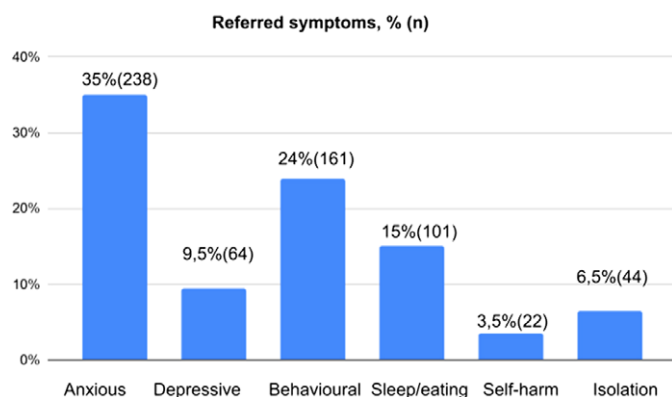


the first lockdown (March-June 2020). Secondly, to present data on the clinical evolution of the patients along this period (n = 720).

**Methods:** Descriptive study and literature review.

**Results:**



Clinical care during the period of strict confinement was mainly by telephone, although the most serious cases were attended in person. In addition, referral to Intensive outpatient programs was interrupted. The results show 56% of patients remained stable. Anxious symptoms (35%) and behavioural disturbances (24%) were most frequently referred (Figure 1). It is noteworthy that the most critical cases (such as suicide attempts or domestic violence) were observed in adolescents and that at least 11% of patients increased their use of electronic devices.

**Conclusions:** The first confinement stage was particularly stressful for families and especially for children and adolescents, although most patients remained psychopathologically stable. However, other studies have found a significant increase in child and adolescent mental health problems during the following months (de-escalation stage).

**Disclosure:** No significant relationships.

**Keywords:** Covid-19 pandemic; childhood mental health; lockdown; behavioural disturbances

#### EPP0449

### Particularities of suicide attempts in late adolescence in Tunisia

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**Introduction:** Suicide attempts in late adolescence deserves special attention.

Identifying particularities of suicidal behavior in this age group seems important in order to detect suicidal ideations.

**Objectives:** Describe the characteristics of suicide attempts in late adolescence among hospitalized patients.

**Methods:** This is a retrospective descriptive study that was conducted in our psychiatry department in Razi Hospital, Tunisia. It focused on a population of Tunisian adolescents aged between

15 and 19 years old and who were hospitalized after a suicide attempt between January, 1st 2010 and November, 15th 2018. We used a pre-established questionnaire that explored the sociodemographic and clinical data of patients.

**Results:** Thirty adolescents were included. Twenty-three of them (77%) were female. Mean age of suicidal adolescents was 16.5 years. They were mostly living with their families (80%). Intentional drug ingestion was reported in 56% of cases. Half of the adolescents were indifferent regarding the suicide attempt. Conflictual family environment was reported to be a triggering factor of the suicidal thoughts in 60% of cases, and romantic breakup in 20% of cases. In fact, these adolescents were diagnosed with adjustment disorder with depressed mood in 47% of them and depression (28%). Adolescent suicide attempts were correlated with a conflictual family environment ( $p=0.04$ ) and the presence of academic difficulties ( $p<10^{-3}$ ).

**Conclusions:** Family dysfunction and conflictual environment are predictors of suicide risk in the late adolescence. Prevention strategies should be reviewed and focus more on these factors.

**Disclosure:** No significant relationships.

**Keywords:** risk factors; suicide attempts; late adolescence

#### EPP0451

### The era of virtual care: Perspectives of youth on psychiatric virtual appointments in COVID-19 and beyond

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**Introduction:** In response to COVID-19, paediatric providers have shifted to providing outpatient health care appointments through telehealth.

**Objectives:** While research has been published previously on this topic, we felt it important to add current Canadian youth perspectives to the mix, specifically on changes due to COVID-19.

**Methods:** Semi-structured discussions were held on virtual care in June and October 2020 with our youth members, who are patients with various health conditions, aged 13 to 19 years which allowed us to glean their unique opinions regarding virtual care in the midst of a pandemic.

**Results:** Youth who contributed to this commentary reported that major benefits of virtual care included time savings, ease of access, continuity of care, and ability to participate in health appointments from the comfort of one's own home without a risk of COVID-19 exposure. These youth also recognized limitations to virtual care, including the inability to complete laboratory or imaging tests, and the lack of physical examination capabilities.

**Conclusions:** Additionally, they stressed the importance of visual components of virtual appointments and health care providers needing to consider privacy restrictions youth may have. Overall, our cohort of youth feel positive about virtual care and hope care providers can work with youth individually to determine the best solution for them.

**Disclosure:** No significant relationships.

**Keywords:** adolescent; covid; virtual care; Child Psychiatry