

Results: The effect of the interventions on posttraumatic growth among cancer survivors were heterogeneous. The effect size was statistically significant (Tables 1,2).

Table 1

	Total k n	Hedges'g		95% CI	z	p	Q Value	I ²	Eggers	
		SE							t	p
Overall studies	t 715	1.761	0.484	[0.812, 2.709]	3.637	<0.001	182.807	96.718	4.66	.871

Table 2

Design	Studies	Intervention Effect		SE	95% CI
		k	Total n		
RCT	Ochoa-Arnedo et al. (2020)	7	140	0.113	[-0.217, 0.443]
	Üzar-Özçetin & Hiçdurmaz (2019)	76	13.965	1.155	[11.700, 16.229]
	Kenne Sarenmalm et al. (2017)	114	0.423	0.189	[0.053, 0.793]
	van der Spek et al. (2017)	91	-0.161	0.208	[-0.569, 0.247]
	Yun et al. (2017)	174	0.331	0.162	[0.014, 0.648]
	Zhang et al. (2016)	58	2.033	0.321	[1.405, 2.662]
	Zernicke et al. (2014)	62	1.254	0.275	[0.715, 1.793]

Z = 3.637 P = < 0.001 SE = 0.484 Sd = 1.777

Conclusions: Posttraumatic growth interventions significantly increased posttraumatic growth among cancer survivors. Health care providers as the main sources of cancer care should be more focused on the achievement of positive outcomes.

Disclosure: No significant relationships.

Keywords: psycho-oncology; posttraumatic growth; mental health; meta-analysis

EPP0043

Illness and treatment representation in oncological patients undergoing chemotherapy: relationship with subjective well-being

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Introduction: The knowledge, expectations, fears that a patient has about the oncological disease and treatment can affect the quality of life of patients (Colagiuri et al., 2013; Whitford, 2012).

Objectives: The aim was to reveal the relationship between well-being of patients with cancer undergoing chemotherapy and their illness and treatment representation.

Methods: 110 patients undergoing chemotherapy in Medsi Clinical Hospital filled Chemotherapy Attitudes Questionnaire (Zinchenko et al., 2020), Life Satisfaction Scale (Diener et al., 1985), Scale of Positive and Negative Experience (Diener et al., 2009), Quality of Life Questionnaire C30 (Aaronson N. K. et al., 1994), Illness

Perception Questionnaire (Moss-Morris et al., 2002), Self-Regulation Questionnaire in the Rehabilitation Process (Kovyazina M. et al, 2019), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983).

Results: Correlation analysis revealed that patients with severe difficulties in physical functioning had a lower level of life satisfaction (R = -0.23, p <.05) and quality of life (R = -0.35, p <.001), perceived disease as long-term (R = 0.34; p <0.001), cyclical (R = 0.33; p <0.001) and carrying significant negative consequences for life (R = 0.55; p <0.001), also these patients were characterized by anxiety about health during treatment (R = 0.37; p <0.001).

Perception of illness duration, personal control, emotional representations, self-efficacy, confidence in the effectiveness of treatment can predict the level of satisfaction with life of cancer patients undergoing chemotherapy (R² increased from 0.05 to 0.37, p<0.001).

Conclusions: Health anxiety, illness duration, personal control, self-efficacy could be targets for interventions in patients undergoing chemotherapy.

Disclosure: No significant relationships.

Keywords: psycho-oncology; chemotherapy; illness representation

Child and Adolescent Psychiatry 01

EPP0044

The relationship between nonsuicidal self-injury, suicidal behaviour and life events among adolescents

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Introduction: Nonsuicidal self-injury (NSSI) is highly prevalent in clinical and non-clinical adolescent populations. Non-clinical studies focus on high school students thus vocational school students are underrepresented in research and prevention programs, despite being exposed to higher levels of stressful life events, a factor associated with NSSI and suicide.

Objectives: This study aimed to explore NSSI, suicidal behavior and life events among adolescents in clinical and non-clinical, i.e. both high school and vocational school settings.

Methods: A clinical (n=202) and non-clinical (n=161) sample of 13-18-year-old adolescents were assessed with the Mini International Neuropsychiatric Interview Kid, the Deliberate Self-Harm Inventory, and the Life Events List. Data were analyzed with R version 3.6.1., using Wilcoxon tests and negative binomial regression models.

Results: The prevalence of suicidal behavior ($W=7.306$, $p<.001$), NSSI ($W=9.652$, $p<.001$), and life events ($W=10.410$, $p<.001$) were significantly higher in the clinical than in the non-clinical group. The relationship between NSSI and suicidal behaviour was significantly stronger in the clinical group (95% CI: [.56,.72]) than in the nonclinical group (95% CI: [.24,.52]). The interaction between NSSI and life events ($X^2(1)=10.49$, $p<.01$) was associated with suicidal behavior. Interpersonal events were associated with both suicidal behavior and had a moderating effect on the NSSI–suicidal behavior relationship.

Conclusions: NSSI is highly prevalent and is strongly associated with suicidal behavior in clinical and non-clinical adolescent populations. Our result call attention to the necessity of including adolescents from various educational settings in NSSI research and prevention projects during which life events, especially interpersonal events, might require special attention.

Disclosure: No significant relationships.

Keywords: nonsuicidal self-injury; adolescence; life events; suicidal behaviour

EPP0045

Suicide in Adolescents with Mood Disorders

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Introduction: Adolescents patients presenting with mood disorders, including disruptive mood dysregulation disorder (DMDD), often present with the comorbid disorders such as oppositional defiant disorder (ODD) and attention-deficit hyperactivity disorder (ADHD).

Objectives: 1) Evaluate the association between suicide in adolescents and various mood disorders. 2) To study the impact of comorbid conditions in DMDD on suicide ideation and attempt in adolescents.

Methods: We used 2016-2017 National Inpatient Sample dataset to select patients with mood disorders. Rao Scott adjusted Chi-Square test used to compare the groups with SPSS v26.

Results: In this study, 15195 patients were in the DMDD group (Mean age:12.1,F: 38%) and 219205 in the 'other mood disorders' group (Mean age:14.4,F:67%). The odds of SI/SA were two times more in patients with the 'other type of mood disorder' (OR:2.07, 95%CI: 1.77-2.14). Patients with the primary diagnosis of DMDD sub-classified into four groups (Group 1: DMDD only (n=5160), Group 2: DMDD+ADHD (n=7240), Group 3: DMDD +ODD (n=700), and Group 4: DMDD+ADHD+ODD (n=2095). SI/SA was prevalent in 30.8%, 26.0%, 22.9% and 26.3% in Group 1, 2, 3 and 4 respectively ($p: 0.03$). SI/SA was more prevalent in females compared to males (31.3% vs. 25.2%). An increase of 1 year in age

was associated with a higher SI/SA (OR:1.05, 95%CI:1.01-1.08, 0.01). The SI/SA odds were 5% more in female patients (OR:1.27, $p:0.01$).

Conclusions: The study reveals that the risk of suicide ideation or suicide attempt is almost twice in the adolescent with mood disorders without DMDD compared to the DMDD group.

Disclosure: No significant relationships.

Keywords: Suicide; Adolescents; DMDD; Mood disorders

EPP0046

Parental concerns during COVID-19-related school closures: children's behaviors and media usage

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Introduction: Coronavirus Disease 2019 has prompted widespread school closures and physical distancing measures. Concerns regarding COVID-19 school closures often increase stress levels in parents.

Objectives: This study examined whether higher levels of parental concerns were associated with children's problematic behaviors and other factors during COVID-19-related primary school closures.

Methods: Participants were 217 parents who responded to a web-based questionnaire covering parental concerns, subjective stress, and depression; children's sleep patterns, behavioral problems, and changes in activity level after COVID-19; previously received mental health services; and media usage during the online-only class period from community center in Suwon city.

Results: The number of parental concerns was associated with children's behavioral problem index (BPI) score (Pearson correlation 0.211, $p < 0.01$), sleep problems (0.183, $p < 0.01$), increased smartphone usage (0.166, $p < 0.05$), increased TV usage (0.187, $p < 0.01$), parents' subjective stress levels (0.168, $p < 0.05$), and parental depression (0.200, $p < 0.01$). In families with children who previously received mental health services, the children reportedly suffered from more sleep and behavioral problems but not increased media usage, and parents noted more stress and depression. Parental concerns are related to family factors such as change of caregiver, no available caregiver, decreased household income, and recent adverse life events. Economically vulnerable people also reported higher rates of reported caregiver burden during COVID-19-related primary school closures, thus will require the potential heightened mental health needs.

Conclusions: Ongoing monitoring of mental health at risky group and multiple support systems should be considered for parents having difficulty in caring their children.

Disclosure: No significant relationships.

Keywords: Covid-19; school closure; Parental concern; Media usage