symptoms, the leading of which is the vegetative pattern. Vegetative syndroms are most likely to manifest in group 1, comorbid of which is obsessive-phobic disorders and depressive spectrum disorders. The group 2 is characterized by astheno-vegetative symptoms in correlation with the conversion type of response. In the third professional group, the nature of predictors is characterized by a pronounced isolation of groups of symptoms, the leading of which is the vegetative pattern.

Disclosure: No significant relationships.
Keywords: chemical production; mental maladjustment; prenosological diagnostics

Promotion of Mental Health

EPV1059
Impact of school closures during the pandemic on screen time and behavior of children: Evidence from a developing country
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doi: 10.1192/j.eurpsy.2022.1768

Introduction: Serious concerns regarding the indirect physical and mental health impact of the extended school closure measure to control the spread of the pandemic have been raised, however, the extent of the problem remains unquantified in India.
Objectives: To examine the impact of school closures on recreational screen time, emotional, and behavioral functioning of school-going children during the pandemic.
Methods: The survey utilized a Google form that was sent to parents of children (6-14 years) through emails and social media platforms. Parents were asked to report on the child’s duration of recreational screen time and whether the child’s overall behavioral functioning had changed since the school closures. The child’s emotional and behavioral functioning was assessed by the Strength and Difficulties Questionnaire (SDQ). The study was cleared by the Ethics committee.
Results: A total of 160 parents were recruited for the study. Overall, a little more one-fourth (28.1%) of the children’s behavior was reported to have worsened. The mean recreational screen time was 2.65 hours (SD=1.89). A significantly higher proportion of children whose behavior worsened after school closures, relative to those whose behavior improved or remained same, had scores in the abnormal range of functioning on three of the subscales of SDQ. Stepwise multiple regression analysis indicated that recreational screen time explained 2% of the variance in the total SDQ score (F=4.18, P=0.04).
Conclusions: Increase in psychological services supporting healthy behaviors and anticipatory telehealth consultations for high-risk children and families is the need of the hour to foster psychological wellbeing during the pandemic.
Disclosure: No significant relationships.
Keywords: pandemic; school closure; screen time; behavior

EPV1060
Doctors’ and nurses’ use of expectancy effects in clinical practice
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doi: 10.1192/j.eurpsy.2022.1769

Introduction: Positive treatment expectations among patients are associated with reduced symptoms and reduced negative emotions, stress and anxiety. Patient expectations may be influenced by practitioners who focus on increasing positive treatment effects and reducing psychological and physiological stress.
Objectives: This study examined clinicians’ self-reported utilization of expectancy effects as additive effects to active treatments.
Methods: We applied a questionnaire to investigate clinicians’ utilization of patients’ treatment expectations. The items mapped reasons for increasing patient expectations, ways through which this was done, the frequency and efficiency of increasing expectations, and the understanding of underlying mechanisms of increasing patient expectations. Nurses (N=84) and medical doctors (N=49) employed in general practitioners’ offices, hospitals, nursing homes and home health care services, responded anonymously.
Results: When asked if they had tried to influence patient’s expectations to achieve an additive effect to active treatment, 71.2% reported that they had done so at least one time over the last year, 18.5% at least once per month, 16.9% at least once per week and 32.3% at a daily basis. Neither profession nor practitioner sex influenced these results. The two most frequently reported reasons for trying to influence expectations were to increase the effect of an active treatment and to calm the patient. Optimism and empathy were the two most frequently reported ways through which expectations were influenced.
Conclusions: The strategy of utilizing expectation effects as additive effects to active treatment was frequent among the respondents. The main reported reasons were to increase treatment effects and reduce patients’ stress through expressing optimism and empathy.
Disclosure: No significant relationships.
Keywords: Placebo; Survey; Provider-patient interaction; Treatment expectations

EPV1061
Emotional Intelligence and Well-being in Adolescents: a Systematic Review and Meta-analysis.
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doi: 10.1192/j.eurpsy.2022.1770

Introduction: Adolescent’s subjective well-being (SWB) can be improved through the training of emotional intelligence (EI).
**Objectives:** The goal of this study is to determine the general link between EI and SWB in adolescents, to analyze the affective (AWB) and cognitive components (CWB) of SWB, and to investigate the moderating effect of EI models on both types of SWB.

**Methods:** We searched PsycINFO and WOS from inception to December 2020. Eligible studies reported an association between EI and SWB in adolescents aged from 10 to 19 years using instruments that directly measure SWB. Two meta-analyses were conducted, one for the relationship between EI and AWB and the other for EI and CWB.

**Results:** A total of 41 studies were included, of which 37 were pooled in the meta-analyses. We obtained a significant positive relationship between EI and AWB (estimated effect size $= 0.35$) and between EI and CWB (0.29). Concerning EI models, self-report ability showed an estimated effect size of 0.33 for AWB and 0.28 for CWB. For the self-report mixed model, we found an estimated effect size of 0.42 for AWB and 0.38 for CWB.

**Conclusions:** Establishing a quantitative relationship between SWB and EI makes it possible to implement both clinical and educational prevention measures. Introducing EI training in educational and clinical settings can increase SWB, which could significantly impact the prevention of emotional disorders in adolescents.

**Disclosure:** No significant relationships.

**Keywords:** Subjective Well-Being; meta-analysis; Adolescents; Emotional Intelligence

**EPV1062**

**Cognitive, emotional and expressive factors determining the quality and variability of mentalization styles**

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doi: 10.1192/j.eurpsy.2022.1771

**Introduction:** In contemporary context the difficulties of making sense of social ambiguity becomes one of the most important appeals for seeking the psychological help. This grounds the importance of studying the mechanism underlying the quality of mentalization and its individual variations.

**Objectives:** The objective of the study was to find empirical relations between the quality of mentalization and its cognitive, emotional and expressive mediating factors.

**Methods:** (1) The Adult Attachment Interview, scored using Social Cognition and Object Relations–Global rating method for mentalization ability. (2) Group embedded figures test. (3) New Tolerance–Intolerance to ambiguity and (4) Toronto alexithymia scale questionnaires. Twenty participants, aged 18-38, looking for psychological consultation, took part in the study.

**Results:** Correlation analysis suggests positive relation between field-independency and tolerance to ambiguity ($r = .47$, $p < .05$). The complexity of representations of the mind positively correlates with the understanding of social causality ($r = .92$, $p < .01$). The affective quality of relationships’ representations positively correlates with the ability to emotionally invest into relationships ($r = .66$, $p < .01$), and with the understanding of social causality ($r = .47$, $p < .05$). The ability of emotional investment into relationships also positively correlates with the understanding of social causality ($r = .93$, $p < .01$). There is a negative link between the severity of alexithymia and the presence of long-term relationships with a partner ($r = -.53$, $p < .05$).

**Conclusions:** Mentalization should be understood as a system, with underplaying cognitive, expressive and emotional factors.

**Disclosure:** No significant relationships.

**Keywords:** mentalization; SCORS-G; psychological help; tolerance to ambiguity

**EPV1063**

**Children living in institutional care: How can mentalization-based interventions improve their perspective-taking and conflict resolution skills?**

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doi: 10.1192/j.eurpsy.2022.1772

**Introduction:** Trauma, stress, and attachment problems are negatively related to the development of mentalization. Children raised in institutional care are more exposed to these difficulties, therefore the development of population-specific interventions that aim to improve mentalization skills would be highly desirable.

**Objectives:** Our goal is to develop mentalization-based intervention programs for specific age groups (9-13 years, 14-18 years, and adult staff members of institutional care centers) - that support children’s and adolescents’ social functioning and conflict resolution skills.

**Methods:** The mentalization-based intervention targeting institutional care staff was launched first. Due to the pandemic, this intervention was executed online with two intervention ($N = 17$) and two passive control ($N = 15$) groups. Before and after the intervention, participants completed a demographic questionnaire, the Parenting Sense of Competence Scale, the Reflective Functioning Questionnaire, the Mini Oldenburg Burnout Inventory, The Strengths, and Difficulties Questionnaire, and the Ways of Coping Questionnaire.

**Results:** The intervention protocol and our results will be shown at the conference. There was no significant difference between the two intervention and two passive control groups in the demographic features. Mentalization uncertainty and burnout was positively related ($r_{s}(23) = .42$, $p = .034$), while mentalization uncertainty and parental competence was negatively associated ($r_{s}(23) = -.41$, $p = .041$).

**Conclusions:** The intervention program will be fine-tuned and optimized based on the results of the pilot study. In the next interventions, we plan to focus on the issues that the staff perceived as most difficult and to conduct interventions among the children.

**Disclosure:** No significant relationships.

**Keywords:** intervention; institutional care; Children; mentalization

**EPV1064**

**Does emotional intelligence have the same role in each risk behaviour?**

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doi: 10.1192/j.eurpsy.2022.1773

**Objectives:** To find empirical relationships between the quality and variability of mentalization and its cognitive, emotional and expressive mediating factors.

**Methods:** (1) The Adult Attachment Interview, scored using Social Cognition and Object Relations–Global rating method for mentalization ability. (2) Group embedded figures test. (3) New Tolerance–Intolerance to ambiguity and (4) Toronto alexithymia scale questionnaires. Twenty participants, aged 18-38, looking for psychological consultation, took part in the study.

**Results:** Correlation analysis suggests positive relation between field-independency and tolerance to ambiguity ($r = .47$, $p < .05$). The complexity of representations of the mind positively correlates with the understanding of social causality ($r = .92$, $p < .01$). The affective quality of relationships’ representations positively correlates with the ability to emotionally invest into relationships ($r = .66$, $p < .01$), and with the understanding of social causality ($r = .47$, $p < .05$). The ability of emotional investment into relationships also positively correlates with the understanding of social causality ($r = .93$, $p < .01$). There is a negative link between the severity of alexithymia and the presence of long-term relationships with a partner ($r = -.53$, $p < .05$).