offspring of a shared cousin. The couple was unable to bring us more information about the genetic condition because of the familial repugnance.
Conclusions: Although our study is limited at the genetic level, it could be socially interesting because it showed the negative attitudes of the general population towards the genetic conditions and the familial responsiveness, as well as the reticence of physicians towards genetic preconceptional and premarital carrier diagnosis.

Disclosure: No significant relationships.
Keywords: Genetic screening; conservative societies; preconceptional diagnosis; pre-marital diagnosis

EPV0753

Internet addiction in light of social connectedness and connectedness to nature.

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Introduction: The Internet increasingly influences the lives of people in pandemic times. Although there are many positives, there are also risks related to excessive use and addiction. Internet addiction subject has been explored worldwide.
Objectives: The aim of this pilot study was to analyze the relationships between social connectedenss, connectedness to nature and the occurrence of Internet addiction.
Methods: The data were collected from a group of 200 young adults. A cross-sectional observational study using an online questionnaire was conducted via social media. The semi-structured online questionnaire covered the following areas: (1) general sociodemografic data; (2) Internet usage, measured by Generalized and Problematic Internet Use Scale (GPIUS2) (Caplan, 2002), Internet Gaming Disorder Scale–Short-Form (IGDS-SF9) (Pontes & Griffiths, 2015), the Bergen Facebook Addiction Scale (BFAS) (Andreassen et al., 2012); (3) nature conectedness, measured by the Connectedness to Nature Scale (CNS) (Mayer, Frantz, 2004); (4) social connectedness, measured by the Social Connectedness Scale Revised (SCS) (Lee et al., 2001); (4) psychological impact and mental health, measured by Depression, Anxiety, Stress Scale (DASS-21) and (5) psychological features, such as coping strategies (Mini-COPE, Carver et al.,1989) and personality traits (TIPI -Gosling, Rentfrow, Swann Jr., 2003)
Results: The detailed results and key findings will be presented during the congress.
Conclusions: As the research of the desribed area is insufficient so far, this pilot study may provide a significant contribution to the knowledge on new aspects of internet addictions' mechanisms. Moreover, it is predicted that our result may have scientific influence on both research in connectedness and ecopsychology.

Disclosure: No significant relationships.
Keywords: connectedness; internet addiction; mental health

EPV0754

National Study on Mental Health and Emotional Wellbeing among Young People in Malta: Phase 1

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Introduction: Half of all mental disorders (MD) begin by age 14, however, the majority of disorders remain untreated well into adulthood due to inadequate service provision. Prevalence studies of MD among young people (YP) are needed to elucidate the current epidemiology and better service development to prevent and help YP with MD in the Maltese islands. This abstract describes the first phase of a 3-phase national study.
Objectives: 1. To screen for MD among a sample of 5–16-year-olds. 2. To determine the presence or absence of a range of protective and risk factors among YP with and without a MD.
Methods: A multi-stage random sample of 800 YP aged 5-16 years were recruited from 39 schools across the Maltese Islands. Participants were screened for MD using the SDQ, SCARED, AQ10, SCOFF and AUDIT, and asked questions on life experiences.
Results: 25.2% of YP were identified as being at risk of suffering from a MD (T1). Only 10% of these were referred to MHS. A greater proportion of YP identified as having a possible MD (compared to those without), were found to have a physical impairment (19%), problematic family dynamics (12%), adverse life events (T2) and parents with a history of health/social problems (T3).

Prevalence of YP at risk of a MD	5-10 Years		11-16 Years		5-16 years	
	n	%	n	%	n	%
Any MD (SDQ only)	30	11	137	45.2	183	25.2
Emotional Disorder	30	7.14	70	23	100	13.8
Conduct Disorder	24	5.71	35	11.5	59	8.1
Hyperactivity Disorder	64	15.2	47	15.4	111	15.3
Anxiety Disorder	95	22.6	120	39.3	215	29.7
Eating Disorder			38	23		

Table 1 (T1)

Stressful life events	Parent separation/ end of a steady relationship	Major financial crisis	Problem with the police involving a court	Serious physical illness	Parent demise	Sibling demise	YP with serious illness	YP in serious accident	YP had close friendships end	YP victim of Cyber Bullying	YP victim of bullying
Without possible MD (n)	42	11	10	28	5	3	27	18	32	4	21
Without possible MD (%)	11.8%	3.1%	2.8%	7.9%	1.4%	0.8%	7.6%	5.1%	9.0%	1.1%	5.9%
With possible MD (n)	76	55	11	37	9	3	39	20	55	44	90
With possible MD (%)	20.6%	14.9%	8.4%	10.0%	2.4%	0.8%	10.6%	5.4%	14.9%	11.9%	24.4%

Table 2 (T2)

Parental difficulty	YP with possible MD		YP without possible MD	
	n	%	n	%
Physical Health Problem	115	31.2%	85	23.9%
Drinking problem	30	8.1%	19	5.3%
Drug problem	8	2.2%	3	0.8%
History of Abuse	85	23.0%	63	17.7%
Symptoms of low mood	228	61.8%	145	40.7%
Poor support system	43	11.7%	24	6.7%

Table 3 (T3)

Conclusions: The K-SADS will be conducted on YP identified as having a possible MD to ascertain a categorical diagnosis and