

**Objectives:** The study aims to compare the main parameters of the original questionnaire to that of the version translated in Russian.

**Methods:** The original questionnaire was translated into Russian and administered to 40 adolescents (21 males, aged 12 to 17) with mental disorders except for severe cognitive deficits or pervasive developmental disorders. Means and Cronbach's alpha for each of the four scales were assessed and compared to the author's questionnaire values.

**Results:** Reliability analysis revealed similar Cronbach's alpha for 3 of 4 scales (table 1) except the Secrecy scale (1 of 6 questions showed low consistency; its exclusion increased  $\alpha$  from 0.63 to 0.74).

Scales	Cronbach's $\alpha$		M (SD)		t-test
	Original version	Translated version	Original version	Translated version	
Societal Devaluation	.76	.76	2.3 (0.40)	2.3 (0.42)	.501
Personal Rejection	.78	.70	0.48 (0.39)	0.33 (0.29)	.002
Self-Stigma	.81	.76	2.0 (0.74)	2.2 (0.68)	.122
Secrecy scale	.84	.63	2.5 (0.50)	2.5 (0.55)	.594

The means for each scale were compared with original data using a one-sample t-test. Only the Personal Rejection scale was significantly low on average than the original data.

**Conclusions:** Preliminary results showed that Russian adolescent patients perceived the translated questionnaire much the same way as American ones. Thus, our findings provide optimistical perspectives of further adaptation of the questionnaire.

**Disclosure:** No significant relationships.

**Keywords:** Questionnaire; self-stigma; Adolescents; Mental Health treatment

## EPV0203

### Psychiatric help for adolescents with autoaggression in Ukraine population

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doi: 10.1192/j.eurpsy.2022.1118

**Introduction:** During several years in Ukraine have been actualized problem with autoaggressive behavior among young people. Due to not enough support at ambulatory psychiatric and social systems these patients have hospitalizations. And its duration could be for month and longer. The problem seems like if hospitalization can be long, will be it affective while there are no community support after it. Even having good results can not give long "remission" because patients come to the same family/social situation.

**Objectives:** Examine autoaggressive behavior in adolescents and find criteria for hospitalization for this category.

**Methods:** We took 173 patients with autoaggressive behavior at age 18-25. We formed theory for research that, on our opinion, include information that give chance to find criteria while hospitalization isn't recommended.

**Results:** First results have shown a high level of comorbidity personality disorders with neurotic and depressive disorders. High levels of self-harm are associated with episodes of sexual and psychological abuse and characterized with trauma. The next parts of the research will show deep indications for in- and out-patient treatment.

**Conclusions:** Criteria for hospitalization adolescents with self-harm are hard to form because of differences of reasons, comorbidities and risk of suicide among adolescents. But not all in-patient treatment gives expected results. Mostly it can work like a traumatic experience on this group. Scientific research can help to make the psychiatric systems friendly to adolescents with complex problems. The authors have not supplied a conflict-of-interest statement

**Disclosure:** No significant relationships.

**Keywords:** Suicide; criteria; self-harm; prevention

## EPV0207

### Care pathway for autistic children and their families in Europe.

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doi: 10.1192/j.eurpsy.2022.1119

**Introduction:** Autism is a lifelong complex neurodevelopmental condition that affects brain development and behaviour with significant consequences for everyday life (WHO, 2018). Despite its personal, familial and societal impact, there is still a European-wide lack of harmonised guidelines about the support needed from early stages, the most sensitive time to gain positive future outcomes (Berajamo-Martin et al, 2019).

**Objectives:** The objectives were: 1. To analyse autistic children care pathway and patient/carer journey in three European countries: Italy, Spain and U.K. 2. To propose policy recommendations on how to improve this pathway.

**Methods:** To identify major barriers and treatment gaps, we conducted a rapid literature review of the care pathway in Europe and a survey aimed at parents or carers of autistic children ages 0 to 18 living in the three countries. The survey gathered information on screening, diagnosis, accessibility and support received before, during and after diagnosis. Members of the working group met to discuss results and propose policy recommendations.

**Results:** 1. Current care pathway analysis showed the following treatment gaps: Long waiting time from first concerns until screening visit and confirmed diagnosis. Delayed or no access to intervention once diagnosis has been confirmed. Overall limited information about autism and how to access early detection services. Overall deficient support to families. 2. Please see Box 1 for our proposed policy recommendations.

### Box 1. Policy recommendations

- Raise awareness** among parents, family members, the community and primary care providers about developmental milestones, the early signs of autism and the importance of early detection and early intervention.
- Professionals should listen to family concerns and address them** as they are the first of contact to health services and parents/carers trust them.
- Increase ASD specific triage programmes** at well baby clinics.
- Autism training** to first line health services professionals.
- Reducing the delay in screening and diagnosis** would enable children to begin intervention programmes earlier.
- Increase support** to families of children diagnosed with ASD.
- The development of evidence-based interventions** for autistic people and their families must be considered a key research and clinical priority
- Economic inequality must be reduced.**

**Conclusions:** Our findings and recommendations will inform policy harmonisation in Europe to shorten long waiting times, diagnosis process and intervention, and therefore, improve autistic people and their families' journey experience and quality of life.

**Disclosure:** No significant relationships.

**Keywords:** Autism; Early screening/diagnosis; early intervention; policy recommendations

### EPV0209

#### Effectiveness of an emotion focused cognitive-behavioral therapy (ECBT) program for externalizing disorders in children and adolescents : clinical profile

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doi: 10.1192/j.eurpsy.2022.1120

**Introduction:** Externalizing disorders involve undercontrolled, impulsive, or aggressive behavior. Included in this category are Conduct Disorder, Oppositional Defiant Disorder, and Attention deficit hyperactivity. Difficulties with emotion regulation are a core feature of externalizing disorders in children and adolescents. Yet, no studies to date have compared the relative efficacy of an ECBT program in this population.

**Objectives:** to investigate the effectiveness of an ECBT inspired program in children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD)

**Methods:** We conducted an experimental study with a pretest posttest design and a control group. 50 subjects with either ADHD, ODD or CD were selected and assigned to the experimental and control group. 25 patients ages 9–18 (13 boys, 12 girls) were enrolled in the ECBT-inspired program with 19 completing treatment. Comparison of pre- and post-test results for each sub-group was performed using the Wilcoxon test.

**Results:** showed that youths in the ADHD and ODD groups demonstrated a significant reduction in externalizing behavior problems measured by the Child Behavior Checklist (CBCL). In terms of emotional regulation, only the group of patients with ODD

showed a significant improvement in the cognitive reappraisal subscale of the emotional regulation questionnaire (ERQ- CA ). Only in the ODD group, significant improvement was found in the identification and external oriented thinking subscale scores of the alexithymia questionnaire for children (AQC).

**Conclusions:** Such comparisons are necessary to determine the clinical profile of patients who might most benefit from such an intervention.

**Disclosure:** No significant relationships.

**Keywords:** clinical; externalizing behaviors; emotion regulation

### EPV0210

#### Emotional and behavioral problems of 7-11 year old children in war-torn Nagorno-Karabakh region in Azerbaijan

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doi: 10.1192/j.eurpsy.2022.1121

**Introduction:** The emotional, behavioral and psychosocial effects of chaotic environments following wars and armed conflicts in terms of exposure to trauma and displacement is well recognized. School-age children who are directly exposed to or witnessed negative effects of armed conflicts show an array of emotional and behavioral problems.

**Objectives:** Our study aimed to examine the mental health conditions of children living in war and conflict zones and attending primary schools in Agdam.

**Methods:** The study sample comprised of 617 children (mean age 8.9, SD 1.24; 50.7% female), residing in the conflict areas in the southwestern of Azerbaijan. The children were evaluated with the previously validated Azerbaijani version of the Strengths and Difficulties Questionnaire (SDQ) Teacher Form.

**Results:** About a third of children (32.7%) had abnormal total scores, and a fifth (21.4%) were in borderline range. The SDQ subscale scores included emotional problems (19.4%); conduct problems (20.3%), hyperactivity/inattention (12.2%), peer relationship problems (31.1%), and pro-social behavior difficulties (13.1%). As a result, externalizing problem scores were higher in males ( $p < .001$ ) and internalizing problems in females ( $p < .05$ ). Due to correlation analysis, age is negatively and significantly related with externalising ( $p < .05$ ), internalising ( $p < .01$ ), and total difficulty ( $p < .05$ ) scores.

**Conclusions:** The findings of the study show that more than half of the children living in the war zone in Azerbaijan suffer from mental health problems and highlight the need for child mental health services and family supports in the region.

**Disclosure:** No significant relationships.

**Keywords:** Child mental health; Emotional and behavioral problems; Azerbaijan; armed conflict