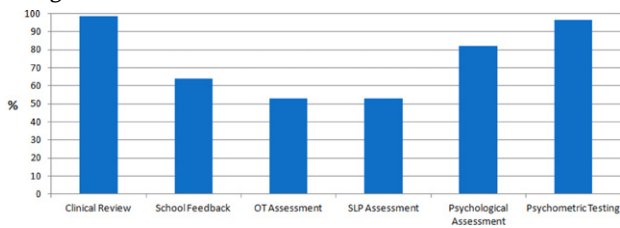


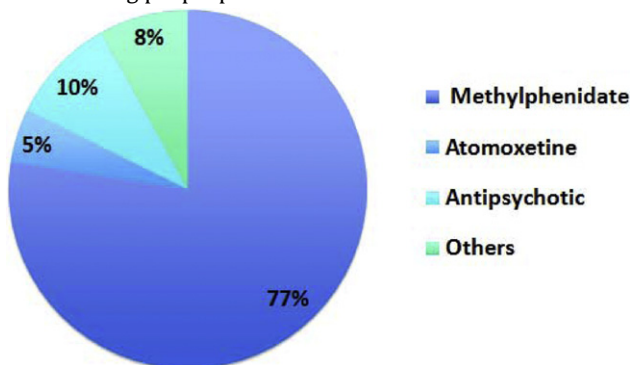
71.3%,  $P \leq 0.01$ ). A psychiatrist or paediatrician confirmed the diagnosis in 113 (83.1%). Sixty-two (45.3%) of YP were prescribed medication, 50 (36.8%) were referred for parental skills course and 55 (40.4%) psychotherapy. Mean waiting time for first appointment was 187.6 days ( $CI \pm 26.9$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

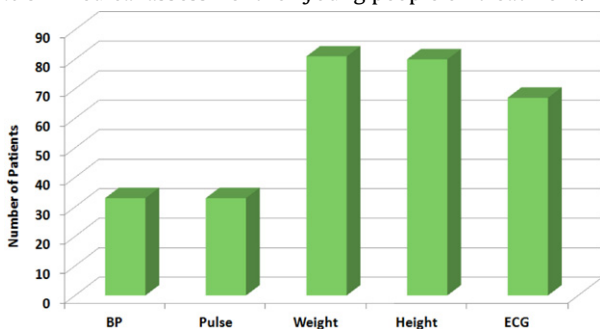
**Table 1** Assessment available at intake multidisciplinary team meeting.



**Table 2** Young people prescribed medication.



**Table 3** Medical assessment for young people on treatment.



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

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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**

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**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**

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

**Objective** To characterize conflict records made by students, teachers/others and parents/guardians in a Brazilian high school institution.

**Method** Qualitative research, exploratory documental. Studied 113 records from 2014 to 2016.

**Results** “Indiscipline and Incivility”–75 records (66 by teachers/others and 9 by students) of students: improper use of clothes and accessories, cell phone use in class, not bringing material, dating in school, conversations during class, do not respect the timetables, inappropriate jokes, disrupting activities, theft of materials and disrespect toward authority figures. “School violence”–22 records (12 by students, 9 by teachers/others and 1 by parent/guardian) of school violence: physical violence between students, psychological/verbal between students/teachers/others, and a match of sexual abuse. Three records (by teachers/others) of violence against the school: students destroyed teaching and cleaning materials and caused damage to the patrimony. Fifteen records (12 by students, 2 by parents/guardians and 1 by teacher) of school’s violence: teachers’ harassment (excessive rigor in regard to school performance, clutter in the ratings, refusal to clarify doubts and inappropriate criticism on student’s behavior) and institutional negligence (teachers’ delay, lack of clarification on teaching organization and supervision in practical activities).

**Conclusion** Some students’ acts of indiscipline and incivility can be protests against the social control of the school. Assistance in case of conflicts and violence as well as preventive measures must be based on interdisciplinary and inter-sectorial articulation practice.

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

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#### EW0348

### Mothers mental health of children with attention deficit/hyperactivity disorder (ADHD)

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**Background** Attention deficit hyperactivity disorder (ADHD) is the most common neuropsychiatric disorder in pediatric populations with an early onset. Mental health of mother can effect on child mental health and relation between mother and child is very important. The aim of this study was investigation about mental health of mothers with children suffering from attention deficit/hyperactivity disorder.

**Materials and methods** This cross sectional study was carried out on 100 mothers of children with ADHD diagnosis (Kashan, Iran). The data collection instruments included the Goldberg’s General Health Questionnaire, and the questionnaire form includes the personal information and the variables associated to mental health.

**Results** The total means score of GHQ in the mothers’ was  $26/6 \pm 11/78$ . Fifty-eight percent of the mothers have mental health problem. The highest mean score in the sub scales was related to the anxiety subscale (7.73) and the most common mental health problem in these mothers was anxiety problems (11%). Mental health problem is most common in mothers with low socio-economic status, younger age than 30 years old, education lower than diploma degree, householder mothers, single, having boy child with ADHD, having child more than 9 years old.

**Conclusion** According to the results of this study, 58% of the mothers have mental health problem. So with screening and on time diagnosis and treatment, we can prevent disadvantage effects of these problems on social and mental health of their children.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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#### EW0349

### Factors associated with depression severity in adolescence

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**Introduction** Severe depression is greatly impairing during adolescence and involves a high risk for suicidal behaviors.

**Objectives and aims** Identify clinical and demographic factors associated with severity of depression in adolescents diagnosed with a major mood disorder so as to improve clinical treatment and prevent suicidal behaviors.

**Methods** We analyzed factors associated with depression severity in 145 severely ill adolescents diagnosed with a major affective disorder using the K-SADS (Kiddie-Schedule for Affective Disorders and Schizophrenia) at the Mood Disorder Outpatient Program of Bambino Gesù Children’s Hospital (Rome). Depressive and manic symptoms were rated with the CDRS-R (Children’s Depression Rating Scale-Revised) and K-SADS-MRS (Mania Rating Scale), respectively. Bivariate comparisons were followed by multivariable linear regression modeling.

**Results** Depression severity was greater among females than males (mean CDRS scores: 53.0 vs. 42.8;  $P < 0.0001$ ) and with major depressive versus bipolar disorder diagnosis (50.4 vs. 45.4;  $P = 0.001$ ). Manic symptoms, including irritability, mood lability, crowded thoughts, delusions, and insomnia, were more likely with more severe depression; their number and severity correlated with CDRS-R total score (respectively,  $\beta = 1.53$  and  $5.44$ ; both  $P < 0.0001$ ). Factors independently and significantly associated with CDRS-R depression score in multivariate modeling were:

- presence of suicidal ideation;
- absence of ADHD;
- female sex;
- greater number of manic symptoms.

**Conclusions** Severe depression was associated with manic symptoms and with suicidal ideation among adolescents diagnosed with either bipolar or major depressive disorders. This relationship should be considered in treatment planning and suicide prevention, including consideration of mood-stabilizing and antimanic agents in the treatment of severe adolescent depression.

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

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#### EW0350

### Pediatric mania: The controversy between euphoria and irritability

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**Introduction** Pediatric bipolar disorder (BD) is a highly morbid pediatric psychiatric disease, consistently associated with family psychiatric history of mood disorders, with high levels of morbidity and disability and with a great risk of suicide.

**Objectives** While there is a general consensus on the symptomatology of depression in childhood, the phenomenology of pediatric mania is still highly debated and the course and long-term outcome of pediatric BD still need to be clarified.