

Universitario de Pontevedra. SERGAS., Department Of Psychiatry, Pontevedra, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.579

**Introduction:** Suicide is the most terrible outcome of bipolar disorders (BD). It impacts families and healthcare professionals deeply. Family history of suicide (FHS) is one of its main risk factors, whereas lithium treatment and absence of substance use disorders (SUD) are two of its few modifiable protective factors.

**Objectives:** To explore the relationship between FHS and clinical characteristics in BD. We hypothesized that FHS would be associated with less SUD, higher rates of lithium treatment and shorter duration of untreated illness (DUI).

**Methods:** Cross-sectional analysis of subjects with BD followed-up in a specialised outpatient unit (Barcelona, October'08-March'18). We described data with measures of frequency, central tendency and dispersion, and we used  $\chi^2$ , Fisher's test and t-tests for comparisons.

**Results:** The sample consisted of 83 subjects, 56.6% males, mean age 41.9 years (SD 12.7). 74.7% (n=62) had a diagnosis of BD-I and 25.3% (n=21) of BD-II. 11 subjects (13.3%) had FHS. Those with FHS did not show significant differences in sociodemographic data, DUI (58.5+/-60.4 vs 38.19+/-84.9 months,  $p=0.341$ ), lithium use (72.7% vs 73.6%,  $p=0.95$ ) or SUD (27.3% vs 23.6%,  $p=0.79$ ). There were differences in terms of lifetime suicide attempts (54.5% vs 20.8%,  $p=0.026$ ), family history of mental disorders (100% vs 69.4%,  $n=0.032$ ).

**Conclusions:** Contrary to our hypothesis, FHS was not associated with the modifiable protective factors against suicide (namely, less SUD and more lithium prescription). Similarly, we did not find an association with earlier access to mental health services at symptom onset (DUP as proxy). Therefore, our results suggest FHS does not modify attitudes towards prevention.

**Disclosure:** No significant relationships.

**Keywords:** Suicide; Lithium; bipolar disorders

## Child and Adolescent Psychiatry 02

### EPP0291

#### Personal and psychophysiological characteristics of the witness experience of cyberaggression in virtual reality

G. Soldatova, S. Chigarkova\*, E. Nikonova and D. Vinitskiy

Lomonosov Moscow State University, Faculty Of Psychology, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.580

**Introduction:** The integration of virtual reality into everyday life is changing sociocultural practices, including those related to cyberaggression, which causes negative consequences for mental health and well-being. Particular attention needs to be paid to the poorly researched but widespread roles of bystanders and defenders in cyberaggression (Machackova, 2020; Polanco-Levican, Salvo-Garrido, 2021).

**Objectives:** The aim is to study the behavioral witness strategies in cyberaggression in VR and their relation to personal and psychophysiological characteristics.

**Methods:** 50 adolescents aged 14-18 years old (50% female) witnessed cyberaggression in an experimental situation in the virtual space of VR-chat. Participants also filled Ten-Item Personality Inventory (Gosling et al., 2003; Egorova, Parshikova, 2016), I7-Impulsiveness (Eysenck, Eysenck, 1985; Kornilova, Dolnikova, 2011), Prosocial Behaviour (Furmanov, Kuhtova, 1998). To determine the functional state Heart rate variability (UPTF 1/30 Psychophysiological, Medicom) was measured before and after the experiment.

**Results:** Behavioral strategies in VR-aggression were divided into uninvolved bystanders (58%) and defenders (42%). All participants experienced stress and functional state decline when faced with cyberaggression, but the defenders were more affected ( $U=207$ ,  $p<0.043$ ). Defenders were more likely to have higher social responsibility ( $U=207$ ,  $p<0.056$ ) and lower neuroticism ( $U=208$ ,  $p<0.054$ ). There were no significant differences in impulsiveness.

**Conclusions:** Cyberaggression in a virtual environment is stressful, especially for active defenders, who are more included in the situation compared to passive bystanders. The prosocial role of a defender rather than a passive bystander may be related to such characteristics as social responsibility and emotional stability, but not to impulsiveness. The research was supported by RSF (project No. 18-18-00365)

**Disclosure:** This work was supported by the Russian Science Foundation, project # 18-18-00365.

**Keywords:** neuroticism; heart rate variability; virtual reality; cyberaggression

### EPP0292

#### Assessment the functioning and disability in children with mental disorders

L. Díaz-Castro<sup>1\*</sup> and H. Cabello-Rangel<sup>2</sup>

<sup>1</sup>National Institute of Psychiatry Ramon de la Fuente Muñiz, Direction Of Epidemiological And Psychosocial Research, Mexico City, Mexico and <sup>2</sup>Psychiatric Hospital Fray Bernardino Álvarez, Research Division, Mexico City, Mexico

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.581

**Introduction:** Despite youth's high Global Burden of Disease there is a substantial service delivery gap between this population's urgent needs and their access to health services. Because attention has remained under-prioritized (Babatunde et al., 2019), youth typically do not receive the treatment they require, i.e., they present an unmet need (Barwick et al., 2013). This is particularly problematic given that untreated mental disorders (MD) are associated with short-term and long-term functional deterioration.

**Objectives:** To determine the level of functioning of children who receive mental healthcare in the selected psychiatric hospitals of Mexico.

**Methods:** A cross-sectional study was conducted during 2018-2020. Sample of children who received mental healthcare at the time of the study. Questionnaire for the evaluation of disability WHODAS 2.0 (World Health Organization-Disability Assessment Schedule) was applied. T test and analysis of variance were applied to know the differences of means of the variables and indicators.

**Results:** Sample (n= 397), 63% were boys. Mean (SD) for Age: 12 (3.6) and schooling: 5.8 (3.6). 51% (n=202) of children reported