

minoritized group in need of intervention. This data hopes to inform school-based friendship interventions targeted to improve friendships and mental health of gender non-binary youth.

**Disclosure of Interest:** None Declared

## EPP0643

### The quality of life of Hungarian adolescents in the light of their emotions

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**Introduction:** Mental health professionals pay particular attention to adolescents, as many psychiatric disorders begin at this age, and the mental state of adolescents has been deteriorating worldwide in the last decade. Based on previous international research, the ability to regulate negative emotions and mentalizing - that is, the ability to identify the thoughts and emotions behind one's own and others' behaviour - mediate the negative effects of attachment difficulties experienced in close relationships on the quality of life. This relationship has not yet been investigated among Hungarian adolescents. Adolescent events can have a long-term effect on a person's mental health, so it is very important to examine the factors that influence the quality of life.

**Objectives:** This research aimed to examine the relationship between attachment, mentalizing, emotion regulation and quality of life among adolescents between 14 and 18 years of age.

**Methods:** In our non-clinical cross-sectional research, 141 adolescents filled out the Experiences in Close Relationships questionnaire, the Difficulties in Emotion Regulation Scale, the Reflective Functioning Questionnaire and the Quality of Life Scale after informed consent. We tested two mediator models, in which emotion regulation and mentalizing were the mediating variables in the relationship between attachment difficulty and quality of life.

**Results:** In our analyses, attachment difficulties ( $c' = -1.87, p < .001, \beta = -0.41$ ) and emotion regulation problems ( $b = -0.08, p < .001, \beta = -0.39$ ) also predicted a reduced quality of life. Attachment problems also reduce the quality of life of young people through emotional regulation difficulties ( $\sum ab = -0.81 [-1.21 - -0.45], \beta = -0.17$ ). However, mentalizing was not significantly related to the adolescents' quality of life ( $b = -0.05, p = .10, \beta = -0.11$ ). Mentalizing also did not mediate the relationship between attachment and quality of life ( $\sum ab = -0.09 [-0.27 - -0.02], \beta = -0.02$ ).

**Conclusions:** Our results suggest that adolescents' emotion regulation has a prominent role in their quality of life in addition to attachment styles. To improve the quality of life among adolescents, we recommend using techniques that develop emotion regulation.

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## Depressive Disorders

### EPP0644

#### Alexithymia in population with depressive disorders and suicidal ideation: results of an observational study

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**Introduction:** In clinical practice, significant delays in requesting help are observed in patients with depressive symptoms and suicidal ideation.

**Objectives:** The objective of this study was to determine factors associated with the time of untreated illness in a population with depressive disorder attending mental health for the first time in the area of Hospital Clínico Universitario de Valladolid (HCUV).

**Methods:** Methods: This is an observational study including adult patients of both sexes, referred to their first mental health consultation from their Primary Care Physician, with a picture of depressive symptomatology associated with an identifiable stressor. Informed consent was obtained from the patients and authorized by the Ethics Committee of the HCUV. R Studio ® statistical analysis.

The degree of emotional confusion was quantified with item 1 ("I am often confused about the emotions I feel") of the Toronto Alexithymia Scale (TAS). This item is scored ( 1-5 )from most severe (1) to least (5). On the other hand, the time in weeks between symptom onset to referral, age and symptom severity according to the Montgomery Scale (MADRS) were recorded.

**Results:** Results: We present data collected in an initial sample of 278 treated patients, with a female predominance (68%), a MADRS severity score ( $18.05 \pm 5.01$ ) and a calculated time without treatment of  $59.66 \pm 62.26$  weeks (Tables 1,2,3).

A subsample of 72 patients with death ideation was studied, with a female predominance (75%) compared to the overall sample ( $X^2 = 1.99, p = 0.1585$ ) (Table 4).

It was also observed that death ideation was higher in younger patients ( $t = 3.18, p = 0.001907$ ) and with a severe MADRS depression score ( $t = -7.92, p < 0.0001$ ), however they took a similar length of time to receive mental health treatment (T student  $t = -1.6605, p = 0.099$ ); (Table 5).

There is no previous published evidence that considers the timing of untreated symptoms. According to test statistics, there are differences in untreated symptom time considering gender and TAS score (Table 6).

**Conclusions:** Death ideation is a current health problem that deserves attention. In multivariate analysis models, an association with clinical and demographic factors has been found; however, there is up to 20% of the variation in prevalence that is not explained by the aforementioned factors. The factors that determine the time delay in seeking help (treatment delays) have not been studied so far.

In this study we observe how a single variable doesn't explain the delay in the first visit. The interaction between age, gender, alexithymia and hypoprosexia explains the delay in seeking help, although symptom severity doesn't seem to be related. These data suggest that unexplained causality in multivariate studies may be related to the interaction between clinical and neuropsychological factors.

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