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 ± 26.9, 0–720), and first specialist review was 301.0 days (CI ± 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.

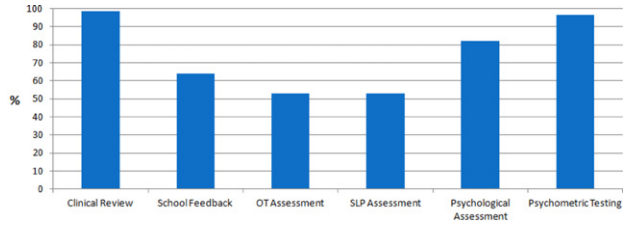


Table 2 Young people prescribed medication.

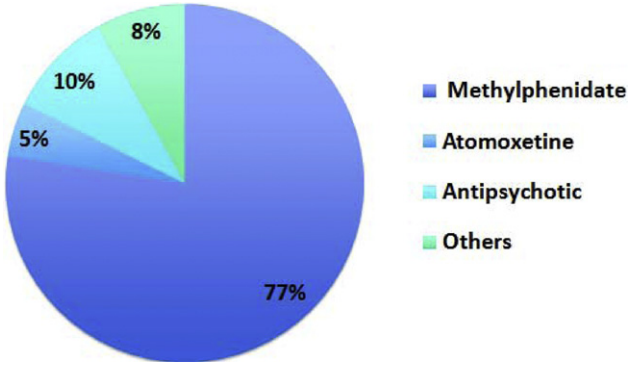
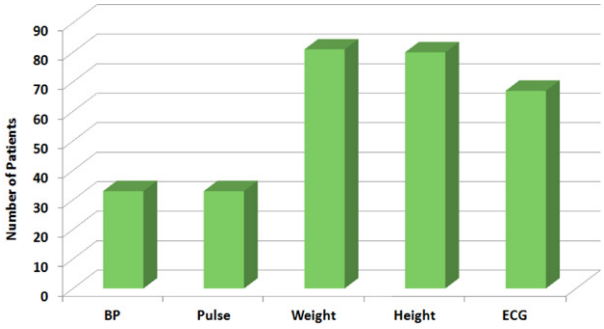


Table 3 Medical assessment for young people on treatment.



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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

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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.

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