

Introduction: The effects of bullying can be both physical and emotional, and they can last for many years. Children that experience verbal and physical bullying are at a greater risk of developing depression later on in life, compared with children who did not.

Objectives: This study aims to look into the relationship between bullying, depressive symptomatology and suicidal thoughts in adolescents of high schools in Lushnje.

Methods: Three questionnaires (the Beck Depression Inventory; the Bully/victim Behavior / Victim Behavior Questionnaire by Olweus; the Suicide Questionnaire) were circulated online and were completed by 400 adolescents from 2 high schools in a small city in Albania between September-November 2019. Data has been analysed using the Software Package for Social Sciences for Windows v. 22.0 (SPSS Inc. Chicago, IL).

Results: We found significant positive correlation between bullying (victimization) and the level of depression ($r(n = 400) = .300, p \leq .05$), and significant positive correlation of bullying (cause) with level of depression ($r(n = 400) = .160, p \leq .05$) but lower than in victims. The victims of bullying have higher levels of depression and vice versa. We found higher rate of depression in female adolescents with the average ($M = 14.710, ds = 11.263$) compared to boys with the average ($M = 9.609, ds = 10.723$). There is an important positive correlation of suicidal ideation with the level of depression ($r(n = 400) = .616, p \leq .05$).

Conclusions: Being either a bully or a victim of bullying seems to increase the chances of being affected by depression and suicidal thoughts

Keywords: Bullying; depression; suicidal thoughts; adolescents

EPP0164

Self and parent-reported sleep difficulties of adolescents with childhood conduct problems and comorbid psychological problems.

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doi: 10.1192/j.eurpsy.2021.609

Introduction: Children with conduct problems (CP) exhibit problematic externalizing behaviors that violate the rights of others and/or societal norms, are likely to present with comorbid psychological problems, engage in high-risk behaviours during adolescence and in turn, display poorer prospective health in adulthood. However, little known about their adolescent quotidian behaviors, such as their sleep behaviours, which may contribute to these poorer outcomes.

Objectives: Using a sample designed to assess the longitudinal consequences of CP, the current study examines how histories of CP and comorbidity with depressive symptoms and/or attention-hyperactivity problems are associated with sleep difficulties during adolescence.

Methods: 744 participants from an ongoing longitudinal study in Québec, Canada were assessed for CP and comorbidities when they were 6 to 10-years-old. They were classified as without CP, CP only, CP and depressive symptoms, CP and attention-hyperactivity problems, or CP, depressive symptoms and attention-hyperactivity

problems based on parent and teacher-reported indices. Sleep difficulties were assessed 7 years later, using self and parent-reported indices. Regression analyses controlling for sex, age, family income, maternal education and medications were conducted.

Results: demonstrated that youth and parents from all CP groups reported more sleep difficulties than youth without histories of CP. Participants from the CP, depressive symptoms and attention-hyperactivity problem group reported more sleep difficulty than all other groups, while their parents did not.

Conclusions: These findings suggest that histories of CP, regardless of comorbidity, predispose youth to future sleep difficulties and highlight the importance of incorporating self and parental indices of sleep as well as examining the effect of comorbidity.

Keywords: Conduct problems; sleep; comorbidity; longitudinal

EPP0166

"This is not me"; an overview.

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doi: 10.1192/j.eurpsy.2021.610

Introduction: APA describes Gender dysphoria (GD) as the conflict between a person's physical or assigned gender and the gender with which he/she/they identify. Recently DSM-V renamed gender identity disorder as "gender dysphoria". This change in terminology removes the 'pathology' from being transgender, which is not a mental health condition.

Objectives: To systematically summarise available evidence in this important but less researched field.

Methods: A comprehensive review was carried using the PubMed/Medline database.

Results: Formal epidemiological studies of gender dysphoria in children and adolescents have not been conducted. The true prevalence of gender dysphoria is unknown around the world because of the varying definitions, different cultural norms and lack of data. Individuals who identify as transgender are vulnerable, and have higher rates of psychiatric comorbidity compared with the general population. Gender dysphoria, gender identity disorder or transsexualism is a psychological condition that requires care and multiple health professionals.

Conclusions: The natural history of gender identity for children who express gender nonconforming or transgender identities is an area of active research. In addition, there is a lack of guidelines to approach these patients.

Keywords: gender dysphoria; Child Psychiatry; gender identity

EPP0167

Effectiveness of the kiva antibullying program with and without the online game in chile: A three-arm cluster randomised controlled trial

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doi: 10.1192/j.eurpsy.2021.611

Introduction: Bullying is a major problem worldwide and Chile is no exception. Whole school-based antibullying programs offer an opportunity for preventing bullying at school. The KiVa antibullying program has been evaluated in Finland and other European countries, showing preventive effects on self-reported bullying victimization and bullying perpetration.

Objectives: To test the effectiveness of a culturally adapted version of the KiVa antibullying program in socio-economically vulnerable schools in Santiago, Chile.

Methods: We did a cluster randomized controlled trial in 5th and 6th graders at socially vulnerable schools. Schools were randomly assigned (1:1:1) to three groups: full KiVa group (including the online game), partial KiVa group (did not include the online game), and control group in which the regular school curriculum was implemented. The primary outcome was self-reported bullying victimization, measured with the Olweus Bully/Victim Questionnaire-Revised version (OBVQ-R). Students were assessed at the end of the academic year (November 2016) and 12 months later at the end of the academic year (November 2017). This trial is registered with ClinicalTrials.gov, number NCT02898324.

Results: We included 39 schools (13 in each group). The baseline survey included a total of 5923 participants, and the endpoint survey included 3968 participants. Participants in the partial KiVa group had lower victimization and lower witnessing bullying at school at the endpoint survey than those in the control group. There was no effect of the full KiVa group. No effects were found for bullying perpetration in any of the comparisons between arms.

Conclusions: The KiVa antibullying Program had small effects in its implementation in Chile.

Keywords: effectiveness; randomized controlled trial; bullying; adolescents

EPP0168

Characteristics of violent adolescents examined in a forensic psychiatric assessment

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doi: 10.1192/j.eurpsy.2021.612

Introduction: The acts of violence committed by adolescents are becoming increasingly more common, generating problems of a diverse nature.

Objectives: To study the main characteristics of violent adolescent examined in a forensic psychiatric assessment.

Methods: This is a retrospective study which examined the expert files of the subjects aged between 14 and 20 years charged with violence, which were examined in the context of criminal psychiatric expertise in the psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), between January 2002 and December 2018.

Results: Our study included 34 forensic psychiatric assessments. The male sex was predominant (94,1%). The mean age was 19,2 years. The

perpetrators were unmarried (100%), with a primary school level or less (55,9%), and low socioeconomic level in all cases. They had personal criminal records in 20,6%. One-fifth had experienced emotional deprivation in childhood. The father was described as violent in 20,6% of cases. The most common diagnosis were antisocial personality disorder (55,9%) and mental retardation (29,4%). The main offences were homicide and attempted homicide (47.1%), assault and battery (26,5%) and sexual offences (20,6%). The experts had concluded to a "non-criminal responsibility" in 38,2% of cases.

Conclusions: The knowledge of epidemiology of violence perpetrated by adolescents highlights the need for targeted research, policy and programming responses for its prevention.

Conflict of interest: No significant relationships.

EPP0172

Implementation and first evaluation of PCIT parent-child-interaction-training in zurich

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doi: 10.1192/j.eurpsy.2021.613

Introduction: Parent training is an evidence based and highly effective intervention for conduct disorders in children. Traditionally, only the parents participate in behavioral trainings, implementing the new skills in their homes on their own between the appointments. In some cases, this turns out as not intense enough.

Objectives: Therefore, we recently implemented the German version of the PCIT Parent Child Interaction Training in our clinic in Zurich, Switzerland.

Methods: PCIT is an evidence-based and highly effective intervention for children aged 2-7 years with conduct disorders (Zisser & Eyberg, 2010; Briegel, 2016). Parents visit the clinic weekly with their child and are directly supported in their interaction by the therapists. A special treatment room was set up for this intervention.

Results: We will present our first experiences with this approach in the highly international and urban population of Zurich.

Conclusions: Parents appreciate to work with their child while being directly coached by the therapists. Almost all parents achieved considerable progress in their skills and the conduct problems reduced over time.

Keywords: Children; oppositional-defiant disorder; preschoolers; parent-child-interaction-training

EPP0173

Innovative professional training approaches on the german national clinical guideline for NSSI in adolescents

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doi: 10.1192/j.eurpsy.2021.614