

the participants qualified for embitterment disorder and 93% for PCS. In conclusion, clinicians' diagnoses of depression seem frequently erroneous. The reasons are improper assessment of the diagnostic criteria, confusion of depression with bereavement or embitterment and a failure to assess for response bias.

Disclosure: No significant relationships.

Keywords: Major depression; diagnostic accuracy; embitterment; response bias

Clinical/Therapeutic

Minding the Gap, How to Provide Adequate Psychiatric Treatment for Adolescents and Emerging Adults

W0013

'Maisons Des Adolescents', Youth Mental Health in France

L. Benoit

Yale University, Child Study Center, New Haven, United States of America

doi: 10.1192/j.eurpsy.2022.159

Since 1999, more than 100 "Maisons des Adolescents" (MDAs) - "House of Adolescents" - have been developed in France. These integrated youth-friendly facilities enabled young persons to gain access to specific care. The various medical programs of MDAs depend on the priorities of local communities rather than on official regulations. Most MDAs offer the following essential services: a "Health and Prevention Space" open daily; multidisciplinary consultations; consult liaison for youths hospitalized in medical units; a home visiting service; outpatient clinic including art workshops; refresher courses for school work; peer and parent support groups. The MDAs from the start addressed an age group (young people aged 11-21 years) rather than an illness. They thus provide primary prevention for young persons according to the World Health Organization definition of health as "a state of complete physical, mental and social well-being." The success of the MDA network is already widely acknowledged by users, professionals, and policymakers.

Disclosure: No significant relationships.

Keywords: integrated youth health care services; Maison des Adolescents; mental health; transition

W0014

Alcohol Use in Adolescence: Transition from Use to Abuse

G. Dom

University of Antwerp, Psychiatry, Boechout, Belgium

doi: 10.1192/j.eurpsy.2022.160

Understanding the factors that play a role in the initiation of alcohol use and the subsequent transition to later alcohol abuse adolescence

is of paramount importance from the context of developing better-targeted types of secondary ("pro-active") prevention interventions (Hendriks VM, Dom G., 2021). Peer and family influences together with temperament traits have been suggested to be of cardinal importance regarding the initiation of alcohol use. In addition to these factors neurobiological and genetic factors play a major role in the risk of developing alcohol abuse upon initiation. The presentation will highlight the different psychological, neurobiological, and social factors underlying the risk of the transition to abuse and dependence in adolescence. In addition, examples of targeted prevention interventions will be highlighted.

Disclosure: No significant relationships.

Keywords: Transition; alcohol; abuse; adolescent

Assessment and Treatment of Cognitive Impairment in Schizophrenia

W0015

Cognitive and Social Cognitive Impairment and their Impact on Real-Life Functioning and Quality of life.

G. Sachs

Medical University of Vienna, Psychiatry And Psychotherapy, Vienna, Austria

doi: 10.1192/j.eurpsy.2022.161

Cognitive and social cognitive impairments are a central feature of schizophrenia and are known to significantly affect real-life functioning [1]. These impairments include deficits in memory, language function and executive function, as well as in processing speed and attention. In the domains of social cognition, face perception [2], voice perception, mentalizing and emotion regulation have been described to be affected. All deficits, cognitive and social-cognitive, can persist during symptomatic remission. Social cognition is a partial mediator between neurocognition and functional outcome. Recent research has demonstrated that neurocognition affects functional capacity and that social cognition affects community functioning [3]. The impact of cognition on quality of life (QOL) was shown in a large meta-analytic study, in which a moderate correlation of verbal ability and processing speed with subjective quality of life was found [4]. A network analysis showed that functional capacity and everyday life skills were the most central and highly interconnected nodes in the network. Functional capacity bridged cognition with everyday life skills, the everyday life skills node was linked to disorganization and expressive deficits [5]. Deficits in neurocognition and social cognition play a pivotal role as enduring impairment after clinical remission and as a critical rate-limiting factor in functional recovery. [1] Green et al. Schizophr Bull. 2000; 26(1): 119-136 [2] Sachs et al. Schizophr Res. 2004; 68(1):27-35 [3] Bechi et al. Psychiatry Res. 2017; 251:118-124 [4] Tolman & Kurtz Schizophr Bull. 2012; 272:419-424 [5] Galderisi et al. JAMA Psychiatry. 2018; 75(4):396-404

Disclosure: No significant relationships.

Keywords: Quality of Life; cognition; functional outcome; schizophrenia