correlation as well for cloudy or variable weather (r^2=0.0016), there is a strong correlation between sunshine index and Delta MADRS/Delta HAMD for females exposed to sunny weather: r^2=0,315, n=20, p<0.01. This correlation is even stronger in the subpopulation of females aged less than 50 years: r^2=0.6398, n=12, p<0.001.
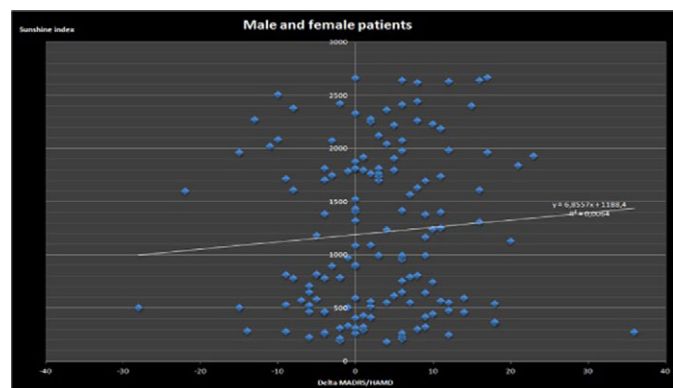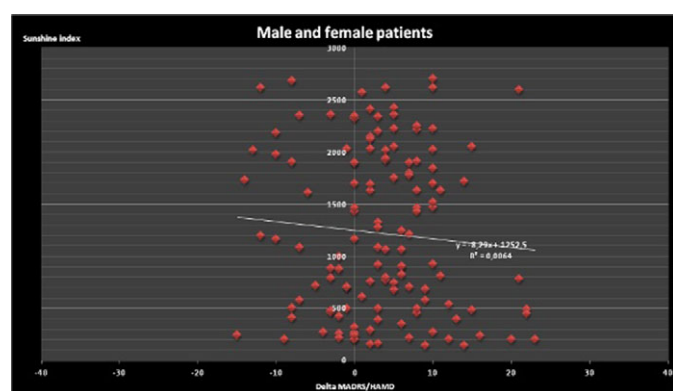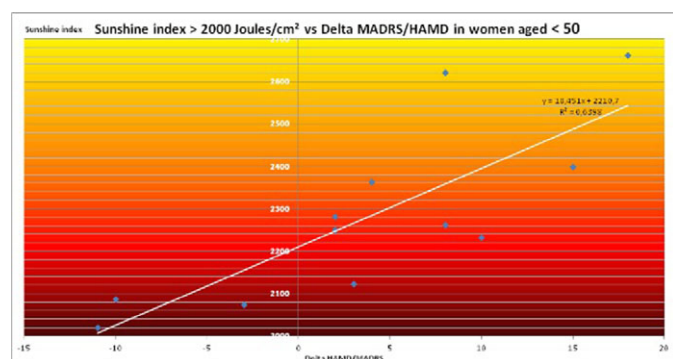
Image:

Image 2:

Image 3:

Conclusions: Sunshine increases placebo effect in female patients aged less than 50. This insufficiently known effect may be responsible for failure of a number of double-blind, randomized, studies of antidepressant compounds.

Disclosure of Interest: None Declared

Development of an Implicit Association Test to Assess Healthy and Adaptive Self-Esteem for Lower-Grade Elementary School Students

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Introduction: In recent years, new concepts have been proposed to discriminate between healthy (adaptive) and unhealthy (nonadaptive) self-esteem. Among them, Yamasaki et al. (2017) proposed the concepts of "autonomous" and "heteronomous" self-esteem. As they underscored that autonomous self-esteem needs to be nonconsciously assessed, several nonconscious assessment methods have been developed using implicit association tests (IATs). However, any IAT has not been developed for younger children, even though it is necessary to measure autonomous self-esteem in early childhood because it is largely formed in early developmental stages.

Objectives: The aim was to develop an IAT to measure autonomous and heteronomous self-esteem for 1st-grade elementary school children. In order to standardize it, the validity and reliability were examined.

Methods: Participants were 1st-grade children in a public elementary school in Japan. The final sample included 55 children (35 boys and 20 girls). Their two home-room teachers participated to evaluate the children. The IAT was administered twice, around four weeks apart. The original paper-and-pencil version of the IAT was developed based on the IAT by Yokoshima et al. (2021). In this test, the implicit association between two kinds of stimuli, category (e.g., "myself") and attribute (face pictograms expressing high and low self-esteem), is measured in terms of accuracy and speed. The evaluation by teachers was conducted using 7-point Likert scales ("not true at all" to "very true"). The evaluation items were "this child proactively does what he or she wants to do alone or with friends for autonomous self-esteem and "this child is competitive and concerned with the consequences of other children" for heteronomous self-esteem.

Results: The test-retest reliability was calculated using correlational analyses of the two measurements. The correlation was significantly positive, $r = .70$, $p < .01$. To examine the validity, the children were divided into high and low groups based on the cut-off scores (over 1 SD above the mean and under 1 SD below the mean). Statistical analyses showed that the evaluated scores were significantly higher in Group High than in Group Low regarding the characteristic of autonomous self-esteem, $t (19) = 3.87$, $p < .01$, $d = 1.62$, and that they were significantly higher in Group High than in Group Low for the characteristic of heteronomous self-esteem, $t (19) = 3.14$, $p < .01$, $d = 1.32$.

Conclusions: This study showed that the newly developed IAT for lower-grade children includes high reliability and validity. Hereafter, this test can be utilized at schools to assess autonomous and

heteronomous self-esteem. As schools are interested in enhancing healthy and adaptive self-esteem, this tool will be an effective assessment method to ascertain how autonomous self-esteem is cultivated.

Disclosure of Interest: None Declared

EPP0751

The quality of mental health care delivered to patients with schizophrenic disorder in the Italian mental health system. The QUADIM project A multi-regional Italian investigation based on healthcare utilization databases

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Introduction: The 1978 Italian reform of psychiatric services initiated the closure of psychiatric hospitals encouraging the development of community mental health. However, there is wide variability across regions in the amount of resources devoted to community-based psychiatric care, and the range of services provided still is cause of concern.

Objectives: To evaluate the quality of mental health care delivered to patients with schizophrenia and related disorders taken-in-care by mental health services in four Italian regions (Lombardy, Emilia-Romagna, Lazio, Sicily).

Methods: Thirty-one clinical indicators concerning accessibility, appropriateness, continuity, and safety were defined and estimated using healthcare utilization (HCU) databases, containing data on mental health treatments, hospital admissions, outpatient interventions, lab tests and drug prescriptions.

Results: A total of 70,586 prevalent patients with schizophrenia treated in 2015 were identified, of whom 1,752 were newly taken-in-care. For most patients community care was accessible and moderately intensive. However, care pathways were not implemented based on a structured assessment and only half of the patients received psychosocial treatments. One patient out of ten had access to psychological interventions and psychoeducation.

Activities specifically addressed to families involved a third of prevalent patients and less than half of new patients. One patient out of six was admitted to a community residential facility, and one out of ten to a general hospital psychiatric ward (GHPW); higher values were identified in new cases. In general hospitals, one-fifth of the admissions were followed by readmission within 30 days of discharge. For two-thirds of patients continuity of community care was met, and six times out of ten a discharge from a GHPW was followed by an outpatient contact within two weeks. For cases newly taken-in-care the continuity of community care was uncommon, while the readiness of outpatient contacts after discharge was slightly more frequent. Most of the patients received antipsychotic medication, but their adherence to long-term treatment was low. Antipsychotic polytherapy was frequent and the control of metabolic side effects was poor. The variability between regions was high and consistent.

Conclusions: The Italian mental health system could be improved by increasing the accessibility to psychosocial interventions, improving the quality of care for newly taken-in-care patients, focusing on somatic health and mortality, and reducing regional variability. Clinical indicators demonstrate the strengths and weaknesses of the mental health system in these regions, and, as HCU databases, they could be useful tools in the routine assessment of mental healthcare quality at regional and national levels.

Disclosure of Interest: None Declared

EPP0752

Role of central and peripheral neuropeptides in escitalopram-induced weight gain and metabolic changes

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Introduction: Selective serotonin reuptake inhibitors (SSRI group antidepressant drugs) are not significantly different from tricyclic antidepressants and other antidepressants in terms of efficacy, but provide significant advantages in terms of side effects and toxicity. One of the most important side effects of antidepressant drugs is weight gain. However, there is not yet enough study on weight gain mechanism.

Nutrition and hunger-satiety circle are occured under the control of neuropeptids and hormones that are synthesized and secreted from the hypothalamic arcuate nucleus (ARC), adipose tissue and the pancreas.

In this study, we examined how escitalopram affects the body weight, the body mass index, the serum lipid profile, the liver function tests, the underlying molecular mechanisms of weight change, the relationships these mechanizms and the hypotalamic nutrition regulatory neuropeptides such as POMC, NPY, leptin, CCK and insülin that is a pancreatic hormone.

Objectives: In order to understand the relationship between antidepressants and metabolic risk factors such as diabetes and obesity