

**Aims** To test the predictive value of trauma, external shame and gender on depressive symptoms at 6 months, in adolescents.

**Method** A sample of 325 adolescents (ages ranging from 12–18) completed the Child Depression Inventory, the Childhood Trauma Questionnaire and Other as Shamer, adolescents version. The results were analysed by the hierarchical multiple regression method (SPSS Inc., 22).

**Results** The model – shame ( $b=0.63$ ;  $P<0.001$ ); affective abuse ( $b=0.15$ ,  $P=0.001$ ), gender ( $b=0.12$ ;  $P=0.001$ ), sexual abuse ( $b=0.12$ ,  $P=0.002$ ), and emotional neglect ( $b=0.10$ ;  $P=0.013$ ) – explained 63% of depressive symptoms variance.

**Conclusions** The data indicate that the higher the level of shame and trauma, the higher the level of depressive symptoms at 6 months. The present study can add important information that sheds light to the role of mechanisms underlying the vulnerability to depressive symptoms and that might have impact in the existing therapeutic interventions.

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## EW72

### Social and family risk factors of self-injury in Polish population of psychiatrically hospitalized adolescents

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**Introduction** During last 10 years, the number of non-suicidal self-injury patients (NSSI patients) in Department of Adolescent Psychiatry of Medical University in Łódź has doubled (from 20 to over 40%). According to DSM-5 criteria, NSSI are deliberate and superficial skin injuries. Such behaviours should be distinguished from suicidal behaviour disorder (SBD). However, the two display the high rate of co-occurrence.

**Material and method** The study covered 1300 patients (12–19 years of age) hospitalized during last 6 years. The analysis included various variables, e.g. demographic, familial, problems related to school and to peer relations, and variables describing NSSI.

**Results and summary** The analyzed group consisted of 60,4% girls and 39,6% boys. Out of 43% of patients who performed NSSIs, 45% also confirmed BDS. The patients with diagnosed mental retardation and with schizophrenic psychoses performed significantly fewer NSSIs. The instrumental motive was the most frequently declared reason of self-injury (76%). The reactive (65%), and the illness-related motives (only 15%) were less frequent. In comparison to patients without self-injuries, the NSSI patients significantly more frequently ( $P<0.05$ ) experienced physical violence, unreciprocated love, played truant and repeated grades. Conflicts, delinquency, divorce, and lack of a sense of support were significantly more frequent in the family systems of NSSI patients. They more often experienced loss of their parent before age 15 and had close relatives suffering from mental disorders.

**Conclusions** NSSI is a multi-dimensional issue that requires further research. Indicating potential risk factors allows for implementing efficient prophylactic, diagnostic and therapeutic actions.

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## EW74

### The stigma of mental illness in children and adolescents: A systematic review

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**Introduction** One in ten children and adolescents experience mental health difficulties at any given time, yet only one third of those suffering access treatment. Untreated mental illness predisposes to longstanding individual difficulties, and presents a great public health burden. Large scale initiatives to reduce stigmatization of mental illness in children and adolescents, identified as a key deterrent to treatment, have had limited success, and research is scarce.

**Aims** To gain a better understanding of the stigma experienced by children and adolescents with mental health difficulties.

**Objectives** We conducted a systematic review of the literature examining stigma and self-stigma towards children and adolescents with mental health difficulties, in order to better understand the extent and type of discrimination directed towards this particularly vulnerable group.

**Methods** Following PRISMA guidelines, the databases Pubmed, PsychINFO and Cochrane were searched for original research published between 1980 and 2014, assessing public stigma (i.e. the reaction of the general public) and self-stigma (i.e. internalized public stigma) towards children and adolescents with mental health difficulties.

**Results** Thirty-seven studies were identified, confirming that stigmatization towards children and young people suffering mental health difficulties is a universal and disabling problem. There was some variation by diagnosis and gender, and stigmatization was for the most part unaffected by labelling. Self-stigmatization led to more secrecy and avoidance of interventions.

**Conclusions** The findings confirm that stigmatization of mental illness is poorly understood due to a lack of evidence and methodological discrepancies. Implications of the findings are discussed, and suggestions made for future research.

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## EW75

### Factors affecting burden of main caregivers in children with epilepsy

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