

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

## 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

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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 ( $\leq 18$  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

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

**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.

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## EPP0090

### Adherence to therapy of patients with adolescent depression

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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