

New theoretical and empirical work is urgently needed so that threats can be tracked and mitigated.

Keywords: disasters; climate change; developmental psychopathology; child and adolescent mental health

EPP0184

Childhood mental health and juvenile delinquency: A within-family comparison

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Introduction: Child mental health is associated with prospective delinquent outcomes. However, this association might be confounded by genetic and other shared factors

Objectives: We aimed to examine the association between the behavioral symptoms of Attention-Deficit/Hyperactivity Disorder, conduct disorder, depression, and oppositional defiant disorder in childhood (age 4-12) and the prospective delinquent outcomes as measured by lifetime illicit drug use, criminal activities, and victimization prior to age 18, using the nationally representative U.S. survey that allowed us to compare siblings in the same mother.

Methods: Aged-adjusted subscales of ADHD, conduct disorder, depression, and ODD were obtained from the mother-reported survey responses. Within-family analyses were performed to control for family-specific unobserved factors as well as child-specific observed factors.

Results: Antisocial scores in childhood were strongly associated with lifetime arrest, probation, and incarceration as well as lifetime illicit drug use in adolescence. ADHD scores are associated with lifetime victimization in physical attack and rape, but not with criminal activities or illicit drug use.

Conclusions: Conduct disorder consistently increases lifetime illicit drug use and criminal activities independently of genetic factors and gender. ADHD is not associated with lifetime illicit drug use or criminal activities, but is associated with lifetime victimization. No significant gender differences are found although anxiety/depression symptoms are often positively associated with delinquent outcomes only among females.

Keywords: childhood; mental health; ADHD; delinquency

EPP0185

Behaviour in childhood is associated with distinct patterns of partnering in adulthood

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Introduction: Childhood behavioral problems are highly prevalent in school-aged children and are associated with poor long-term outcomes. Yet little is known about their association with patterns of partnering in adulthood.

Objectives: To (1) describe patterns of partnering from age 18-35 years in a large population-based sample, and (2) examine the association between childhood behavioural problems and adult partnering patterns.

Methods: Behavioural ratings were prospectively obtained from teachers when children (n=2960) were aged 10-12 years – for inattention, hyperactivity, aggression-opposition, anxiety and pro-sociality – and linked to their tax return records from age 18-35 years. We used group-based trajectory modelling to identify distinct trajectories of partnering (married or cohabitating) and multinomial regression models to examine the association between childhood behaviour and trajectory group membership.

Results: Five distinct trajectories of partnering were identified: early-partnered (n=420, 14.4%), mid-partnered (n=620, 21.3%), late-partnered (n=570, 19.2%), early-separated (n=460, 15.5%), and delayed-or-unpartnered (n=890, 30.0%). After adjustment for sex and family background, children rated as being anxious or inattentive were more likely to remain unpartnered from age 18 to 35 years, while those rated as aggressive-oppositional or inattentive were more likely to separate and return to unpartnered status. Prosocial behaviours were consistently associated with earlier and more sustained partnership. Participants in the early-separated and delayed-or-unpartnered trajectories were also more likely to have left high school without a diploma and to have lower earnings.

Conclusions: Childhood behavioural problems were associated with increased likelihood of being unpartnered and of partnership dissolution, which has implications for the psychological health and wellbeing of individuals and their families.

Keywords: ADHD; Conduct disorder; Disruptive behaviours

EPP0188

Honouring COVID-19 restrictions: A qualitative study of the virtual asd diagnostic pathway in a uk nhs camhs service.

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Introduction: The Multi-Agency Autism Team (MAAT) diagnose Autism Spectrum Disorder (ASD) in children and young people using a multi-stage assessment process. In March 2020, the UK went into lockdown due to the COVID-19 pandemic, affecting the MAAT's ability to continue their typical diagnostic pathway.

Objectives: This qualitative study aimed to assess the effectiveness and feasibility of a virtual ASD diagnostic pathway.

Methods: From March – September; one hundred detailed developmental history assessments were conducted over the telephone, fifteen socially-distanced BOSA (Brief Observation of Symptoms of Autism) assessments were piloted, twenty-five multi-disciplinary formulation meetings were held over a video platform, and sixty diagnosis feedback consultations were conducted via telephone or video call. Structured interviews were conducted with clinicians and service-users.

Results: revealed that telephone developmental history assessments were generally preferable over face-to-face appointments, and video-based formulation meetings were effective, productive and resulted in higher clinician attendance. The qualitative data on feedback appointments was mixed. Clinicians felt that telephone appointments were less personable and ethical; whereas, video-based feedback appointments allowed for more empathy. However, the majority of service-users opted for tele-calls over video-calls for these appointments. Socially-distanced BOSAs obtained positive clinician feedback in general. Service-user feedback was mixed; some found the experience uncomfortable and unfamiliar, whilst others enjoyed the experience. Overall, service-users were content with the knowledge that it may support a diagnostic outcome for their child.

Conclusions: We concluded that the overall experience of the virtual ASD diagnostic pathway was a positive and informative process, identifying opportunities for permanent change to the service.

Keywords: autism spectrum disorder; COVID-19; diagnosis; virtual

EPP0190

The requirement of an early detection of vulnerability base patterns in childhood to reduce relapse tendency in psychiatric pathology

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Introduction: In order to understand etiopathogeny of any mental illness, it is important to be aware of the sequential emergence of symptoms, having presentations, that appear before, after or simultaneously. We could understand mental pathology as the sumatory of different factors and vulnerable cerebral substrates. Adverse external factors influence over them, causing relapses, that would lead to the evolution of diagnosis through time. However, patients usually come when pathology is already developed. Interventions are delayed, what is insufficient to modify the course of the illness.

Objectives: Proving that replacing classic clinical evaluation by an open access/multiintervention model, would determine a better prevention and reduction of relapse tendency.

Methods: We have arranged a prospective descriptive study of 124 users along 2 years. The idea was to test a first sample which let us check the viability of our project. We adopted a qualitative approach, linking practice and research, which have implied to perform a structured clinical process based on a dynamic reevaluation performed for different professionals in various stages using Rodman's model.

Results: MultiIntervention model reduces the prognosis factor of delayed treatment thanks to reaching a high risk group in the early stages. That model allows us to determine the way each factor relates to each other, what facilitates multiple-intervention that tries to eliminate the symptom and also the relapse.

Conclusions: Late adolescence and early adulthood are stages in which many mental disorders start, however treatment delays some years. Rothman's model may be a useful tool, what means a

multiintervention treatment that mixes biological and psychosocial interventions.

Keywords: relapse tendency; Childhood psychiatry; adolescent

EPP0191

Who would like a monster like me to be alive? Obsessive compulsive disorder or pedophilia in a patient with high functioning autism spectrum disorder.

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Introduction: Case of a 17yo patient with high functioning ASD and OCD with obsessions about being a pedophile, with suicidal ideation and self-harming behaviors. He was followed in outpatient care for one year since his first contact with Mental Health, following an inpatient admission for suicidal ideation.

Objectives: Differential diagnosis between OCD, ASD and possible pedophilia. Learn about different levels of care involved, and other possibilities. Therapy resources used.

Methods: Description of the case report: description of initial and final Mental Status Exam Differential Diagnosis: ASD vs OCD vs Pedophilia vs Depressive Disorder Children's Yale-Brown Obsessive Compulsive Scale Therapy: family based therapy, and Exposure response prevention therapy.

Results: Intrusive images, and reassurance seeking, helped with OCD diagnosis. ASD made symptoms harder to manage with SSRIs alone, which drove to add Aripiprazol at low doses in outpatient care. CY-BOCS showed obsessions other than doubts about being a pedophile. He participated in Exposure response prevention therapy with response, especially when antipsychotic medication was added. Family based therapy worked with his parents in not providing excessive reassurance, and with the patient in gaining insight about his OCD. Decreased anxiety, decreased self-deprecation and no new suicidal thoughts. Functionality of the patient in the community improved, with possibility of going college next year.

Conclusions: Recommendation of good assessment of sexuality in ASD population Importance of individual and family therapy for OCD and specially when there is poor judgement and insight in the patient. Importance of combined treatment: pharmacology + therapy

Conflict of interest: Alicia Koplowitz Foundation

Keywords: ASD; Pedophilia; ocd

EPP0192

Differential diagnosis of auditory hallucinations in teenagers. Assessment and difficulties: Case report of a 13 year old patient.

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