

were found. Linear regression analyses showed statistically significant differences between DERS and COPE-NVI *avoidance strategies* ($p < 0.001$) and COPE-NVI *problem orientation* ($p < 0.023$). Mediation analyses confirmed the mediatory role of boredom dimension in the association between COPE-NVI *avoidance* subscale and DERS total ($B = 0.6849$, $p < 0.001$), between *avoidance* subscale and DERS *lack of acceptance* subscale ($B = 0.1286$, $p < 0.001$). Moreover, a mediatory role of MSBS inattention subscale was found in the association between COPE-NVI *avoidance* subscale and DERS *lack of control* subscale ($B = 0.1027$, $p < 0.001$).

Conclusions: Maladaptive coping strategies (particularly avoidance) were associated with increased DERS levels. A predominant use of more adaptive coping strategies (i.e., problem solving, planning) were associated with lower DERS levels. Their relationship appears to be mediated by boredom dimension.

Disclosure of Interest: None Declared

EPV0147

The effect of maternal pre-pregnancy body mass index and gestational weight gain on behavioural outcomes in term normal birth weight children: UK birth cohort study

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Introduction: Existing evidence in the association between maternal pregnancy and pre-pregnancy weight and behavioural outcomes in children.

Objectives: This study aimed to examine these associations at six developmental time-points between ages 3 and 16.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC), an ongoing population-based longitudinal pregnancy cohort study in Bristol, United Kingdom (UK). Data on behavioural outcomes were measured at ages 3.5, 7, 9, 11 and 16 years using the Strengths and Difficulties Questionnaire (SDQ). Over 7960 (at 3.5 years of age) and 4400 (at 16 years of age) mother-child pairs were included in the final analysis. Logistic regression analyses were used to examine the associations.

Results: Pre-pregnancy BMI and gestational weight gain were associated with total behavioural difficulties in children across all age groups. In separate analyses using each SDQ subscale, however, we found that pre-pregnancy underweight was associated with emotional problems at ages 7 (OR = 1.66, 95% CI; 1.20 – 2.29), 11 (OR = 1.49, 95% CI; 1.02 – 2.18) and 16 (OR = 1.74, 95% CI; 1.16 – 2.60) years and hyperactivity/inattention problems at age 16 (OR = 1.96, 95% CI; 1.27 – 3.05). We also found an association between guideline-discordant gestational weight gain and peer relationship problems at age 9 and pro-social behaviour at ages 9 and 11.

Conclusions: Our findings highlight that pre-pregnancy underweight than overweight, obesity or gestational weight gain may influence the emotional health of children and adolescents.

Disclosure of Interest: None Declared

EPV0148

Adolescents' quality of life in the light of mentalization and emotion regulation

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Introduction: According to research there is a negative association between emotion regulation, mentalization difficulties and quality of life among adolescents, but former research did not examine the relationship between these 3 constructs in a Hungarian adolescent sample.

Objectives: The aim of our study was to examine the relationship between mentalization and emotion regulation with quality of life among 14- to 18-year-old adolescents.

Methods: In our non-clinical, cross-sectional study 122 adolescents with informed consent answered a list of demographic questions, then completed the Reflective Function Questionnaire (RFQ-H), the Emotion Regulation Difficulties Questionnaire (DERS) and the Quality of Life Scale (ILK). In our mediator model we chose RFQ-H as the independent, DERS as the mediator and ILK as the dependent variable.

Results: The first model was significant ($F(1,120) = 28,79$, $p < 0,001$, $R^2 = 0,19$), there was a significant relationship between mentalization disfunction and emotional regulation difficulties ($a = 0,39$, $p < 0,01$, $\beta = 0,44$). The second model was significant as well ($F(2,119) = 30,48$, $p < 0,001$, $R^2 = 0,34$), though the direct effect between mentalization difficulties and low quality of life was not significant ($c' = 0,02$, $p = 0,73$, $\beta = 0,03$), the direct effect between emotion regulation difficulties and low quality of life was significant ($b = 0,58$, $p < 0,01$, $\beta = 0,57$). The indirect effect between mentalization disfunction and low quality of life mediated by emotional regulation difficulties was also significant $ab = 0,22$ [0,13 – 0,33], $\beta = 0,25$ [0,14 – 0,36]).

Conclusions: Our results - taking the limitations into account - imply that emotional regulation mediates the relationship between mentalization and quality of life among the present-day, non-clinical, Hungarian adolescent sample, which could have practical implications.

Disclosure of Interest: None Declared

EPV0149

Does mentalizing moderate the relationship between psychopathology and quality of life?

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Introduction: Most previous research focused on the association between mentalizing and specific mental disorders, while less is known about the relationship between mentalizing and quality of life among adolescents.

Objectives: This study aimed to validate The Reflective Function Questionnaire for Youth in the Hungarian language and evaluate the moderating influence of mentalizing on the relationship between psychopathology and quality of life.

Methods: A community sample of 384 youths of 12–18 years (72.7% females) completed the following questionnaires: The Reflective Function Questionnaire for Youth (RFQY), The Measure of Quality of Life for Children and Adolescents and The Strengths and Difficulties Questionnaire. First, we tested the different factor structures of the RFQY: the two-factor, the eight-item, and the five-item versions. We conducted a series of moderation analyses with quality of life as the dependent variable, higher-order symptom categories (internalizing or externalizing symptoms separately) as the independent variable, and mentalization as the moderator.

Results: The confirmatory factor analysis supported the five-item version of the RFQY (Cronbach's alpha .61) and resulted in a new, 10-item version of The Reflective Function Questionnaire for Youth on the Hungarian sample (Cronbach's alpha .76). Mentalization had a moderator effect on the relationship between internalizing and externalizing symptoms and quality of life.

Conclusions: Our study provides the first psychometric support for the Hungarian version of the RFQY and underlines the importance of assessing the complex relationships between mentalization, quality of life and symptomatology. Targeting mentalization to improve the quality of life among adolescents might be a key factor.

Disclosure of Interest: None Declared

EPV0150

Children's fear and sleep: what is the relationship

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Introduction: Fear was the primary construct for this study, however, knowing that high levels of anxiety can cause changes in sleep quality, it was considered opportune to study the relationship between these two concepts.

According to Marks (1969), "Fear is a normal response to active or imagined threat in higher animals, and comprises an external behavioral expression, an inner feeling and associated physiological changes", almost all children experience some degree of fear during its development. Additionally, while these fears vary in frequency, intensity, and duration, they tend to be mild, age-specific, and transient. According to a simple definition, sleep is a reversible behavioral state of perceptive disconnection and indifference to the environment (Carskadon & Dement, 1989).

Objectives: Sleep quality perceived by children is inversely correlated with self-perception of fears

Methods: Participants

The study sample consists of 121 students from the 1st cycle of basic education, 65 (53.7%) attending the 3rd year of schooling and 56 (46.3%) attending the 4th year of schooling, 66 (54.5%) were female and 55 (45.5%) were male, aged between 7 and 10 years old ($M=8.5$; $SD=0.61$).

Method: Sleep Self Report-PT (SSR-PT): The SSR-PT is a questionnaire designed to assess children from 7 to 12 years old regarding their self-perception of the quality of their sleep. Fear Survey Schedule for Children-Revised (FSSC-R): T. Ollendick (1978); Translation and adaptation: Pedro Dias & Miguel Gonçalves

Results: The lower the sleep quality perceived by the children, the greater the self-perception of fears of the two factors with very strong significance .000 in both.

Conclusions: The lower the sleep quality perceived by the children, the greater the self-perception of fears of the two factors with very strong significance .000 in both.

Disclosure of Interest: None Declared

EPV0151

Fear in children: what is the importance of gender

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Introduction: When we were children we all remember hearing expressions like: "Do not be afraid.", "What are you afraid of?", "You are strong, you are not afraid!". This primary emotion is introduced in our development associated, most of the time, with a negative connotation. However, we know that fear, as a normal response to a real or imagined threat, is an integral part of human development (Sequeira, 2011).

The existence of research on fears is relevant for the definition of developmental patterns, characteristics such as frequency and intensity, but also for the identification of risk factors that may be at the genesis of the development of anxiety disorders (Ollendick, King & Murris, 2002).

Objectives: In Portugal, studies on fears are scarce, contrary to what happens in other countries (Sequeira, 2011).

Methods: The study sample consists of 121 students from the 1st cycle of basic education, 65 (53.7%) attending the 3rd year of schooling and 56 (46.3%) attending the 4th year of schooling, 66 (54.5%) were female and 55 (45.5%) were male, aged between 7 and 10 years old ($M=8.5$; $SD=0.61$).

For each child, an adult, parents or parental figures also participated in the study, most of which were the mother (89.3%) and the remaining participants were the father (7.4%), father and mother (1.7%), grandmother (0.8%) and brother (0.8%).

Results: Fears are more frequent in females than males.

Conclusions: In general, anxiety disorders tend to be more prevalent in girls than in boys (Ollendick, King & Murris, 2002).

Disclosure of Interest: None Declared