

Table 1 All-cause and cause-specific mortality of people hospitalised for depression in Scotland 2000-19

	Observed deaths, n (All)	Expected deaths, n (All)	SMR (95% CI) (All)	Observed deaths, n (Male)	Expected deaths, n (Male)	SMR (95% CI) (Male)	Observed deaths, n (Female)	Expected deaths, n (Female)	SMR (95% CI) (Female)
All-cause	7,931	2427	3.3(3.2-3.3)	3617	1052	3.4(3.3-3.5)	4314	1375	3.1(3.0-3.2)
Circulatory system diseases	2,020	806	2.5(2.4-2.6)	886	343	2.6(2.4-2.7)	1,134	463	2.4(2.3-2.6)
Neoplasms	1,153	682	1.7(1.6-1.8)	534	306	1.7(1.6-1.9)	619	376	1.6(1.5-1.8)
Respiratory system diseases	1,106	292	3.8(3.6-4.0)	453	112	4.0(3.7-4.4)	653	180	3.6(3.3-3.9)
Mental & behavioural disorders	835	131	6.4(5.9-6.8)	333	52	6.4(5.7-7.2)	502	79	6.3(5.8-6.9)
Accidents	395	69	5.7(5.2-6.3)	224	38	5.9(5.1-6.7)	171	31	5.5(4.7-6.3)
Suicide, self-harm & injuries of undetermined intent	805	53	15.2(14.1-16.2)	485	39	12.4(11.3-13.5)	320	14	22.9(20.3-25.4)
Other external cause	28	6	4.7(2.9-6.4)	16	3	5.3(2.7-7.9)	12	3	4.0(1.7-6.3)
Other natural diseases	1,589	388	4.1(3.9-4.3)	686	159	4.3(4.0-4.6)	903	229	3.9(3.7-4.2)

CI: Confidence interval; SMR: Standardised mortality ratio

Conclusions: People hospitalised for depression continue to have higher all-cause mortality than the general population in Scotland, with relative mortality varying by cause of death.

Disclosure of Interest: None Declared

EPP0702

Tokyo Teen Cohort study: a prospective cohort study on general population of adolescents

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Introduction: Adolescence is the period when many mental disorders have their peaks of onsets. Investigation into adolescent mental health problems and their risk factors is required, but there has been few prospective cohort studies on adolescent mental health.

Objectives: This study aimed to prospectively reveal the developmental trajectory of physical and mental health in adolescence, and to investigate factors associated with the trajectory.

Methods: We launched a prospective cohort study (Tokyo Teen Cohort: TTC) on general population of adolescents at three municipalities in metropolitan area in Tokyo, Japan. Using the resident register, we recruited 10-year-old children from the community between 2012 and 2015. The second, third, and fourth wave of data collection were conducted at 12, 14, 16 years of age, respectively. We collected multidisciplinary data including mental health by self-report questionnaire and home-visit interview. Further, we have

launched two subsample studies which focus on biological measures such as brain MRI, EEG, and sex hormones. TTC is based at three research institutes, and ethics approval has been granted by all of the three institutions.

Results: A total of 3171 children participated the TTC. Of those, 3007 children participated in the second wave of data collection (follow-up rate: 94.8). The third and fourth wave of data collection were completed and more than 80% of children continued to participate in TTC. More than 300 children participated in the two subsample studies. More than 30 papers were already published, and many national/international research collaborations have started.

Conclusions: The fifth wave of data collection at 20 years of age is being currently conducted. Further national/international collaborations are expected to examine cultural effects on mental health of adolescents.

Disclosure of Interest: None Declared

EPP0703

Mental health and well-being of Children in France : Enabee the 1st nationwide study

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Introduction: The Covid 19 pandemic has worsened mental health of teenagers and young adults in particular and highlighted the lack of data for children aged 3 -11 years living in France. To fill this gap, Santé publique France, the national public health agency set up the first nationwide study, Enabee, in 2022.

Objectives: Enabee (National study on Children wellbeing) aims at monitoring wellbeing and most frequent mental health disorders of children and at understanding associated factors, gathering information from children, parents and teachers. First analyses will be focused on children' and teachers' point of view.

Methods: Enabee is a nationwide cross sectional study. Elementary and nursery schools were randomly selected in Metropolitan France. Then a maximum of four classes were randomly selected in each school. Elementary school children (from 6 to 11 years old) gave their own assessment of wellbeing and mental health using the following self-administrated questionnaires on tablets: the Kindl and the Dominique Interactive. To get a comprehensive evaluation, parents and teachers also filled the web-administrated Strengths and Difficulties Questionnaire for each child. The parents' questionnaire also included questions on child's life habits and global health, parenting attitudes, parent's mental health, covid 19, major life events and household social situation. A pilot study was launched in January to assess the feasibility and the acceptance before implementing the study at a nationwide level. Key stakeholders of education, family and health participated at the setting up of the study.

Results: 706 schools were selected and 399 participated (participation rate 57%). Data were collected from May 2nd to July 31st 2022.

In those schools, 1357 classes participated, representing 29 414 children. We collected 15 206 questionnaires filled by children of elementary schools and 21 016 questionnaires filled by teachers for children in nursery and elementary schools. Analysis are ongoing. By March 2023, we will produce weighted estimates of prevalence of children internal and external disorders based on the children self-assessment and the teachers' assessment respectively and different dimensions of wellbeing. Prevalences will be presented by sex, age and school levels.

Conclusions: Enabee will provide a representative picture of French children wellbeing and mental health and protective and risks factors. This milestone is essential to guide national policies and build dedicated actions for children in order to promote and improve their wellbeing and mental health. Beyond this edition, Enabee is the first step of a long term monitoring system that will provide regularly updated data and will be completed by ancillary and ad hoc studies.

Disclosure of Interest: None Declared

EPP0704

Mental health related service contacts in children with 'sub-threshold/sub-clinical' psychopathology in the Mental Health of Children and Young People in England national survey

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Introduction: Population surveys often present prevalence estimates of children meeting criteria for psychiatric disorders, which are used to plan services. However, studies have shown that those with 'subthreshold' or 'subclinical' symptoms also experience poorer outcomes, and benefit from identification and support.

Objectives: This study uses data from the 2017 NHS Digital Mental Health of Children and Young People in England survey (MHCYP-2017), a large probability sample, to examine prevalence of 'sub-threshold' difficulties and contact with services.

Methods: Secondary analysis of data from MHCYP-2017, using data on 6,718 children aged 5 to 16. The main measures of mental health were the Strengths and Difficulties Questionnaire (SDQ), a validated dimensional measure, and the Development and Well-being Assessment (DAWBA), a standardised diagnostic assessment which was clinically-rated to assign diagnoses based on ICD-10 and DSM-V criteria. Parents also reported on mental health related service contacts for their child in the previous year. Descriptive analysis reported the proportion of participants with 'sub-threshold' difficulties. This was defined as a high or very high score on the parent-rated SDQ total difficulties score and/or impact score, but not meeting criteria for a DSM-V diagnosis on the DAWBA. Levels of service contact in this group were reported.

Results: According to provisional findings (subject to final weighting strategy), 7.2% (95% CI 6.5-7.8%, n=486) of 5- to 16-year-olds fell into this 'sub-threshold' category, 79.1% (95% CI 78.1-80.1%, n=5,295) had no disorder and did not have raised impact or total difficulty scores on the SDQ, and 13.7% (95% CI 12.9, 14.6%, n=937) had a DSM-V diagnosis. Almost half of those with 'sub-

threshold' difficulties had contact with professional services in the previous year (47.4%, 95% CI 42.8, 52.1%). Teachers were the most commonly reported professional service contact (39.8%, 95% CI 35.3, 44.4%). Contact with child mental health specialist services was reported in 6.5% (95% CI 4.5, 9.1%).

Conclusions: This initial analysis demonstrates that a small but significant (on a population level) proportion of children in this sample had elevated levels of mental health difficulty and/or impact on functioning but did not meet criteria for a disorder. As these data are cross-sectional, it is possible that some children may meet, or have met, diagnostic criteria at an earlier or later point. Almost half of this group had had mental health related contact with a teacher, providing opportunities for early intervention, but only a small proportion had contact with specialist services. These analyses can inform planning and targeting of support for children who may not meet criteria for specialist services.

Disclosure of Interest: None Declared

Mental Health Care 03

EPP0706

Burn out of health care professionals leads to addiction

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Introduction: Despite their knowledge about the risks and treatment options for substance abuse disorders, healthcare workers are not immune to them. Meanwhile, a number of studies have shown that health professionals have an increased risk of depression, addictive diseases and burnout due to the occupation-linked mental and physical burden and in particular an increased prevalence of substance-related disorders.

Objectives: The aim of our present study was to focus on prevalence and the risk factors of addiction behavior and its possible association with burnout among healthcare workers in a moroccan hospital applying a questionnaire-based survey.

Methods: Questionnaires were distributed to 250 healthcare workers of CHU IBN ROCHD Casablanca, Morocco. A total of 200 participants completed the survey. Data collected in 2021 were analysed by using descriptive statistics, an independent t test and Pearson's correlation analysis.

Results: In our sample, the 26-35 year old age group presents 74%, 79% of the participants are women, 38.5% of the participants have freelance status, 62.5% are single, 78.8% of participants have no children, 60% of the participants are residents and 33.2% are nurses. Almost half of the participants have between 1 and 5 years of training or work experience. 37.2% reported a history of an anxiety disorder and 33.1% have a history of a depressive disorder. 90.2% have never used any substance.

45% spend more than 3 hours, 86.6% of the participants used the internet between 6pm and midnight.

In total, 20.5% suffered from mild burnout, 31% moderate burnout and 48.5% severe burnout, according to the Maslach Burnout Inventory. The prevalence of depression was 32%; that of anxiety was 29.5%.