

briefly reviewed including cross-cultural considerations and developmental psychology studies on these emotions. Yet this keynote focuses in the phenomenology and epistemology of guilt and shame as complex emotions. This includes considering that guilt is experienced in two moments (decompressed into a moment of negligence and another of guilt) while shame only in one moment (prolonged in a “frozen now”). All the inputs have suggested an operationalization of epistemic and phenomenonic differences considering their context, formal object, particular object and action tendency. Lastly it refers to the relation of these experiences with psychopathology and nosology concerning their adaptive and maladaptive nature, their relation with empathy as well as their presence in several disorders such as anxious, depressive and obsessive compulsive sorts.

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S054

Shame and guilt inducing drugs

G. DiPetta

Neuropsychiatrist-addiction center consultant, department of mental health, Naples, Italy

The Author in this presentation examines the role of two complex human experiences, the Guilt and the Shame, in the field of the substances addiction. The population of abuser can be divided between users of sedatives and users of stimulants. Sedative drugs and stimulant drug belong to two different way of being-in-the-world. Sedative drugs are able to medicate the internal pain, which is constitutive of the guilt. Stimulant drugs are able to medicate the dysphoria, which is constitutive of the shame. In the realm of psychopathology Tellenbach with the concept of premelancholic personality in the guilty man and Kohut with the concept of narcissism in the tragic man have put the bases for a different typification. In both cases, the common final result, from a psychopathological point of view, is a severe crisis of the temporalization.

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Symposium: Challenges in Europe: refugees and asylum seeker patients in mental health

S055

Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention

C.J. Laban

GGZDrenthe, De Evenaar- North Netherlands centre for transcultural psychiatry, Beilen/Leeuwarden, The Netherlands

Background Problems of asylum seekers are multiple and complex. Having experienced pre migration adversities, they face multiple post-migration living problems in the host country. In clinical practice suicidal ideations and suicidal behavior often occurs.

Objectives/aims To increase knowledge and give directions for preventive measures related to suicidal behavior among asylum seekers.

Method Literature, related to the subject, is summarized.

Results In this presentation the context of the reception of asylum seekers is explained. Data will be shown on suicides and suicidal

attempts among asylum seekers, in comparison with the Dutch population and with international data. Moreover an overview of qualitative and quantitative research findings will be shown on the many risk factors asylum seekers experience: traumatic experiences, loss, mental health problems, poor living conditions, fear to be expelled, uncertain future and post migration living problems. Attention will be given to the situation of imprisoned undocumented migrants in The Netherlands. Hobfoll's theory of the Conservation of Resources will be used to explain the increased risk for suicidal behavior and suicide among asylum seekers and undocumented migrants. Prevention strategies contain cooperation to decrease the risk factors, enhance the protective factors, early detection of signals, and good access to mental health care.

Conclusion Asylum seekers encounter many risk factors for suicidal behavior and suicide. The impossibility to get control over their lives and the lack of resources of resilience needs to be recognized as important risk factors. There is a need for cooperation between all professionals and volunteers to change this situation.

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S056

How to deal with growing racism and discrimination against refugees and asylum seekers in Europe?

L. Küey

Associate professor of psychiatry world, psychiatric association, Istanbul, Turkey

The growing number of refugees and asylum seekers pouring in Europe due to wars and armed conflicts constitute a great challenge for psychiatry and the mental health field. This challenge also includes the growing racism and discrimination against refugees and asylum seekers. Discrimination could be defined as the attitudes and behavior based on the group differences. Any group acknowledged and proclaimed as ‘the other’ by prevailing *zeitgeist* and dominant social powers, and further dehumanized may become the subject of discrimination. In a spectrum from dislike and micro-aggression to overt violence towards the other, it exists almost in all societies in varying degrees and forms; all forms involving some practices of exclusion and rejection. Hence, almost all the same specific human physical and psychosocial characteristics that constitute the bases for in-group identities and reference systems could also become the foundations of discrimination towards the humans identified as out-groups. Added to this, othering, rising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination.

Albeit the widespread exercise of discrimination against refugees and asylum seekers, peoples and mental health professionals also have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation will mainly focus on the psychosocial aspects of the anti-discriminative efforts and search an agenda for the European Psychiatry in this regard.

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S057

Action plan of the WPA: Action plan which follows the objectives of the association relating to refugees and asylum seekers

D. Bhugra

Institute of psychiatry, psychology & Ne, London, United Kingdom

Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognize that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

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Symposium: Child maltreatment and unfavourable clinical outcome

S058

Prevalence and consequences of bullying: What could healthcare services do for intervention?

D. Wolke

University of Warwick, department of psychology, Coventry, United Kingdom

Bullying is the systematic abuse of power and defined as aggressive behavior or *intentional harm doing* by peers that is carried out repeatedly, and involves an imbalance of power between the victim and the bully. One in 3 children report having been bullied at some point in their lives, and 10–14% experience chronic bullying lasting for more than six months.

Longitudinal research indicates that children who were victims of bullying are at higher risk for common somatic problems, internalizing problems and anxiety or depression disorder, psychotic symptoms and are at highly increased risk to self-harm or think about suicide in adolescence [1]. The mental health problems of victims and bully/victims remain in adulthood. Indeed, we showed that peer bullying in childhood has more adverse effects on diagnosed anxiety and depression disorders than being physically or sexually abused or neglected by parents. Victims also report to have more trouble with making or keeping friends in adulthood and were less likely to live with a partner and have social support. In contrast, bullies had no increased risk for any mental or general health problems, were healthier than their peers, emotionally and physically.

Sadly, many bullied children suffer in silence. To prevent dropping out of school, violence against oneself (e.g. self-harm) and reduce

mental and somatic health problems, it is imperative for health practitioners, families and schools to address bullying.

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

Reference

- [1] Wolke D, Lereya ST. Long-term effects of bullying. *Archives of Disease in Childhood* 2015;100(9):879–85. <http://dx.doi.org/10.1136/archdischild-2014-306667>.

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S059

Adolescent mental health outcomes of early adversities: Not a simple story

A. Oldehinkel

University medical center Groningen, psychiatry, Groningen, The Netherlands

Introduction Living creatures are shaped by their experiences in a constant process of adaptation. These experiences accumulate and so their relative weight diminishes across the lifespan. In children, the relative weight of new experience is high, and children's developing brains are programmed to learn like in no other life phase. Early adversities can thus have a major impact on later mental and physical health outcomes. However, the nature of impact of exposure to adversities early in life on further development is less straightforward than it may seem at first sight.

Objectives In this presentation, I will address and illustrate a couple of issues that manifest the complexity of this association.

Methods The data will come from TRAILS (Tracking Adolescents' Individual Lives Survey), a longitudinal study on the development of mental health from preadolescence into young adulthood, with bi- or triennial assessments from age 11 onwards, for a period of over fifteen years.

Results Results from various analyses indicate that early adversities do not lead to unfavorable outcomes in every person, and that the consequences of early adversities depend on their timing.

Conclusions The experiences that individuals encounter during development are incorporated in a continuous process of adaptation that shapes them and keeps on doing throughout life. Considering the complexity and individuality of these processes, it is inevitable that research findings are often heterogeneous, and effect sizes small.

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Symposium: gaming, gambling, behavioural addictions: challenges in diagnosis and treatment

S060

Pathological gambling, impulse control disorder or behavioural addiction: What do the data indicate?

K. Mann^{1,*}, T. Leménager², F. Kiefer², M. Fauth-Bühler²

¹ Central institute of mental health, university of Heidelberg, Mannheim, Germany

² Central institute of mental health, department of addictive behavior & addiction medicine, Mannheim, Germany

* Corresponding author.

Objective The reclassification of PG as an addictive disorder is under debate for ICD-11. Data on psychiatric comorbidity and family history might provide the basis for a well-informed decision.