | 13.8 |
| Conduct Disorder                 | 24         | 5.71 | 35          | 11.5 | 59         | 8.1  |
| Hyperactivity Disorder           | 64         | 15.2 | 47          | 15.4 | 111        | 15.3 |
| Anxiety Disorder                 | 95         | 22.6 | 120         | 39.3 | 215        | 29.7 |
| Eating Disorder                  |            |      | 38          | 23   |            |      |

Table 1 (T1)

| Stressful life events   | Parent separation/end of a steady relationship | Major financial crisis | Problem with the police involving a court | Serious physical illness | Parent demise | Sibling demise | YP with serious illness | YP in serious accident | YP had close friendships end | YP victim of Cyber Bullying | YP victim of bullying |
|-------------------------|------------------------------------------------|------------------------|-------------------------------------------|--------------------------|---------------|----------------|-------------------------|------------------------|------------------------------|-----------------------------|-----------------------|
| Without possible MD (n) | 42                                             | 11                     | 10                                        | 28                       | 5             | 3              | 27                      | 38                     | 32                           | 4                           | 21                    |
| Without possible MD (%) | 11.8%                                          | 3.1%                   | 2.8%                                      | 7.9%                     | 1.4%          | 0.8%           | 7.6%                    | 5.1%                   | 9.0%                         | 1.1%                        | 5.9%                  |
| With possible MD (n)    | 76                                             | 55                     | 31                                        | 37                       | 9             | 5              | 39                      | 20                     | 55                           | 44                          | 90                    |
| With possible MD (%)    | 20.6%                                          | 14.9%                  | 8.4%                                      | 10.0%                    | 2.4%          | 0.8%           | 10.6%                   | 5.4%                   | 14.9%                        | 11.9%                       | 24.4%                 |

Table 2 (T2)

| Parental difficulty     | YP with possible MD |       | YP without possible MD |       |
|-------------------------|---------------------|-------|------------------------|-------|
|                         | n                   | %     | n                      | %     |
| Physical Health Problem | 115                 | 31.2% | 85                     | 23.9% |
| Drinking problem        | 30                  | 8.1%  | 19                     | 5.3%  |
| Drug problem            | 8                   | 2.2%  | 3                      | 0.8%  |
| History of Abuse        | 85                  | 23.0% | 63                     | 17.7% |
| Symptoms of low mood    | 228                 | 61.8% | 145                    | 40.7% |
| Poor support system     | 43                  | 11.7% | 24                     | 6.7%  |

Table 3 (T3)

**Conclusions:** The K-SADS will be conducted on YP identified as having a possible MD to ascertain a categorical diagnosis and