Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information website.

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Objectives: The COVID-19 pandemic has created considerable uncertainty due to its unpredictable outcomes, leading to the development of psychological symptoms and disorders such as depression. Therefore, the goal of this study is to investigate the relationship between intolerance of uncertainty and depression during COVID-19, including the effects of demographic characteristics as confounders.

Methods: The study sample is a combination of participants from 3 ongoing in-person assessed cohort studies. Participants are community members from the metropolitan area of New York City (United States), recruited into 1 of those studies. Originally, these studies focused on children and adolescents exposed to traumatic events either indirectly through involvement of their parents in the criminal justice system or because of direct or indirect exposure to the event of 9/11. Through a telephone interview for this study, participants completed the Personal Health Questionnaire Depression Scale (PHQ-8), the Intolerance of Uncertainty Scale (IUS), and the demographic questionnaire in March to August 2020, and the PHQ was collected again in March to August 2021. In the case of missing data on the exposures and outcomes, the participants were excluded.

Results: The number of participants at waves 1 and 2 was 1213 and 920, respectively. Participants were considered positive for depression based on scores in the moderate to severe range in each wave (prevalence of 24.3% and 18.1% for waves 1 and 2, respectively, for an IUS score more than the median). The IUS score was normally distributed (mean [SD] = 34.4 [9.9]). There was a positive and strong association between the IUS at wave 1 and depression in both waves. After adjustment for covariates (gender, age, race/ethnicity, religion, marital status, household income, and original cohort), the OR for association of 1 SD increase in IUS score with depression in wave 1 was 1.76 (95% CI, 1.50-2.08; p < .001). For depression in wave 2, the adjusted OR was 1.90 (95% CI, 1.52-2.36, p < .001). A 1 SD increase in IUS score at wave 1 remained associated with depression at wave 2 after adjusting for baseline depression as well as covariates (OR = 1.58, 95% CI, 1.24-2.01; p < .001).

Conclusions: This study found a high level of intolerance of uncertainty to be positively associated with depression.

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3.77 COVID-19 POSITIVITY RATES AND COVID-19 MORBIDITY IN CHILDREN AND ADOLESCENTS WITH MENTAL ILLNESS
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Objectives: COVID-19 positivity rates and COVID-19 morbidity in adults with mental illness (mental health disorders and substance-related disorders) have been mixed, with more severe morbidity being associated with bipolar disorder, psychotic disorders, and substance-related disorders. In children and adolescents with pre-existing mental illness, COVID-19 positivity and morbidity have been understudied. Thus, this study addresses this dearth and examined factors associated with COVID-19 positivity and morbidity (measured by hospital admission status and discharge status). In children and adolescents with mental illness.

Methods: Our sample and data were derived from health records of children (aged 3-12 years) and adolescents (aged 13-17 years) who received COVID-19 tests in the emergency room of a large, tertiary-level hospital in Central Florida between September 2020 and March 2022. Records were additionally screened for ICD-10 codes associated with mental illness (ie, substance use, anxiety, depression, ADHD, schizophrenia). Outcomes data included COVID-19 positivity, hospital admission status (none, inpatient, intensive care unit [ICU]) and death. χ² analyses were conducted to examine the association between pediatric mental illness and COVID-19 positivity rates, and between pediatric mental illness and COVID-19 morbidity.

Results: The cohort included 12,823 children and 5072 adolescents; in total 15% (2682) had a history of mental illness. Patients were predominantly male (50.4%), and were racially diverse: White (40%), Hispanic (33.4%), and African American (23.9%). No difference in COVID-19 positivity rates occurred in children with mental illness; however, adolescents with mental illness were less likely to test positive for COVID-19 (p = .03, OR = .762). Mental illness was not associated with hospitalization or with ICU admission in children. However, COVID-19–positive adolescents with mental illness experienced increased odds for hospitalization (OR = 2.134, p = .012) and ICU admission (OR = 1.19, p = .042). No patients with a history of mental illness and COVID-19 died.

Conclusions: Pediatric mental illness is associated with lower COVID-19 positivity rates in adolescents, but COVID-19 positivity in adolescents with mental illness conferred a higher risk of hospitalization with a severe course. Further research is warranted in this area.

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3.78 MENTAL HEALTH PROBLEMS DURING THE COVID-19 PANDEMIC IN DUTCH CHILDREN AND ADOLESCENTS WITH AND WITHOUT PRE-EXISTING MENTAL HEALTH PROBLEMS
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Objectives: Research has shown that mental health problems in children and adolescents have increased due to the COVID-19 pandemic. We aimed to investigate changes in mental health throughout the pandemic and whether changes in children with pre-existing mental health problems differ from those in children from the general population.

Methods: We included children and adolescents (8-18 years old) who receive psychiatric care (N1 = 270; N2 = 413; N3 = 243; N4 = 226; N5 = 228) and children from the general population (N1 = 466; N2 = 440; N3 = 413; N4 = 529) for whom we assessed self-reported mental health problems at 5 time points: April 2020, November 2020, March 2021, November 2021, and March 2022. For the general population, prepandemic data were also available (N1 = 527-1319). The main outcome measures were Patient-Reported Outcomes Measurement Information System (PROMIS®) domains: Anxiety, Depressive Symptoms, Anger, Sleep-Related Impairment, Global Health, and Peer Relations. We performed ANOVAs to test whether mental health problems changed per moment in time. We included age and gender as covariates.

Results: In the psychiatric sample, all outcome measures except Peer Relations differed significantly across moments (all p < .01), with the highest problems being reported in March 2022. In the general population sample, problems on each outcome measure were significantly higher than pre-pandemic (all p < .01), with the highest problems being reported in March 2021 but they seemed to start normalizing thereafter.

Conclusions: Our results show that throughout the COVID-19 pandemic, the mental health of children in psychiatric care is deteriorating. The mental health of children from the general population is still worse than before the pandemic but seems to have started to normalize. Our findings indicate that the pandemic may have long-term effects on child mental health and that children with pre-existing mental health problems are more vulnerable to these effects. This is an important message for child and adolescent psychiatry because these children may require comparatively more care in the long term.

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