

EPP0099

School bullying in Tunisia: Psychological profile of harassers

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Introduction: School Bullying is an educational and a health care issue that was kept hidden for a long time. Despite, growing interest about this issue, it's still a topic that is not well known and well analysed in Tunisia.

Objectives: - Evaluate the prevalence of school bullying among Middle school students - Establish the psychological profile of harassers

Methods: It's a cross sectional study including 600 students of 2 middle schools of the region of Sousse -Tunisia during the month of March 2020. "The adolescent peer relations instrument" was used to identify school bullying and its type. The "Child Behaviour Checklist" questionnaire was used to identify emotional and behavioural problems among children. Self esteem levels were evaluated by the "Rosenberg Self Esteem Scale".

Results: The mean age of participants was 13 years and 9 months $\pm$ 1 year and 4 months. 95.1 % of the participants have experienced school harassment, but also 92% of them harassed their peers. Boys were more frequently bullies than girls ($p < 0.01$). There was no significant difference in self esteem levels between bullies and non-bullies adolescents. Among the 8 syndromes explored by the Child behaviour checklist, adolescents experiencing one of the 7 following items (Anxious syndrome, Depressive syndrome, Aggressive behaviour, Attention problems, Social problem, Thoughts problems and Withdrawal problems) had significantly higher risk of being a bully (p values between 0.001 and 0.02).

Conclusions: This study emphasizes the high prevalence of school bullying among adolescents in Tunisia. Most of the psychological problems explored in this study seem to be higher among bullies.

Keywords: adolescent; bullying; Profile; Harasser

EPP0098

Attention deficit and hyperactivity disorder: Age, sex and social environment as evaluable factors in children and teenagers

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Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) is a neurobiological disorder, affecting executive functions and defined by hyperactivity, attention deficit and/or impulsivity symptoms. This neurodevelopmental disorder affects up to 7% of children. It is observed as a chronic pathology appearing on childhood with other comorbid diseases. Often, remarkable

symptoms use to change with the age, however a real improvement is also related with other -external- factors, as social environment.

Objectives: -To highlight variability of ADHD symptoms and complexity of available treatments in childhood. -To analyze influence of personal and familiar factors, which affect to evolution of ADHD and the response to treatment.

Methods: Comparative-study. Retrospective selection of 8 patients with treatment for ADHD and currently stable. A 12-months ADHD confirmed diagnosis in Child and Adolescent Mental Health Unit and follow-up after diagnosis. They are compared by aged-pairs (females and males) at the different development school-stages (preschool 3-6 years, primary school 7-12 years and adolescence 13-16 years). *Pairs of study: male-5 years/female-6 years; male-7 years/female-8 years; female-10 years/male-11 years; female-13 years/male-15 years

Results: -Evolution of ADHD highlights the influence of age-factor about remarkable symptoms mainly (from hyperactivity to inattentiveness). -Comorbid disorders seems related with sex-factor (impulsivity-eating disorders on females and irritability-mood disorders on males). -Children social environment, specially family support, is an important external factor for all these patients (low self-esteem or somatization disorders).

Conclusions: 1. ADHD as a chronic disorder whose evolution depends on the age, sex and social factors 2. Genetic component or familiar support are also considered as influencers factors 3. Multidisciplinary approach to objectives: motivation, organization and maturity 4. Treatment is considered according to side effects and comorbidity

Keywords: Hyperactivity; attention deficit; children and teenagers; ADHD

EPP0099

Psychotic-like experiences in community-dwelling young people in Hong Kong: Preliminary finding from the Hong Kong youth epidemiological study of mental health (HKYES)

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Introduction: Psychotic-like experiences (PLEs) are often referred to as psychotic experiences, such as hallucinations and delusions, in the absence of a psychotic disorder. PLEs as part of the continuum of psychosis suggested that healthy population can endorse PLEs without having significant distress or impairment which would warrant them a clinical diagnosis. While PLEs are usually associated with psychotic disorders, previous research has also shown the link between PLEs and many other mood symptoms.

Objectives: The present study aims to identify PLEs in community youths and explore the underlying risk and protective factors.

Methods: This is an ongoing study in which young people aged 15-24 were recruited from community through a random stratified sampling method. Sociodemographic, lifestyle, functioning, and other psychosocial factors were assessed in a face-to-face structured interview. In particular, PLEs were assessed using the Composite International Diagnostic Interview Screening Scales (CIDI-SC). Six domains of lifetime PLEs were measured, including auditory and

visual hallucination, thought insertion/ withdrawal, delusion of control and reference, and persecutory delusions.

Results: To date, 746 participants were recruited and of these, 3.2% of them has endorsed lifetime PLEs. Results showed that significantly higher depressive, anxiety and stress scores were found in those who has PLEs ($p<0.001$), and additionally, these scores significantly predicted the presence of PLEs in regression models ($p<0.001$).

Conclusions: Our preliminary findings highlighted the inter-related phenomena between PLEs and mood symptoms. Further investigation is needed to examine the likelihood of PLEs in predicting psychosis over time.

Keywords: community; youth people; psychotic-like experiences; mental health

EPP0100

The enduring effects of adverse childhood experiences (ACES) on mood dysregulation in children: A literature review

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Introduction: Behavioral dysregulation is a common presentation of children in the Emergency-Room (ER)¹. A 10-year-old African-American boy with attention-deficit/hyperactivity disorder, oppositional defiant disorder with poor treatment adherence, two previous psychiatric hospitalizations and multiple ER visits, presented with dysregulation and aggressive behavior. He had inconsistent parenting and poor attachment with present involvement of child protective services. We did a systematic review to interpret associations between adverse childhood experiences (ACEs) and the development of behavioral dysregulation in later life.

Objectives: To see associations between ACEs and the development of behavioral dysregulation in later life.

Methods: We searched PsycINFO, APA PsycNet, PubMed, and Medline. Among 35 articles, five were included: 1) a meta-analysis of health consequences and ACEs¹; 2) a data analysis of 64,329 youth from the Florida Department of Juvenile Justice that focused on suicide attempts and ACEs²; 3) a systematic review of 42 articles related to ACEs³; 4) data from 22,575 youth for childhood abuse, trauma and neglect⁴ and 5) a multimodal logistic regression study on 64,000 juvenile offenders focused on ACE scores and latent trajectory⁵.

Results: There is increased risk of substance use, mental and physical health problems, and violence associated with ACEs^{1, 2}. The relationship between childhood difficulties and suicide is interceded by adolescent's maladaptive behaviors³. By age 35, ACEs increase the risk of becoming a serious juvenile offender⁴. Increased exposure to ACEs differentiates early-onset and sustained criminality from other forms of criminality⁵.

Conclusions: ACEs can affect the development of a child in multiple ways including suicidal behavior, aggression, impulsivity, criminality, academic difficulties and substance abuse

Keywords: Adverse childhood experiences; juvenile offenders; prevention

EPP0101

Smartphone internet addiction among hong kong young adults: The role of gender and depression

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Introduction: Growing evidence studying pathological online behaviour has shown an increasing rate of internet addictions in younger populations across the globe.

Objectives: The current study aims to investigate the prevalence of smartphone internet addiction of youths in Hong Kong, and its associations with gender and depression.

Methods: A total of 1,164 participants' preliminary data were extracted from the Hong Kong Youth Epidemiological Study of Mental Health, a territory-wide, household-based study of mental health in youths aged between 15-24. Internet usage behaviors, socio-demographic and psychosocial characteristics of the participants were assessed. The Chen Internet Addiction Scale was modified to measure smartphone internet addiction (SIA). Symptoms of depression were assessed using the Patient Health Questionnaire. Mann-Whitney U tests were used to examine (i) SIA across gender and (ii) depressive symptoms between high and no to low SIA groups. Linear regression model was used to evaluate the association between SIA and depression.

Results: The prevalence of smartphone internet addiction was 27.8% using the cut-off scores of 67/68. Women had higher SIA scores than men ($U=144239.50$, $p=0.001$). Participants with high SIA were associated with a higher severity in depression than those with no-to-low SIA ($U=89187.00$, $p<0.001$). Regression analysis revealed a significant positive correlation between depression and SIA after adjusting for confounding factors ($B=0.099$, $t=9.138$, $p<0.001$).

Conclusions: Our findings suggest a gender difference on online behaviour using smartphones. Further investigations are needed on whether SIA may exacerbate severity of common mental disorders.

Keywords: Internet addiction; smartphone; community; Depression

EPP0102

Childhood trauma in a sample of patients with psychosis and healthy brothers.

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Introduction: Psychosis are complex disorders due to their symptomatic and evolutionary heterogeneity. The genetic-environmental interaction model is the most accepted etiopathogenic model, in which neurobiological processes (genetic factors, connectivity and brain structure) and environmental factors (for example: childhood trauma) are studied. The association between