

Objective and aims Recent studies investigate the association between SA and NSSI among adolescent, as well as risk factors associated with these phenomenon. We investigated the co-occurrence of NSSI and SA among adolescents treated in hospital during the previous year.

Method We conducted a cross-sectional study among hospitalized adolescents in the Clinic for mental disorder “Dr Laza Lazarevic”, aged 14 to 18 years, in the period from 01.01.2015 to 01.01.2016. The data were obtained from clinical interviews of patients.

Results Study included 146 adolescents, 51.4% male and 48.6% female, average age 15.5. We found a statistically significant difference of NSSI ($c^2 = 9.951, P = 0.002, \phi = 0.276$) and SA ($c^2 = 4.517, P = 0.034, \phi = 0.192$) among female adolescent. The co-occurrence of NSSI and SA was found in 4.8% of adolescents, which does not indicate a statistically significant difference ($c^2 = 1.009, P = 0.315, \phi = -0.101$) compared to the total population of hospitalized adolescents.

Conclusion Although our study did not confirmed a higher incidence of SA in adolescent with NSSI, understanding of what percentage of those engaging in NSSI also make SA, and how they are related have great significance in their prevention taking into account the dangerousness and lethality of those behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0343

Untreated remission of adolescents' mental health problems: Challenging the treatment gap?

D. Raven^{1,2,*}, F. Jörg^{1,2}, R.A. Schoevers¹, A.J. Oldehinkel¹

¹ UMCG, Psychiatry, GRONINGEN, The Netherlands

² Friesland Mental Health Services, Research and Education, Leeuwarden, The Netherlands

* Corresponding author.

Introduction Mental health problems are highly prevalent and are associated with a high burden, but such problems are often left untreated. This is referred to as the “treatment gap”. The question of who is most likely to remit from their mental health problems without treatment has received surprisingly little attention. A few studies do suggest that untreated remission is common in the general population, but these are in particular limited by short follow-up times.

Objectives The aims of this study are to describe untreated remission of mental health problems in adolescence, and to assess the extent to which mental health problems recur after untreated remission.

Methods Data from the Dutch community-based cohort study TRacking Adolescents' Individual Lives Survey (TRAILS) were used. Depressive and anxiety problems were assessed using the Youth Self-Report at ages 11, 13, and 16, and the Adult Self-Report at ages 19 and 22.

Results Preliminary analyses show high rates of untreated remission (approximately 80% over all waves). However, a substantial proportion of remitted cases still report sub clinical levels of mental health problems at follow-up. More elaborate analyses are ongoing, and will be presented at the conference.

Conclusions First results suggest that untreated remission is common in adolescents. The presence of residual symptoms may point towards an elevated risk of recurrence in adolescents who remit without treatment. Further knowledge about untreated remission is of vital importance for an accurate assessment of the treatment gap, and for prevention and early intervention programmes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0344

Self-harm and attachment in adolescents: What is the role of emotion dysregulation?

G. Rogier^{1,*}, C. Petrocchi², M. D'aguanno², P. Velotti³

¹ La Sapienza, Psicologia clinica e dinamica, Roma, Italy

² University of Rome, La Sapienza, Department of Dynamic and Clinical Psychology, Roma, Italy

³ University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

* Corresponding author.

Introduction Self-harm typically occurs in adolescence and has been conceptualized as a dysfunctional strategy to regulate intense negative emotions. Furthermore, empirical literature outlines that self-harmers are more prone to have an insecure attachment style. Moreover, the link between quality of attachment and capacity to regulate emotions has been theoretically and empirically supported.

Objective To examine the associations between attachment style, self-harm behaviors and emotion dysregulation among a sample of adolescents. The sample consisted of 740 adolescents aged between 13 and 19 years (mean age = 16.70, SD = 0.91).

Aims To explore the nature of different pathways by which insecure attachment leads to self-harm behaviors.

Results As expected, insecure attachment and emotion dysregulation were positively associated with self-harm behaviors. Moreover, emotion dysregulation mediated the link between attachment styles and self-harm. Specific pathways between types of insecure attachment dimension of emotion dysregulation and self-harm behaviors emerged.

Conclusions Such results confirm the theorization of self-harm behaviors as a dysfunctional strategy to regulate emotions. Moreover, such emotion dysregulation in self-harmers seem to be connected to insecure attachment. Depending on the subtype of insecure attachment, specific dimensions of emotion dysregulation seem to be involved in self-harm behavior, suggesting interesting clinical implications.

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EW0345

A population service evaluation of the ADHD pathway of children and young people's services, Malta

A. Saliba*, D. Agius, E. Sciberras, N. Camilleri
Mount Carmel Hospital, Malta, Psychiatry, Attard, Malta

* Corresponding author.

Introduction ADHD is the commonest neurodevelopmental disorder in young people (YP) aged 5–18 years. YP with untreated ADHD are 5 times more likely to develop co-morbid psychiatric disorders.

Objectives To carry out a population service evaluation of the assessment process and management of YP with ADHD at Child and Young People's Service (CYPS), Malta age 0–16 years for 2014.

Aims To describe the service input, assessment and treatment of YP attending CYPS and compare to ADHD NICE guidelines 2008.

Methods All patients diagnosed with ADHD at CYPS throughout 2014 were included. The incidence of YP with ADHD on treatment age 3–16 years in Malta was calculated. Information was collected from; (i) retrospective case file review and (ii) methylphenidate and atomoxetine registry and compared with NICE guidelines.

Results One hundred and thirty-six YP were diagnosed with ADHD. The minimum 12-month incidence of ADHD on treatment (3–16 years) in Malta was 553 per 100,000. Pre-diagnosis assessments were more frequently performed by other YP services ($n = 97$,

71.3%, $P \leq 0.01$). A psychiatrist or paediatrician confirmed the diagnosis in 113 (83.1%). Sixty-two (45.3%) of YP were prescribed medication, 50 (36.8%) were referred for parental skills course and 55 (40.4%) psychotherapy. Mean waiting time for first appointment was 187.6 days ($CI \pm 26.9$, 0–720), and first specialist review was 301.0 days ($CI \pm 34.4$, 0–800) (Tables 1–3).

Conclusions The incidence for YP (3–16 years) with ADHD on treatment was lower than the US. Since most pre-diagnostic assessments were carried out by other services, this raised the question about the reliability and validity. We recommend a diagnostic MDT meeting following the multimodal assessment to diagnose ADHD. Medication prescribing followed NICE overall, standardising non-pharmacological management is required.

Table 1 Assessment available at intake multidisciplinary team meeting.

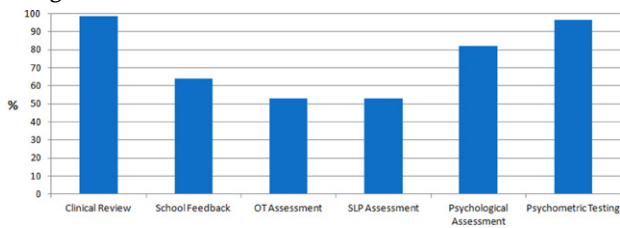


Table 2 Young people prescribed medication.

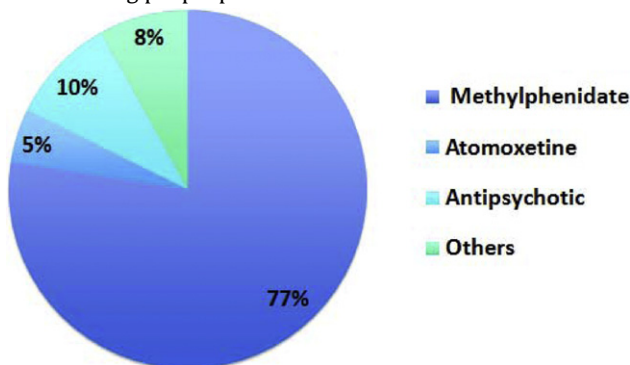
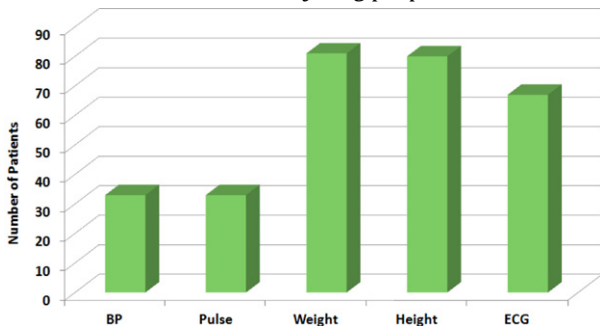


Table 3 Medical assessment for young people on treatment.



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EW0346

High Bdi-21 scores in adolescents without depression are associated with negative self-image, immature and neurotic defense styles and adverse life events

E.M. Savilahti^{1,*}, H. Haravuori^{1,2}, M. Ryttilä-Manninen¹, N. Lindberg³, M. Marttunen^{1,2}

¹ Helsinki University Central Hospital and University of Helsinki, Adolescent Psychiatry, Helsinki, Finland

² National Institute for Health and Welfare, Department of Health, Mental Health Unit, Helsinki, Finland

³ Helsinki University Central Hospital and University of Helsinki, Forensic Psychiatry, Helsinki, Finland

* Corresponding author.

Introduction Structured self-reports, such as Beck’s Depression Inventory (BDI) are widely used in assessing adolescents’ psychological wellbeing.

Objectives To investigate what factors are associated with discrepancies between BDI scores and diagnostic assessment in adolescent psychiatric patients and general population.

Aims To recognize what factors may contribute to high BDI scores besides depressive symptoms.

Methods The study population consisted of 206 adolescents (13–17 years old) who were hospitalised for the first time in adolescent psychiatry and 203 age and gender matched adolescents recruited from schools in the same region. Study subjects filled self-reports on depression symptoms (BDI-21), substance misuse (AUDIT), psychiatric symptoms (SCL-90), defense styles (DSQ-40) and self-image (OSIQ). Diagnostics was based on K-SADS-PL interview, and/or clinical interview and clinical records when available. Information on background and life events was gathered from study subjects.

Results We compared subjects who scored in BDI-21 either 0–15 points or 16–63 points firstly among subjects who did not fill diagnostic criteria for current unipolar depression and secondly among those who did fulfill the diagnostic criteria. High BDI-21 scores in subjects without depression diagnosis were associated with female sex, older age, several adverse life events, higher psychiatric comorbidity, worse self-image and more immature, neurotic and image-distorting defense styles (and less mature defense style). Low BDI-21 scores among subjects with depression diagnosis were associated with male sex, more positive self-image and less immature defense style.

Conclusions High BDI-21 scores may reflect a broad range of challenges in an adolescent’s psychological development even in the absence of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0347

School violence: Characterization of occurrence’s records of a public high school institution

E. Scherer^{1,*}, Z. Scherer², L. Cavalin², J. Rodrigues²

¹ Ribeirão Preto Medical School Hospital of the University of São Paulo, Neurosciences and Behavioral Sciences, Ribeirão Preto, Brazil

² University of São Paulo at Ribeirão Preto College of Nursing, Psychiatric Nursing and Human Sciences, Ribeirão Preto-São Paulo, Brazil

* Corresponding author.

Introduction Acts of indiscipline, incivility and violence are common in the school environment and reflect on physical and mental health of those involved.