S94 Oral Communications

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**Introduction:** The illusion of invulnerability has been linked to lower perceived risk and increased engagement in risky behaviors among youth. Therefore, it has been purported to influence young people's poor adherence to public health measures aiming to contain the COVID-19 pandemic. Concomitantly, beliefs about the virus and mental health may also shape public health behaviours. **Objectives:** To investigate the role of beliefs, perceived invincibility and mental health status in explaining frequency of hand-washing and hours outside the house among youth in Greece

**Methods:** A total of 1.899 students, aged between 18-29 years old, were recruited from the main universities of the country. An online questionnaire entailing: (i) popular beliefs about COVID-19, (ii) the DASS-21, (iii) the Adolescent Invincibility Tool and (iv) queries about health behaviours, was distributed during the lockdown period.

**Results:** Most participants reported washing their hands rarely/ never within a day (78.6%) and spending 2-6 hours outside the house (68.1%). Handwashing was largely influenced by mental health [OR = 0.94, 95%CI= 0.91 – 0.98 for stress; OR = 0.96, 95% CI = 0.93-0.99 for anxiety and OR = 1.05, 95%CI= 1.02-1.08 for depression]; while hours outside the house by perceptions that the virus is out of control [OR=0.76, 95%CI = 0.61-0.95], manufactured [OR=1.21, 95%CI = 1.53, 95%CI = 1.21 – 1.93] and airborne [OR=0.78, 95%CI = 0.64-0.95].

**Conclusions:** Addressing stress and anxiety as well as health education interventions should be prioritized to foster young people's adherence to public health measures amid the pandemic.

Disclosure: No significant relationships.

**Keywords:** health behaviours; common mental disorders; health education; coronavirus

## **O062**

## Maintaining therapeutic continuity in adolescent psychiatric day hospital programs during the COVID-19 lockdown

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**Introduction:** The COVID-19 social lockdown imposed important limitation to non-emergency health care services in Italy, between March and May 2020, with many difficulties in the mental health assistance of those chronic conditions needing a continuative therapeutic support.

**Objectives:** Our study aimed to describe how therapeutic activities have been carried on by remote services in two Adolescent Psychiatric Day Hospital Units (Rome and Turin) and the outcome of these assistance interventions in youths with subacute psychopathology.

Methods: The patient cohort includes 162 adolescents (12-19 years old; QI>70) DH outpatients presenting a complete clinical and neuropsychiatric assessment before the lockdown. During the several phases of COVID-19 quarantine all patients were monitored and supported by telemedicine interventions. All data were recorded and standardized every 15 days: symptom severity was rated by global severity (CGI-S) and stress level by self-reported measures of stress (IES-R).

**Results:** Among patients, CGI score remained stable, IES-R score declined over time: higher IES-R score was significantly associated with female gender and but no differences was observed related with the primary diagnosis. 5 patients presented a clinical acute state needing a hospitalization. The rate of hospitalization was not significantly different compared with the rate observed in the same period of 2019.

**Conclusions:** In youth with psychopathological conditions, remote assistance for psychiatric cares resulted effective and it was associated with a clinical stability with decreasing stress levels.

Disclosure: No significant relationships.

**Keywords:** COVID-19; telemedicine; Adolescence Health Care Services; IES-R

## **O063**

## Rapid development of a decision-aid for people with dementia and their families during COVID-19

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**Introduction:** COVID-19 as a pandemic has disproportionately affected older adults, including those with dementia. The effects on health and social care systems has necessitated a rapid-response approach to care planning and decision-making in this population, with reflexivity and responsiveness to changing individual and system needs at its core. In light of this, a decision-making tool to help families of persons with dementia was developed using a combination of qualitative data and evidence synthesis.

**Objectives:** To develop a decision-aid using a combination of assessment and evidence-gathering methods for families of persons with dementia.

**Methods:** Semi-structured interviews with helpline staff from national end-of-life and supportive care organisations formed the basis of the tool design. Co-design with people living with dementia, current and former carers and experts in general practice and social care shaped the next stage. Simultaneously, a rapid review of current evidence on making decisions with older people at the end of life was undertaken.

**Results:** Output from interviews covered many topics, including trust, agency and confusion in making decisions in the context of COVID-19. The rapid review of existing evidence highlighted the need to consider both process and outcome elements of decision-making.