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?

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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

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S059

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

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Introduction Living creatures are shaped by the 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?

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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.

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Methods We compared 515 male pathological gamblers from inpatient treatment units with 269 matched controls. Patients were diagnosed by experienced clinicians. In a random sample of 58 patients clinical diagnoses were validated through SKID 1 interviews [1].
Results 88% had a comorbid diagnosis of substance dependence (nicotine dependence 80%, alcohol dependence 28%). Only 1% of the gamblers had an impulse control disorder diagnosis. Compared with controls first degree relatives were more likely to suffer from alcohol dependence (27.0% vs. 7.4%), PG (8.3% vs. 0.7%) and suicide attempts (2.7% vs. 0.4%).
Conclusions In addition to recent papers on the neurobiology (Fauth-Bühler et al., 2016) and genetics of gambling [2,3], our findings support the classification of PG as behavioural addiction in the ICD-11 [4].
Disclosure of interest The authors have not supplied their declaration of competing interest.
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S061

Neurobiological mechanisms of problem gambling and treatment

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Background and aims In the past decade, neurobiological research on pathological gambling has flourished. Based on neurobiological similarities between pathological gambling and substance use disorders and similarities in genetics, diagnostic criteria, and effective treatments, pathological gambling was the first behavioral addiction to be included in the DSM-5 within the revised category Substance-related and addictive disorders.
In this presentation novel findings from gambling research in our research group focusing on the role of impulsivity, anticipation towards monetary outcomes, and the interaction between stress and cue reactivity will be presented, with a focus on new functional MRI results. An overview will be given on the concepts of impulsivity and compulsivity in pathological gambling and relevant neurocognitive and neuroimaging findings. Implications of neurobiological research for novel intervention research, such as in neuromodulation studies and personalized medicine will be highlighted.
Keywords pathological gambling; gambling disorder; impulsivity; compulsivity; neuroimaging; craving
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S062

Internet addiction and the virtual self-image

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Background Internet gaming disorder appears to be associated with self-concept deficits and increased identification with one's avatar. For increased social network use, the few existing studies suggest striatal-related positive social feedback as an underlying factor. Furthermore, few study findings indicate that internet addicts generally have problems in emotional inhibitory control processing.
Methods Pathological and addicted internet gamers as well as social network users were compared with healthy controls regarding psychometric and neurobiological measures of self-concept-related characteristics, avatar identification and emotional inhibitory control processing.
Results and conclusion Psychometric results indicated that both subgroups showed higher self-concept deficits compared to healthy controls. Neurobiologically, different brain activation patterns were observed in the subgroups during self-knowledge retrieval and inhibition of emotional stimuli. Furthermore, addicted internet gamers showed a higher identification with the own avatar, mirrored in an increased left angular gyrus activation, a region functionally associated with identification processing and feelings of empathy.
These findings provide a starting point for the deduction of specific psychotherapeutic treatment approaches for addicted internet gamers and social network users.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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S063

Mobile phone addiction: Evidence from empirical research

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Introduction Recent technological innovations have led to a proliferation of mobile and smartphones, which have become the cornerstone of modern societies in the 21st Century in terms of communication, notifications and entertainment. Latest research however suggests that with the advantages offered by mobile technologies, smartphone use today may have a significant impact on mental health and well being. Overuse has been associated with stress, anxiety, depression and addiction.
Objectives This talk aims to highlight results of current mobile phone addiction research.
Aims To replicate and extend earlier research with regards to psychopathology (depression, anxiety and stress), mobile phone use and age on problematic mobile phone use and addiction.
Methods Individuals aged 16 and above participated in an online study that contained a pool of validated psychometric measures. Data were analyzed using Structural Equation Modeling.
Results Calls per day, time spent on the phone and using social media significantly predicted prohibited and dependent mobile phone use, whereas stress predicted dependent use only. Anxiety and depression did not significantly predict problematic mobile phone use. Findings also revealed that problematic mobile phone use is prevalent across all ages and both genders.
Conclusions The current results have implications for addiction to using mobile phones, and suggest teachers, parents and affected individuals may benefit from awareness and prevention efforts, respectively.
This talk is based on Kuss, D.J. et al. (2016). Problematic mobile phone use and addiction: The roles of psychopathology, mobile phone use and age. Under review, and was funded by the British Academy and NTU.