



Abstract Book

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P-01

Service Organization and Cross-Sectorial Collaboration I: Experiences, Collaboration and Innovative Interventions

P-01-001

Patients' views and feedback about the inpatient psychiatric service provided: a study from the Child and Adolescent Psychiatric Unit

Submitter: Sigita Lesinskiene, Lithuania

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children and adolescents treated in the hospital have to adjust to changes in their usual home environment and routine. To better respond to their needs, it is essential to ask what is important to them, what suits them, and it is also crucial to understand the attitudes and opinions of those minors who have behavioural and psychiatric disorders that require hospital investigation and treatment. The study aimed to collect and analyse patients' feedback from the inpatient child and adolescent psychiatry unit at the Republican Vilnius Psychiatry Hospital regarding treatment, experience, and the service provided.

Methods: During discharge after treatment, inpatients were asked to complete the on-site Psychiatric Inpatient Patient Experience Questionnaire, PIPEQ-OS (Bjertnaes O., et al., 2015), voluntarily and anonymously. The PIPEQ-OS version for children and adolescents was designed to be user-friendly, offering straightforward, simple answers and a visual presentation of facial expressions. There were two closed questions: to mark the face that best reflects how you appreciate the help you received, and how did you feel in the department? Responses ranged from 1 to 5, with 5 indicating the greatest satisfaction. Third was one open-ended question: your observations and comments. Descriptive statistical analyses were performed using SPSS, mean scores and response distributions were calculated for each questionnaire item. Comparisons by calendar year were made to evaluate patients' feedback throughout the given period. Free-text comments of inpatients were grouped into thematic categories and included both positive and negative aspects.

Results: Data were collected from January 1, 2022 to July 12, 2024. From 503 inpatients treated, 253 (50,3% answered the questionnaire.

The mean score for the overall evaluation about the support received was $M = 4.69$, and for how children felt in the department throughout the treatment process was $M = 4.66$. 69 children (27.3%) wrote open-ended comments, that were subgrouped regarding the themes and analyzed descriptively. Some children wrote several comments. Overall, positive themes dominated, reflecting general satisfaction (45 comments), positive staff interactions, including kindness, support, and professionalism (10), and perceived improvement or feeling better after treatment (6). A small number of comments referred to positive relationships among the fellow inpatients within the ward(3). Negative themes were less frequent and primarily related to nutrition and food (8) and physical environment or comfort, such as room temperature (2). Emotional discomfort or homesickness was also

reported (4).

Discussion: To ensure the anonymity of the respondents, no data regarding age, gender, or diagnosis were collected, and there is no possibility to match children's responses with their parents' responses to the parents' version of the questionnaires. Around half of the inpatients did not fill out the questionnaire. An analysis of results from those who agreed to complete the questionnaire showed that children/adolescent patient satisfaction with services remained high (an average of 4.7 out of 5 on the PIPEQ-OS questionnaire). Overall, thematic findings were consistent with the high satisfaction scores observed in the descriptive analysis. Patient experience and feedback surveys help monitor service quality and identify ways to meet inpatients' needs. A more detailed, adolescent-specific questionnaire could be developed and used in future research.

P-01-002

Parental Feedback on Inpatient Care in a Child and Adolescent Psychiatry Unit

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Collecting systematic feedback from inpatients and their parents is essential to understanding their perspectives on the care provided, identifying the strengths and drawbacks of inpatient services, and supporting continuous quality improvement. This study aimed to analyse feedback from parents of children and adolescents treated in an inpatient child and adolescent psychiatry unit, focusing on their attitudes toward communication with staff, family involvement in treatment decisions, information and discharge preparation, the ward environment, and the perceived benefit of treatment.

Methods: A descriptive observational study was conducted in the Child and Adolescent Psychiatry Inpatient Unit of the Republican Vilnius Psychiatry Hospital. Parents or legal guardians of hospitalised children and adolescents completed anonymous, computerised questionnaires after inpatient treatment using the 22-item Psychiatric Inpatient Patient Experience Questionnaire (PIPEQ-OS), translated into Lithuanian. Responses were rated on a 0-5 Likert scale, with the highest indicating the greatest satisfaction. Questionnaire items were grouped into five main conceptual domains: communication and therapeutic relationship; participation and family involvement; information and discharge preparation; ward environment and dignity; and perceived benefit and overall satisfaction. Descriptive statistical analyses were performed using SPSS. Internal consistency of the domains was assessed using Cronbach's alpha.

Results: During the study period from January 2022 to December 2025, 805 children were treated in the unit, of whom 283 completed the feedback questionnaire, corresponding to a response rate of 35.1%. Results show that parental satisfaction with inpatient child and adolescent psychiatric care was high. The communication and therapeutic relationship had the highest mean score ($M = 4.42$), followed by perceived benefit and overall satisfaction ($M = 4.19$), and then by information and discharge preparation ($M = 4.12$). A lower score was observed in participation and family involvement in treatment-related decision-making ($M = 3.47$). Lastly, the ward environment and dignity were evaluated with moderate to high satisfaction ($M = 3.89$). Internal consistency of the five defined domains ranged from acceptable to excellent, with Cronbach's alpha values between 0.74 and 0.92. Reports of harmful and inappropriate treatment were infrequent, and only one respondent reported negatively.

Discussion: The results show that parents generally evaluate inpatient child and adolescent psychiatric care positively, particularly communication with staff and the

perceived benefits of treatment. High scores in the defined domains point out the importance of therapeutic relationships in inpatient child and adolescent psychiatry. Lower scores regarding participation and family involvement suggest for further service development, necessitating strengthened shared decision-making and collaboration with the children's families. Use of an adapted version of a standardised feedback instrument, such as PIPEQ-OS, may help strengthen the quality further, promote family-centred care, and improve the experiences of the patients on the inpatient child and adolescent ward. Collecting feedback from the parents systematically after hospitalisation provides an important understanding of patient and family needs and supports relevant service adjustments.

P-01-003

Residential Care Workers' Understanding and Experiences of Their Relationship Building with the Children in Their Care

Submitter: Lorena Dumitrache, United Kingdom of Great Britain and Northern Ireland

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children in residential care are known to be more vulnerable than those living in foster or kinship care. They face a high risk of criminal exploitation, victimisation, and criminalisation. Many experience severe emotional, behavioural, cognitive, and psychosocial difficulties. The quality of care they receive and the relationships they build with caregivers are crucial for their psychological well-being and healthy development. Following individual interviews, three superordinate themes emerged:

Relationship building

The emotional impact on caregivers

Caregivers similar lived experiences: Insight and motivation

This research examined the daily challenges caregivers face in their interactions and their efforts to build meaningful, therapeutic relationships with the children in their care. The findings provide guidance for clinical practice and policy development regarding optimal approaches to implementing attachment and relational therapy within the care system. This is especially important given the risks of criminalisation and victimisation among children in care when meaningful attachments and a sense of belonging are not established.

Methods: IPA's aim is to use a purposive homogenous sample rather than a representative sample to ensure that the topic being researched can be explored in depth. (Bramley & Eatough, 2005; Gilmartin et al., 2022b; Larkin et al., 2019; J. A. Smith et al., 2009; Smith & Shaw, 2017)

For this study, six participants with experience of working as caregivers were interviewed, three men and three women.

Six participants took part in a semi-structured interview between April and May 2022, following an interview schedule which focused on experiences within the role of a caregiver, concentrating on the relationship-building process.

Results: Based on caregivers' own experiences, whilst it can be hard doing this job, (as it requires enormous energy, emotional investment, acceptance, patience and tolerance) sometimes when children stabilise in their placement and a good relationship is established, it does not feel like work. Concurrently when children are too unsettled, resist and sabotage caregivers' effort to build a relationship this most likely will negatively impact caregivers' motivation and willingness to remain in their roles. Low levels of motivation in caregivers may lead to high levels of burnout and staff turnover with a staggering negative

impact on children who may experience rejection and abandonment because of this, leading to an exacerbation of trauma symptomatology (Ireland et al., 2022). These interactions can lead to the formation of negative attitudes towards relating to the children, withdrawal, disconnection, lack of empathy and a distorted conceptualization of their emotional needs.

Discussion: Overall, the research emphasises the importance of recognising at a higher hierarchical level that caregivers' wellbeing is intrinsically connected to the wellbeing and therapeutic outcomes of the children they care for. In addition, caregivers primarily need to feel safe and competent in their role. The lack of support, validation, recognition, and caregivers not having a voice has been a predominant theme within the data analysis (Parry et al., 2022). In addition, the need for increased levels of reflective practice was identified, in which those situations which trigger emotional distancing can be explored to enhance caregivers' capacity to build self-awareness, maintain a trauma informed mentalisation of presenting behaviours, and continue to be emotionally connected at times when the system as a whole is under stress.

P-01-004

The Development and Well-Being Assessment (DAWBA) as a decision-making aid in general practice; A new collaborative model for Child and Adolescent Mental Health Services and general practice: A pilot study

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: General Practitioners (GPs) are responsible for more than 50% of all referrals to CAMHS in Denmark. GPs experience several challenges in assessing and referring children and young people (CYP) with mental health problems to CAMHS due to lack of time and access to instruments appropriate for assessing mental health problems in CYP. Furthermore, referrals from general practitioners are rejected by CAMHS three times as frequently as referrals from other sources. The implementation of the DAWBA (a digital self-report diagnostic interview) with consultative assistance from CAMHS to general practitioners has the potential to act as a valuable decision-making aid when assessing mental health problems in CYP presenting in primary health care, potentially reducing the delay in access to appropriate services. This pilot study evaluates the acceptability of a novel collaborative model between GP and CAMHS utilizing the DAWBA.

Methods: The new collaborative model, was developed in collaboration between the Quality Unit for General Practice and the Department of Child and Adolescent Psychiatry in the North Denmark Region, informed by parents with lived experience with CAMHS. The target group for the new model are CYP aged 2-17 years old, who seek help for mental health problems in general practice. General practitioners refer CYP to the new consultative model, through digital communication pathways utilized in standard communication between general practice and hospital-based services. The DAWBA is rated and summarized within 5 working days of completion by a CAMHS specialist and returned to the GP with recommendations on what services to refer the CYP to. The pilot testing of the model included 20 families who were offered to complete the DAWBA.

Results: 20 CYP were included in the pilot study. Data analysis is ongoing but will be completed by May 2026. Data will be presented on the DAWBA completion rate and DAWBA based diagnoses, cases subsequently referred to CAMHS, the quality of referral letters and referral decision (accept/reject). Qualitative data from participating general practitioners on acceptability of the new model, including barriers and facilitators to using the model will also be presented.

Discussion: GP satisfaction with CAMHS is often reported as low due to challenges with high rejection rates on referrals. Studies on interventions aimed at improving the referral process to CAMHS are therefore highly relevant, but scarce. This pilot study will provide

valuable data on the acceptability of a novel collaborative model between GP and CAMHS utilizing the DAWBA as a decision-making aid. The pilot study will inform adjustments to the model prior to a larger trial (N=552) evaluating the effect of the model on ensuring more timely access to relevant mental health interventions for CYP, improvements in the quality of referrals from GPs, reduction in rejection rates on referrals from GPs and a qualitative evaluation of the perceived usefulness of the collaborative model from the GP perspective.

P-01-005

Thinking Together to Bridge the Paediatrics/Child Psychiatry Training Gap

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: A local Child Psychiatry training scheme recently set up structured discussion groups for complex cases that traverse paediatrics and child psychiatry, to provide opportunity to think about these cases with our colleagues on the other side.

These groups focus on discussing interesting cases that have both a physical and mental health perspective, with the goals of:

- 1) improved understanding of clinical presentations from both perspectives leading to better management of physical and mental health disorders
- 2) improved understanding of how our Paediatrics/Child Psychiatry colleagues think, aiding teamwork and collaboration between CAP and paediatric doctors in the local area

The intervention was inspired by the Thinking Together scheme, set up in 2017 by a joint RCPCH/RCPsych working group to foster relations between registrars in CAMHS and paediatrics.

Methods:

- Implementation of a new 3 monthly discussion group with local CAP and paediatric doctors.
- These groups consist of a structured discussion with 2x45 minute case presentations from 1 CAP and 1 paediatric trainee. A range of topics have been covered so far including eating disorder admissions, extreme anxiety with physical health compromise, first episode psychosis and genetic conditions and obesity.
- The discussion is facilitated by two peer facilitators, with consultants from each specialty present and contributing to discussion to help guide learning points.
- Informal and formal presentations were invited, and trainees have used a variety of teaching methods including case presentation, problem based learning and microteaching.

Whilst initially run at one site, this has been scaled up to include paediatric trainees from across Northwest London, and shows promise for further expansion at new sites, in the UK or other countries' medical training model.

Results:

- We have held 4 discussion groups so far, and recently expanded to the region including 7 acute hospital sites. Over 50 trainees have attended the Groups, providing feedback via Google Forms.

- Our feedback each time has been positive, commenting on the helpfulness of discussing challenging and interesting cases with the other discipline, tips and tricks on approaching mental health patients in paediatrics, and better understanding of local services available to CYP, eg obesity clinic, or the inpatient CAMHS pathways.
- Areas for development have been to provide more structure for the discussion and case presentation, adding an overt microteach component and timekeeping in the context of significant bed pressures.
- We have tailored presentations to reflect topics that have been requested, covering topics such as legal frameworks for treatment, eating disorders and functional neurological disorder, all to positive response.

Discussion:

- We will continue to run these groups and iteratively improve them based on feedback.
- Further topics we plan to discuss are epilepsy, chromosomal conditions, severe neurodevelopmental conditions and encephalitis.
- We are meeting our objectives, and have already seen how meeting between our disciplines has helped streamline better care for young people in our region.
- We would like to continue to expand and invite collaboration from different sites. We would like to develop a pack to support others to establish similar groups in their area, including information on the logistics, facilitation and topics that have worked well. We would like to hear from other groups doing similar work, and want to present the initiative at IACAPAP to share learning on the international scale.

P-01-006

Beyond Multimodal Care: A synergistic approach for complex neurodevelopmental presentations: A service evaluation

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children and adolescents with formally diagnosed Autism and ADHD are disproportionately exposed to trauma, systemic stress and chronic anxiety, often resulting in severe functional impairments impacting daily self-care/challenge management, maladaptive coping mechanisms to stress(eg., self-harm, aggression, meltdowns) and adverse effects on quality of life for the user and family, rather than discrete psychiatric syndromes.

Multimodal interventions and integrated approaches are increasingly recommended for children, adolescents, youth and families with Autism and ADHD to address these issues effectively. Traditionally, service pathways struggle, as many interventions are sequential rather than integrated due to logistical and capacity issues, resulting in communication gaps and poor user engagement.

A live dashboard of patient management on approved platforms can help address many of these issues. We explore the possibility of delivering an integrated service on a secure technology-enabled platform CAPE For Health and assess its effectiveness in patient management.

Methods: Eight outpatient participants (aged 11-18) with good family support, severe baseline daily functional impairment (mean CGAS = 35.2) engaged in an integrated multi-professional, cross sector programme incorporating individual therapy, systemic family work, medication management, educational interventions, school liaison, technology-assisted self-guided work and psychiatric oversight.

We assessed functional outcomes, responsiveness styles, communication, crisis management, attitude and engagement with individual therapeutic modalities. Functional outcomes were assessed using the Children's Global Assessment Scale and clinical reviews at four time points: baseline, 3 months, 6 months and 9 months.

A risk register was used to assess the safety of the digital platform (including signposting, liaison between professionals, timely communication, crisis management and engagement-related issues).

Results: All participants completed the programme. Engagement was consistent across the therapy modalities. Three patients demonstrated variable engagement with the movement-based therapy component.

Use of the secure digital platform supported real-time communication, coordinated risk monitoring and continuity of care across therapy components, contributing to improved

engagement and crisis management.

The risk register identified potential red flags in three patients, which were managed by timely signposting.

Mean CGAS scores improved from 35.2 (severe impairment) at baseline to 58.3 (moderate impairment) at three months and 79.5 (mild or near-typical functioning) at six months, which was sustained at nine months and represented a mean functional gain of 44.3 points overall.

Effective communication between clinicians facilitated by an integrated dashboard helped maintain durability of response and reduce recurrence over the 9 months.

No significant adverse events were recorded in the patients.

Discussion: Our results indicate safe delivery of integrated care of services supported by live patient management dashboard on approved secure technology platforms.

Effective and durable outcomes despite variable engagement in some patients suggests that coordinated technology-enabled containment across systems maybe as important as consistent engagement/attendance.

In addition, this approach transitions from linear care pathways to a relational, network-based approach to treatment. When services align around shared formulations and goals, children and families experience improved functioning, even in the context of ongoing neurodevelopmental vulnerabilities and life challenges.

These findings propose a paradigm shift in CAMHS intervention design: from delivering multiple therapies to cultivating integrated therapeutic environments providing collaborative and streamlined narratives for service users and families with complex neurodevelopmental and psychosocial challenges. This is enabled through the strategic use of technology. Further studies with implications for service redesign and workforce integration are indicated.

P-01-007

Bridging Social Cognition and Motor Action: A Multimodal Transdiagnostic Group Intervention Targeting Social and Regulatory Mechanisms in Childhood

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To describe a multimodal, transdiagnostic group intervention designed to support access to and practice of socioemotional and regulatory competencies in children with heterogeneous developmental profiles. The program integrates psychology-led social-cognitive work with structured motor-based intervention, aiming to connect conceptual learning and procedural practice within a real-world clinical setting. Rather than targeting diagnostic categories, the model focuses on shared functional mechanisms related to social processes, emotional regulation, and cognitive control.

Methods: This group-based intervention is implemented in a multidisciplinary child development clinic and includes children aged 4-14 years presenting with transdiagnostic socioemotional and regulatory vulnerabilities, including typically developing children and those with neurodevelopmental or mental health conditions. Each child receives an individualized clinical formulation with specific goals embedded within shared group objectives.

The program consists of two weekly hours: one hour led by clinical psychologists focusing on social cognition, emotional awareness, and regulation strategies, followed by one hour of structured motor-based activities co-led by psychology and physical education professionals. Motor tasks are intentionally designed to create opportunities for embodied regulation, cooperative interaction, inhibitory control, and social engagement under varying levels of emotional arousal.

Outcomes are monitored through longitudinal qualitative assessment, including systematic clinical observation, interdisciplinary team discussion, and qualitative feedback from caregivers and schools.

Results: Qualitative longitudinal observation suggests that, in this clinical context, the integrated format combining psychological and motor-based components was associated with favorable functional indicators, particularly at the level of access and use of socioemotional and regulatory skills.

Clinicians and caregivers reported increased opportunities for children to access and

rehearse strategies related to emotional regulation, cooperative interaction, perspective-taking, and impulse control across different activity demands. The motor-based component appeared to support engagement and participation, especially for children who benefit from procedural and embodied learning contexts.

Variability in skill access across emotional and social demands was observed, reflecting the dynamic and non-linear nature of socioemotional development.

Discussion: This multimodal, transdiagnostic group intervention illustrates a clinically embedded model for addressing shared socioemotional and regulatory mechanisms across heterogeneous developmental profiles. By integrating psychological and motor-based approaches, the program aligns with contemporary dimensional and developmental frameworks in child and adolescent mental health.

Although outcomes are based on qualitative observation and caregiver report, the model illustrates the feasibility of interdisciplinary, mechanism-oriented group interventions within routine clinical practice. The emphasis on individualized formulation, embodied practice, and cross-context integration may inform the development of future intervention models. Further research incorporating standardized quantitative measures is needed to evaluate effectiveness and strengthen empirical support.

P-01-008

When Evidence Meets Scarcity: The Québec Experience of Pediatric Electroconvulsive Therapy

Submitter: Eva-Flore Bui-Xuan, Canada

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Electroconvulsive therapy (ECT) is a highly effective intervention for severe and treatment-resistant psychiatric disorders, yet its utilization varies widely across jurisdictions and age groups. This work aims to synthesize population-level data on ECT use in Québec and Canada alongside the contemporary evidence base for ECT in child and adolescent psychiatry (CAP). By integrating epidemiological trends with pediatric clinical outcomes, we seek to contextualize the role of ECT across the lifespan, highlight discrepancies between evidence and practice, and identify structural, ethical, and cultural barriers that limit equitable access-particularly for children and adolescents with severe mood disorders, catatonia, and refractory psychosis.

Methods: We conducted a narrative review of Canadian and international literature on ECT, focusing on utilization rates, indications, regional variability, and outcomes in adult and pediatric populations. Sources included population-based studies, systematic reviews, cohort studies, and professional society position statements published over the past two decades. Particular attention was given to Québec-specific data and to pediatric studies reporting efficacy, safety, and cognitive outcomes. Findings were synthesized to compare adult and pediatric ECT practices and to examine how health-system organization, stigma, and regulatory frameworks influence access to care.

Results: In Québec, ECT remains a highly specialized but underutilized treatment, with an average rate of approximately 13 treated individuals per 100,000 inhabitants-among the lowest in Canada and below most industrialized countries. Marked regional disparities persist. Adult indications predominantly involve severe mood disorders. In CAP, the literature demonstrates robust efficacy, with response rates frequently exceeding 70% for catatonia and severe mood disorders, including in neurodevelopmental populations. Adverse effects are generally mild and transient, with no consistent evidence of long-term cognitive impairment. Professional organizations, including the AACAP, endorse access to ECT for minors when clinically indicated and ethically supervised.

Discussion: The contrast between strong pediatric evidence and low utilization highlights a critical implementation gap. In both adult and pediatric settings, underuse appears driven less by clinical uncertainty than by stigma, ethical concerns, limited expertise, and resource constraints. In CAP, these barriers are magnified despite ECT's potential to be lifesaving in severe catatonia and refractory mood disorders. To address this gap, we

established the first dedicated pediatric ECT service in Québec, creating a structured pathway to ensure timely, safe, and ethically governed access for children and adolescents. This initiative illustrates how targeted service development can translate evidence into practice and reduce inequities in access to essential interventional psychiatric care.

P-01-009

Sit, Stay, Support: Child and Adolescent Patient Perspectives on Having a Facility Dog in Psychiatric Inpatient Rounds

Submitter: Karen Borges, United States of America

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To evaluate and describe patients' experiences with a facility dog during treatment team rounds on an acute child and adolescent psychiatric inpatient unit.

Methods: Participants on the child and adolescent inpatient psychiatric unit attended rounds with the treatment team and a facility dog. A brief survey, designed to capture subjective impressions and reactions through qualitative and quantitative elements, was completed by the participant immediately after the visit. A second survey completed by the facility dog handler gathered objective participant behaviors and responses to the facility dog.

Results: Twenty-six participants (mean [SD] age 14.1[1.8], range 11-17 years, 19 [73.1%] female) were enrolled. Participant self-reported reasons for hospitalization included self-harm or suicidal thoughts or attempts (80.8%), stress/mental health/not specified (15.4%) and manic episode (3.8%). Most participants reported positive facility dog experiences, with 96.2% who "Liked" or "Loved" having the facility dog present and 76.9% felt the dog helped "A little" or "A lot" with talking to the team. Qualitative feedback included comments such as, "I think dogs should be implemented into therapy more often" and "it made me feel comfortable." The facility dog was positioned beside the patient on the bed in all but one visit. Adverse effects were reported in 15.4% of encounters and included a dislike of shedding or being distracted.

Discussion: Facility dog-assisted rounding was associated with positive patient perceptions and behaviors, including enhanced communication with the care team. This is particularly meaningful in a population hospitalized for suicidality or self-harm, where patient engagement is critical to effective treatment. Negative experiences were uncommon and mild, suggesting the intervention is feasible and well tolerated in an inpatient child and adolescent psychiatry setting. These findings align with prior literature on facility dogs in other pediatric medical healthcare settings and help address a gap regarding their role in inpatient psychiatric care. Future research may provide further insights into parent experience and staff satisfaction on child and adolescent inpatient psychiatric units, along with examining patient outcomes.

P-01-010

The role of oxytocin and the therapy dogs in child and adolescent psychiatry

Submitter: Andreja Andrejic, Serbia

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The goal of the work is to highlight the therapeutic potential of pets as a complementary intervention for families facing PSA, but also other diagnostic categories such as anorexia and depressive disorders in adolescents. Although they cannot replace formal therapies, the inclusion of pets in family life can significantly contribute to improving its quality. In addition, this research may have additional implications for animal-assisted therapy (AAS) in clinical settings, as therapy dogs are recognized as a significant support. Dog saliva is known to contain oxytocin, which has an antidepressant effect.

Methods: This small cross-sectional study examines the impact of pets on the quality of life of parents and children with PSA, focusing on social, emotional and psychological domains. By using a survey approach, through an interview with the families of children with PSA at the Clinical Department for Children and Youth of the Institute of Mental Health, data were obtained. The presentation will also include two video clips.

Results: This paper presents additional implications for animal-assisted therapy (AAS) in clinical settings, as therapy dogs are recognized as an important support in therapeutic settings for children with PSA. Therapy dogs can bridge the gap between social isolation and engagement by providing a consistent presence. Tactile and emotional interactions with therapy dogs often stimulate oxytocin, which can reduce anxiety and improve mood stability. In this paper, in addition to the theoretical basis for AAS, the biological background of oxytocin and its effects on children with PSA who are involved in animal-assisted therapy is provided and shown. All with the aim of motivating the inclusion of a therapy dogs in the treatment of child and adolescent psychiatry.

Discussion: Our plan is to continue the research over a longer period of time, on a larger sample, with the goal of including dogs in therapeutic procedures for children at the systemic level of the Republic of Serbia's health system. Inspired by the clinical treatments of the therapy dogs in clinical practice in the field of mental health in the region, we continue to work on the introduction of the therapy dogs into the health system in our country. We will also conduct analyzes on adolescents who have an anxiodepressive clinical picture and study the influence of the therapy dogs on improving the mood and clinical picture of adolescents with the aim of introducing the therapy dogs in a wider diagnostic concept.

P-02

Public Mental Health, Prevention & Early
Intervention I: School-and Community-Based
Mental Health Promotion and Literacy

P-02-001

School-Based Interventions for Mental and Behavioral Health in India - A narrative Review

Submitter: Tavishi Sharan, India

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: To examine the availability, acceptability and challenges of school-based interventions in mental and behavioral health of adolescents in India.

Methods: A narrative review was conducted following the principles outlined by the Scale for the Assessment of Narrative Review Articles (SANRA) to ensure methodological rigor and transparent reporting. An extensive literature search was performed across multiple electronic databases, including PubMed, PsycINFO, Google Scholar, Scopus, and Web of Science. Key search terms combined keywords related to "adolescents," "mental health," "intervention," "prevention," "RCT," "quasi-experiment," and "India." The search was restricted to peer-reviewed articles published in English between January 2000 and October 2025.

Inclusion criteria were: (1) studies with adolescent participants aged approximately 10-19 years, (2) interventions explicitly designed to address mental health issues or promote psychological well-being, (3) experimental or quasi-experimental designs (including RCTs, Pre-post study design, prospective cohort study, or quasi-experiments) (4) interventions conducted in Indian school settings. Studies solely reporting prevalence or observational findings without intervention evaluation were excluded.

Results: Majority of the school based mental and behavioural health interventions in India have very limited sample size. Majority of the interventions have focused on life skills training, problem solving techniques, coping skills training, communication skills training, emotion regulation, stress management, improving resilience, etc. Most studies have focused on multiple components together. All the studies have reported positive benefits in the form of reduced depressive symptoms, reduced academic stress, improved resilience, improving psychological well-being, etc. However, there are also limitations in the form of variability in the intervention duration across studies, dependence on trained facilitators or lay counsellors, limited long-term follow-up, inconsistent effects when delivered by teachers alone, and feasibility constraints in scaling and sustaining programs within routine school systems. short follow-up periods limit conclusions about the sustainability of intervention effects, and reporting on cost-effectiveness remains inadequate.

Discussion: Recent Indian studies highlight a worrying trend in adolescent mental health, with high rates of depression and related psychosocial difficulties. Given that schools provide an ideal setting for promotion, prevention, and early intervention and teachers,

counsellors, and peers are well positioned to identify distress and reinforce resilience, school-based interventions may be significantly more effective in reaching out to children and adolescents. Even though the literature from India is sparse, all available studies have shown promise in improving the mental health of adolescents. However, still evidence from rural and under-resourced settings remain sparse, limiting generalizability of findings. Moreover, many interventions delivered over extended periods spanning several weeks or months, making it difficult to integrate the programs within routine school schedules. Collectively, these gaps highlight the need for the development of a brief, structured, and evidence-based adolescent mental health program that is feasible to implement in school.

P-02-002

Adapting the Icelandic Prevention Model for Rural Canadian Youth: System-Level Learning of Community-Based Prevention as Psychiatric Intervention

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: In British Columbia, Canada, illicit drug toxicity is the leading cause of death among youth aged 10-18, underscoring the need for upstream solutions. Amid a toxic drug supply, rising youth substance use, and increasing mental health-related hospitalizations, health system leaders and communities are seeking innovative, evidence-based approaches to these challenges. The Icelandic Prevention Model (IPM) has emerged as a proactive, population-level strategy to reduce risk factors for substance use and strengthen protective factors for youth mental health.

Methods: The IPM is a socioecological framework that addresses youth substance use through sustained, data-driven, community action. Internationally recognized for its success in Iceland, our work examines the model's adaptation for a rural Canadian context and examines its implications for broader mental health systems integration. This presentation will share preliminary findings from the first two years of a mixed-methods, community-based case study highlighting implementation processes and system-level learning.

Results: Preliminary findings from adapting the IPM in a rural Canadian context reveal three critical domains of system-level learning.

1. Community Readiness and Capacity Building: Implementation required significant investment in cultivating trust, aligning values, and fostering shared ownership. Assessing and enhancing community readiness is a prerequisite for sustainability.
2. Youth Engagement as a Cornerstone of Intervention: Meaningful youth participation is essential. Their involvement enhances the relevance, credibility, and uptake of initiatives.
3. Plan for Sustainability: Developing cross-sectoral governance structures, data infrastructure, and intervention delivery was identified as vital for sustaining and scaling the IPM.

Discussion: The IPM offers a scalable, community-driven framework to support youth mental health and reduce substance use. For child and adolescent psychiatrists and allied providers, the IPM provides an upstream approach complementary to clinical care by addressing social determinants of mental health and reducing risk factors for psychiatric disorders. Its emphasis on protective factors and longitudinal data collection can enhance

early intervention strategies, potentially reducing demand on acute care services. Integrating such models into broader mental health systems may improve long-term outcomes and reduce service pressures.

P-02-003

Building Teacher Capacity for Early Identification of Adolescent Mental Health Problems in the Supporting Healthy Living and Nutrition in School-Age Adolescents (SHINE) Intervention in Ibadan, Nigeria

Submitter: Oluwabunmi Fola-Bolumole, Nigeria

Co-Authors: O. Fola-Bolumole, S. Akinola, K. Adegbuyi, S. Singh, O. Omigbodun

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Adolescence is a critical period during which lifelong health behaviours, attitudes, and coping patterns are established. In LMICs, adolescents face a disproportionate burden of mental health and nutritional challenges driven by stigma, low health literacy, limited access to care, and weak referral systems. When unaddressed, these challenges adversely affect academic and social functioning, and long-term health outcomes. Schools offer an ideal platform for early and scalable intervention through whole-school approaches.

The Implementing Early Mental and Physical Health Detection and Support (ISOBAR) programme is a four-year, multi-country initiative implemented in Nigeria and India. In Southwest Nigeria, it is delivered as SHINE (Supporting Healthy living and Nutrition in school-age Adolescents), a co-designed school-based intervention integrating mental health literacy, nutrition, physical health promotion, and early detection. As part of a disengagement strategy, SHINE delivered a teacher workshop to support identification, referral, and sustainability.

Methods: A one-day capacity-building workshop was delivered to 18 teachers nominated by school leadership. The workshop content covered mental health literacy, counselling and supportive communication skills, recognition of mental health problems, nutrition and nutri-gardening, physical activity, and referral and escalation pathways. Teaching methods included didactic sessions, role play, and group discussions, delivered by experts in mental health and nutrition.

A pre-post evaluation was conducted using a structured questionnaire assessing five domains: (A) knowledge about mental health, (B) confidence in addressing students' mental health problems, (C) recognition of signs of mental problems, (D) knowledge of teachers' roles in supporting student mental health, and (E) willingness to promote and support students' mental well-being. Items were rated on Likert scales, and total scores were computed. Due to the absence of unique identifiers, pre- and post-workshop responses were analysed as independent samples using independent samples t-tests.

Results: Eighteen teachers completed the pre-workshop questionnaire, and 17 completed the post-workshop assessment. Mean scores increased across all five domains following the workshop. A statistically significant improvement was observed in teachers' recognition of signs of mental health problems ($t = 2.60$, $p = 0.014$), with a large effect size

(Cohen's $d = 0.88$), indicating a substantial enhancement in teachers' ability to identify students with potential mental health difficulties. Knowledge about mental health showed a near-significant improvement ($t = 2.03$, $p = 0.052$; $d = 0.68$), suggesting meaningful gains in mental health literacy. Improvements were also observed in confidence, understanding of teachers' roles, and willingness to support student mental health, although these changes did not reach statistical significance; effect sizes indicated small to moderate practical improvements.

Discussion: This evaluation demonstrates that a brief, co-designed teacher mental health literacy workshop embedded within a whole-school intervention can strengthen competencies required for early identification and support of adolescent mental health problems in low-resource school settings. Improvements were observed across domains of knowledge, confidence, and attitudes, with most pronounced gains seen in teachers' recognition of mental health symptoms. This is important, as symptom recognition represents a critical first step in timely referral, and prevention of more severe mental health outcomes.

The findings highlight the strategic role of teachers as frontline gatekeepers within school-based mental health systems, especially in contexts with limited specialist services. Integrating teacher-focused capacity building within programmes can enhance early detection and response using existing structures. Evaluations should also examine downstream effects on student mental health outcomes, help-seeking behaviour, and school culture to capture the impact and sustainability of teacher capacity-building interventions.

P-02-004

Promoting Mental Health Literacy in Children and Adolescents: Mental Health Professionals' Perspectives on the Discovery College Model in Germany

Submitter: Jared Omundo, Germany

Co-Authors: J. Omundo

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: The growing burden of mental health challenges among children and adolescents in Germany has intensified calls for youth-centered prevention and interventions. Discovery Colleges (DCs) are co-produced, educational programs grounded in recovery principles that aim to enhance mental health literacy, peer collaboration, and youth empowerment. Although well-established internationally, the relevance and implementation potential of their approach in the German context remain underexplored.

Methods: A mixed-methods online survey of 133 mental health professionals was conducted across Germany using the SoSci Survey platform. Participants represented a range of professions and work settings, with a median of 8.0 years (mean = 11.0) of professional experience. Quantitative data were analyzed using SPSS Version 29. Free-text responses were thematically analyzed to extract key perceptions and implementation concerns.

Results: Quantitative findings showed that only 24.1% of respondents were familiar with the DC model. Despite this, 70.0% expressed willingness to support its local implementation. The model's perceived relevance was rated highly ($M = 4.79$, $SD = 1.21$), while its feasibility received lower ratings ($M = 2.16$, $SD = 1.12$). The average willingness to support implementation was moderate ($M = 1.57$, $SD = 0.89$), with substantial variability across respondents. Spearman correlations revealed that perceived relevance was significantly associated with both support for implementation ($r = .38$, $p < .001$) and perceived mental health promotion value ($r = .49$, $p < .001$). Qualitative findings revealed strong conceptual support for the model's emphasis on co-production, accessibility, and stigma reduction. However, participants cited key challenges to implementation, including limited familiarity, staffing shortages, and bureaucratic barriers. Calls for structured training, pilot programs, and cross-sectoral coordination were recurring themes.

Discussion: Despite limited awareness, German mental health professionals view the Discovery College model as a highly relevant and promising strategy for promoting youth mental health. Findings reflect strong interest but moderate readiness, suggesting the need for professional development, system-level alignment, and pilot-phase evaluation to enable sustainable adoption.

P-02-005

Opening Minds, Changing Lives: The Evolution of Mental Health Literacy through Discovery College for Young People

Submitter: Jared Omundo, Germany

Co-Authors: J. Omundo

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Youth mental health challenges are rising worldwide. The Discovery College (DC) model originating in Australia offers a non-clinical, educational space for young people to explore mental health, resilience, and recovery. Delivered by facilitators with lived experience and professionals, it shifts the narrative from treatment to empowerment. While successfully adopted in several English-speaking countries, DCs have yet to be introduced in German-speaking contexts. This project explores whether DCs can serve as a culturally adaptable model for mental health promotion in Germany, addressing rising youth needs and service gaps. This project aims to evaluate the feasibility and readiness for Discovery Colleges in Germany, with the ultimate goal of establishing the first DC in a German-speaking context.

Methods: A three-phase, mixed-methods study will be conducted from early 2026 through the end of the year:

Phase 1 surveys ~100 mental health professionals to assess attitudes toward peer-led, recovery-focused interventions like DCs.

Phase 2 surveys ~200 adolescents aged 11-17 to evaluate openness to mental health education through co-produced formats.

Phase 3 involves a pilot Discovery Camp with 40 youth (ages 11-18), delivering a four-course program over 8 weeks. The intervention is co-facilitated by trained youth with lived experience and mental health educators. A pretest-posttest design will evaluate changes using validated tools: the Mental Health Literacy Scale for Youth (MHLS-Q24) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

Together, these phases aim to assess feasibility, cultural fit, and perceived value among stakeholders.

Results: We anticipate the following outcomes:

High acceptance of the Discovery College model among mental health professionals, with strong interest in co-production and interdisciplinary approaches.

Positive engagement and perceived relevance among youth participants, particularly in response to peer-led, experiential learning elements.

Pilot program impact: Measurable improvements in mental health literacy (knowledge, stigma reduction, help-seeking behaviors) and self-reported wellbeing metrics.

These expected outcomes will provide foundational evidence for the broader implementation and sustainability of Discovery Colleges in Germany and potentially across

other European countries lacking such models.

Discussion: Discovery Colleges represent a transformative model for youth mental health shifting focus from diagnosis and treatment to agency, self-exploration, and shared learning. Their educational format promotes engagement beyond traditional therapy, especially for adolescents hesitant to access clinical services. Early international evidence suggests they enhance wellbeing, reduce stigma, and foster help-seeking. This study will be the first to examine DCs in a German-speaking context, potentially bridging cultural and service delivery gaps. If results confirm the model's acceptability and impact, it could offer a scalable, policy-aligned solution for youth mental health promotion. Challenges include adapting content for cultural relevance, ensuring facilitator training, and navigating interdisciplinary boundaries between health and education systems. Nonetheless, the Discovery College model offers a youth-driven, strengths-based, and prevention-oriented framework with the potential to transform how mental health is addressed in schools, communities, and public health initiatives.

P-02-006

Youth Mental-Health Literacy Hub: a multi-channel communication intervention to advance socioemotional learning and peer support in Brazil

Submitter: Vinicius Gaby Vieira Rego, Brazil

Co-Authors: V. Gaby Vieira Rego, G. Vanoni Polanczyk

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Present the protocol and planned evaluation of a youth-co-designed, multi-channel mental-health communication program for Brazilian adolescents (13-19 year olds). The 24-month initiative aims to improve mental-health literacy, reduce stigma, and strengthen peer support through online evidence-based messaging and capacity-building, anchored at the Institute of Psychiatry, University of Sao Paulo.

Methods: We will use a descriptive, implementation-focused approach to document how the program is designed and monitored in its first months. The theory of change, editorial line, and safeguarding standard operating procedures are co-developed by a 10-member Youth Advisory Board. Delivery comprises short-form social media videos (TikTok/Instagram/YouTube Shorts), a weekly podcast, and a free modular online course. Data sources include production logs, moderation records, brief acceptability surveys, and platform analytics; accessibility and equity-focused outreach are embedded from inception.

Results: Descriptively, we report established structures and processes: convened Youth Advisory Board; defined narrative arcs; operational content pipelines; moderation workflows; and standardized accessibility practices. It will also be reported quantitative and qualitative indicators of implementation progress. Feasible metrics include total content produced, posting cadence adherence, and platform reach (impressions, engagement rates, geographic distribution). We will also summarize results from acceptability surveys among youth and local stakeholders assessing clarity and perceived usefulness of content.

Discussion: Results will evaluate feasibility and operationalization of youth co-designed digital communication in a middle-income setting. Discussion will interpret observed reach, safeguarding performance, and acceptability to identify facilitators, bottlenecks, and preliminary local impact. We will note limitations of early analytics and descriptive design, and outline next steps to inform effectiveness and scale.

P-02-007

Enhancing mental health literacy through game-play: Development of a serious game targeted to 10-14-year-olds.

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Adolescents increasingly face psychological stress, yet age-appropriate interventions for mental health literacy remain limited. In the project PSYGESKOM, a serious game for 10- to 14-year-olds is currently developed, aiming to strengthen knowledge about mental health, coping strategies, and resilience through engaging digital formats.

Methods: The game situates players in a fantasy setting, where they assume the role of wizards guiding avatars through challenges. Core mechanics include mini-games and tower defense elements, designed to metaphorically represent adaptive coping skills such as emotion recognition, reframing negative thoughts, and seeking support. Early prototypes were tested in usability sessions with school-aged children, focusing on user experience, clarity of mechanics, and overall engagement.

Results: Initial usability tests demonstrated a high level of acceptance and satisfaction with the game mechanics. Participants found the gameplay enjoyable, and the core mechanics were positively received in these first evaluations. Notably, boys showed particular interest in participating, suggesting the format may be especially engaging for male adolescents.

Discussion: These findings highlight the potential of a serious game approach as a scalable tool to promote mental health literacy in early adolescence. The game's broad acceptance, especially among boys, suggests that digital, play-based approaches can complement traditional prevention programs and help reduce barriers to engagement. A pilot study with approximately 240 students in Vienna and Lower Austria will evaluate the intervention's effectiveness in improving mental health literacy, coping efficacy, and emotional awareness. By combining co-design, iterative refinement, and stakeholder involvement, PSYGESKOM aspires to provide an innovative and inclusive platform for mental health promotion, with the potential to be scaled to other languages and cultural contexts.

P-02-008

Caring for students' mental health and their skills to help others - a new training module at Vilnius University

Submitter: Austėja Voiniušyte , Lithuania

Co-Authors: A. Voiniusyte, S. Lesinskiene, K. Pociute

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: This study aims to evaluate students' theoretical knowledge, practical skills, and attitudes related to suicide prevention through the new training module in Lithuania.

Methods: A pre-post survey design was used to evaluate the new individual elective online course "*Psychosocial Problems of Suicide and Prevention Possibilities*" at Vilnius University. The module consisted of 12 seminars (130 academic hours) and provided theoretical knowledge based on the biopsychosocial model of suicide, while also developing students' practical skills in stress management, suicide risk recognition, and communication and referral for help. All 50 available places were filled by students aged 19-24. Students completed an anonymous online questionnaire before and after the module, subjectively rating their knowledge of suicide causes, risk identification, communication and referral skills, awareness of available help options, understanding of human psychology and psychiatric disorders, and knowledge of stress-management methods on a 1-10 Likert-type scale. A statistical Welch's t-test was used to compare pre- and post-module scores.

Results: A total of 39 students participated in the pre-module survey, and 31 students completed the post-module survey. The average score for knowledge of suicide causes increased from 6.41 to 8.13 ($p < 0.001$), and for risk identification from 5.49 to 8.06 ($p < 0.001$). Average self-ratings increased for communication and referral skills (from 5.10 to 6.79, $p < 0.001$), knowledge of available help options in Lithuania (from 5.23 to 7.84, $p < 0.001$), understanding of human psychology (from 6.13 to 7.32, $p = 0.002$), psychiatric disorders (from 5.18 to 6.74, $p = 0.005$), and knowledge about stress management methods (6.18 to 7.42, $p < 0.001$).

Discussion: According to World Health Organisation, more than 720000 people die by suicide each year, making it the third leading cause of death among 15-29-year-olds. Suicide rates in Lithuania remain among the highest in the European Union (EU), nearly double the EU average, at 19.6 per 100000 residents in both 2023 and 2024. In 2024, there were 10.5 suicide cases per 100000 residents among 10-19-year-olds in Lithuania. Research also indicates that students in Lithuania report relatively high levels of suicidal ideation. Despite these concerning figures, prevention efforts remain insufficient. Strengthening students' understanding of suicide risk factors and prevention strategies could enhance their ability to recognize warning signs and contribute to more effective

suicide prevention outcomes. Further research is needed to evaluate how such modules - whether elective or mandatory - affect suicide-related outcomes and emotional well-being among students and their broader social environments.

P-03

Public Mental Health, Prevention & Early Intervention II: Clinical Presentations and Targeted Early Interventions

P-03-001

Associations of childhood trauma with clinical features and inflammatory cytokines in adolescents with first-episode and recurrent major depressive disorder

Submitter: Xi Zhang, People's Republic of China

Co-Authors: H. Liu, X. Zhang

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Childhood trauma is a significant risk factor for adolescents with major depressive disorder (MDD), but its associations with clinical features and inflammatory cytokines remain unclear across illness stages. This study aimed to investigate these associations by comparing adolescents with first-episode and recurrent MDD.

Methods: We recruited 170 adolescents with MDD and 76 healthy controls (HCs) between January 2021 and December 2022. The Childhood Trauma Questionnaire (CTQ), the Center for the Epidemiological Studies Depression Scale (CES-D), the Positive and Negative Suicidal Ideation Scale (PANSI), and the 20-item Toronto Alexithymia Scale (TAS-20) were used to assess childhood trauma, severity of depression, suicidal ideation, and alexithymia. Plasma levels of interleukin (IL)-1beta, IL-6, IL-8, IL-10, IL-17A, and tumor necrosis factor-alpha (TNF-alpha) were determined by electrochemiluminescence.

Results: The detection rate of childhood trauma was significantly higher in the MDD group than in HCs (80.59% vs. 31.58%). Patients also had significantly higher scores on all clinical scales and elevated levels of IL-1beta, IL-6, IL-10, IL-17A, and TNF-alpha (all $P < 0.001$), except for IL-8 ($P = 0.543$). Correlation analysis revealed that in first-episode patients, CTQ scores were positively linked to scores of CES-D, PANSI, and TAS-20 and levels of IL-1beta, IL-6, IL-10, and IL-17A. However, in the total sample and recurrent patients, CTQ scores correlated solely with clinical features. Further multivariate linear stepwise regression analysis revealed that in first-episode patients, CTQ scores were independently associated with CES-D scores, PANSI scores, TAS-20 scores, and levels of IL-1beta, IL-6, IL-10, and IL-17A (all $P < 0.05$).

Discussion: Childhood trauma is common in adolescents with MDD and associated with more severity of depression, suicidal ideation, and alexithymia. Its link to inflammatory cytokines is exclusively observed in first-episode patients, suggesting trauma-related immune activation may be particularly important in initial onset.

P-03-002

Clinical and Psychosocial Profile of Adolescents with Borderline Personality Disorder in a Highly Specialized Outpatient Service: A Naturalistic Study Using a Hybrid GPM-A Model

Submitter: Vinícius Freitas, Brazil

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: To describe the sociodemographic and clinical profile, symptom severity, personality functioning, and quality of life of adolescents with Borderline Personality Disorder (BPD) receiving care in a outpatient service within a tertiary university hospital, operating under a hybrid Good Psychiatric Management for Adolescents (GPM-A) model.

Methods: This naturalistic, cross-sectional descriptive study included consecutive adolescents referred to a specialized ambulatory program for BPD at the Hospital das Clínicas, University of São Paulo, Brazil. The service operates under a hybrid GPM-A model combining individual psychiatric follow-up with structured group-based interventions (vocational group, waiting room group and art therapy group). Sociodemographic and clinical data were collected at intake using standardized forms and electronic medical records. Symptom severity was assessed using the Borderline Symptom List-23 (BSL-23). Personality pathology and functioning were measured with the Borderline Personality Features Scale for Children (BPFSC; 11 items) and the Level of Personality Functioning Scale (LPFS; 12 items). Quality of life was assessed using a self-rated continuous visual numeric scale ranging from 0 to 100. All scale scores were expressed as mean item scores. Descriptive statistics (N, mean, and standard deviation) were computed.

Results: sample comprised adolescents treated in a specialized outpatient service characterized by high clinical complexity and multimodal care needs. Most patients were referred from public mental health services, including emergency and inpatient settings, and a proportion were receiving psychotropic medication and psychotherapeutic follow-up at intake. Psychosocial vulnerability were frequent, including educational disruption, prior psychiatric hospitalization, and a family psychiatric history. Participants demonstrated high levels of borderline symptomatology and marked impairment in personality functioning. Mean BSL-23 item scores indicated clinically significant symptom severity (mean = 2.81, SD = 0.96; N = 69). Self-rated quality of life was low to moderate, with substantial interindividual variability (mean = 40.4, SD = 24.8; N = 65). Personality pathology was prominent, with high BPFSC mean item scores (mean = 32.5, SD = 6.98; N = 65) and LPFS mean item scores (mean = 34.3, SD = 9.92; N = 65), substantial impairment across domains of personality functioning.

Discussion: Adolescents with BPD receiving care within a highly specialized outpatient service using a hybrid GPM-A model present with high symptom burden, significant impairments in personality functioning, and reduced quality of life, alongside complex psychosocial and clinical profiles. These findings support the need for structured, specialized care pathways and contribute real-world data on adolescent BPD populations in highly specialized clinical settings in Latin America.

P-03-003

The BRIDGE project: a feasibility randomised controlled trial of brief, intensive assessment and integrated formulation for young people (age 14-24) with features of borderline personality disorder

Submitter: Ruchika Gajwani, United Kingdom of Great Britain and Northern Ireland

Co-Authors: R. Gajwani

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Borderline Personality Disorder (BPD) is a severe mental disorder that is characterised by a pervasive pattern of instability of interpersonal relationships, impulsivity, self-image, and mood. Until recently, people diagnosed with BPD were felt to be 'untreatable', often excluded from mainstream mental health services. BPD has its peak incidence and prevalence from puberty through to emerging adulthood 1. Young people with persistent and complex needs that are characteristic of BPD - i.e. those with the poorest functioning and most complex psychiatric presentations, often fall out of contact with services by age eighteen.

Aim: To assess the feasibility of conducting a randomised controlled trial (f-RCT) of a BRIDGE, a brief intervention programme for young people (age 14-24) with BPD symptoms (sub-threshold or threshold) in a community sample from Scotland, UK.

Methods: The MRC framework for complex intervention informed the design of the fRCT. Participants were randomised in a 1:1 ratio to receive either a) the BRIDGE intervention plus service-as-usual or b) service-as-usual alone. Follow up will be 12 weeks and 24 weeks post-intervention. The study is carried out between 2021 to 2024.

The two primary outcomes were i. recruitment rates and ii. retention rates. The study presents the acceptability and appropriateness of our putative outcome measures for a future definitive randomised controlled trial (d-RCT). Process evaluation were conducted with participants, family members and clinicians to understand barriers and facilitators for early intervention provision for young people. Stakeholder engagement and lived experience voice was central to the study design.

Results: The BRIDGE Project was a Glasgow-based feasibility Randomised Controlled Trial (fRCT, 2021-2024; ClinicalTrials.gov ID: NCT05023447) evaluating brief, specialist assessment and treatment delivered by cognitive analytic therapists. We demonstrated feasibility across recruitment (n = 85; randomising all who were eligible for BPD features, ~30%), retention (92%), and treatment acceptability. Of 25 participants randomised to treatment, 17 completed 3-month and 23 completed 6-month follow-up measures. The intervention showed full treatment retention, with positive participant- and family-reported outcomes. Post-hoc analysis indicated significant functional impairment in eligible participants (>3 BPD features), including young people with <3 BPD features, underscoring the clinical relevance of subthreshold symptomatology, and the need for scalable

preventative interventions.

Discussion: Young people with BPD traits often fall through service gaps due to diagnostic uncertainty or system inaccessibility. Findings from this feasibility study have informed a practical, multi-agency model of early intervention that could improve engagement, support personalised care pathways, and ultimately reduce long-term missed opportunities.

P-03-004

DBT as a possible strategy to address emotional dysregulation among children and adolescents

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Given the high prevalence of mental disorders among children and adolescents, especially those related to emotional dysregulation, such as disruptive disorders (but not only these), and the potential for impairment throughout individuals' lives, this review aims to access studies on the assessment and approaches to emotional dysregulation in children and adolescents, from a developmental perspective, that provide evidence of better outcomes for child and adolescent psychiatrists in planning environmental interventions appropriate to this age group.

Methods: The first part of the work was a narrative review of the epidemiology of mental disorders in childhood and adolescence related to emotional dysregulation, from a developmental perspective. Subsequently, a search was conducted in PubMed using the terms "emotion dysregulation" and "treatment," applying the filters: in the last 10 years, Free full text, Full text, Clinical Study, Clinical Trial, Clinical Trial Protocol, Meta-Analysis, Multicenter Study, Randomized Controlled Trial, Systematic Review, Humans, Child: birth-18 years, Adolescent: 13-18 years. Studies already completed and published up to December 2024 whose abstracts included psychosocial interventions for emotional dysregulation in children and adolescents (up to 18 years of age) were analyzed.

Results: The search resulted in 17 articles, of which 4 were analyzed. Studies already completed whose abstracts included psychosocial interventions for emotional dysregulation in children and adolescents (up to 18 years of age) were analyzed. For the outcomes analyzed in the studies, DBT, Dialectical Behavior Therapy, and DBT-based interventions (such as mobile mental health apps) stand out as effective interventions in reducing symptoms among the adolescent population.

Discussion: Emotional dysregulation in childhood and adolescence encompasses various diagnoses and can cause severe functional impairments throughout life. Psychosocial interventions such as DBT, which can be implemented both inside and outside hospital settings, can integrate primary and secondary prevention strategies in the pursuit of better outcomes. Studies on psychosocial interventions are still scarce, especially among the population up to 12 years of age, and the populations studied in the analyzed studies are heterogeneous. Future epidemiological studies may be useful for understanding and developing more appropriate interventions for specific populations within particular

contexts.

P-03-007

Beyond Weight Loss: Psychiatric Safety Profile of GLP-1 Receptor Agonists in Adolescents With Obesity

Submitter: Ting-Hui Liu, Taiwan

Co-Authors: T. Liu, C. Lin

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are increasingly prescribed for adolescents with obesity. While their metabolic benefits are established, real-world evidence regarding mental health outcomes in adolescents remains limited. To evaluate the association between GLP-1 RA use and suicidal outcomes, psychiatric comorbidities, healthcare utilization, and metabolic parameters among adolescents with obesity.

Methods: We conducted a retrospective cohort study using the TriNetX Global Collaborative Network. Adolescents with obesity who initiated GLP-1 RAs (liraglutide, semaglutide, or tirzepatide) were compared with GLP-1-unexposed adolescents lifestyle intervention without GLP1R (control cohort). Propensity score matching (1:1) was performed on demographics, psychiatric and medical comorbidities, medications, and baseline laboratory values. The primary outcome was a composite of suicidal ideation, suicide attempt, or intentional self-harm. Secondary outcomes included individual suicidal ideation, anxiety disorders, insomnia, emergency or inpatient encounters, and body mass index (BMI). Hazard ratios (HRs) were estimated using Kaplan-Meier and Cox proportional hazards models.

Results: After matching, 9,617 adolescents were included in each cohort (mean age 14.8 years; 58.5% female). Over a median follow-up of 300 days in the GLP-1 RA group and 395 days in controls, GLP-1 RA use was associated with a significantly lower risk of the composite suicidal outcome (HR 0.79, 95% CI 0.65-0.95; $p = 0.015$). A reduced risk of suicidal ideation was also observed (HR, 0.82; 95% CI, 0.67-1.00; $p = 0.046$). GLP-1 RA use was associated with a lower risk of insomnia (HR, 0.84; 95% CI, 0.72-0.99), while risks of anxiety disorders (HR, 0.96; 95% CI, 0.90-1.02) and emergency or inpatient encounters (HR, 1.01; 95% CI, 0.94-1.08) were similar between groups.

Discussion: In this large real-world cohort of adolescents with obesity, GLP-1 receptor agonist use was not associated with increased psychiatric risk. Compared with non-GLP-1-treated adolescents, GLP-1 receptor agonist exposure demonstrated a neutral or favorable psychiatric safety profile across multiple outcomes, including suicidal-related outcomes, anxiety disorders, insomnia, and health care utilization. Lower risks of suicidal outcomes and insomnia were observed, while rates of anxiety disorders and emergency or inpatient encounters were comparable between groups, indicating no evidence of psychiatric

destabilization after treatment initiation. These findings are clinically relevant given the high baseline psychiatric comorbidity in adolescents with obesity and persistent safety concerns regarding weight-loss pharmacotherapy. Although residual confounding cannot be excluded, consistency after propensity score matching provides reassuring preliminary evidence supporting psychiatric safety. Prospective studies with standardized assessments are warranted.

P-03-008

Medication Adherence and Service Engagement in First-Episode Psychosis: Insights from a Retrospective Cohort Study in India

Submitter: Ajay Aditya Aadhi Mani, India

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: To examine sociodemographic, clinical, and treatment-related predictors of medication adherence and service engagement over 6 and 12 months among adolescents and young adults with first-episode psychosis (FEP) attending a tertiary psychiatric centre in India.

Methods: A retrospective cohort study was conducted at the Institute of Psychiatry and Human Behaviour, Goa. Case records of 150 patients aged less than 24 years with FEP registered between 2019 and 2023 were reviewed. Patients were categorized as 6-month completers, 12-month completers, or lost to follow-up using predefined continuity criteria. Sociodemographic variables, clinical profile, insight, substance use, prior faith healer contact, and treatment patterns were extracted. Group comparisons were performed using chi-square tests and ANOVA. Multivariable regression was attempted but not retained due to data separation.

Results: Mean age was 20.9 ± 3.0 years; 59.3% were male. Attrition was 25.3% at 6 months and 80% at 12 months. Female gender, rural residence, lower education, and low socioeconomic status were significantly associated with dropout. Poor insight, comorbid substance use, and prior faith healer contact were strongly linked to disengagement. Risperidone and olanzapine were the most commonly prescribed antipsychotics. Extrapyramidal symptoms, sedation, and weight gain were frequent and often led to medication discontinuation. Antipsychotic polypharmacy occurred in 27.3%, and 8% received electroconvulsive therapy.

Discussion: Early disengagement from care in FEP was common and driven by intersecting sociodemographic vulnerabilities, cultural help-seeking pathways, substance use, and medication-related adverse effects. Prior faith healer contact clustered with poor insight and reduced long-term follow-up, underscoring the importance of culturally informed engagement strategies. While prescribing patterns broadly reflected guideline-based practice, side-effect burden significantly compromised adherence. Youth-focused early intervention models in low- and middle-income countries must integrate psychoeducation, dual-diagnosis care, tolerability-focused prescribing, and service delivery strategies tailored to rural and socioeconomically disadvantaged populations to improve continuity of care.

P-03-009

Caregiver Perspectives After Adolescent Suicide: Insights from Five Qualitative Case Studies.

Submitter: Nonhlahla Myeza, South Africa

Co-Authors: N. Myeza

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Adolescent suicide is a paramount global concern within child and adolescent mental health, currently ranking as the third leading cause of death among individuals aged 15 to 29 years (WHO, 2025). While significant research focuses on prevention and intervention, a substantial gap remains regarding the "postvention" period and how caregivers navigate the aftermath. Losing a child to suicide is associated with complicated grief and impairing psychological symptoms, including increased distress and suicidal thoughts and behaviours (STBs). This study aims to explore the meaning-making processes of caregivers to better understand how they interpret their child's life, distress, and death.

Methods: This study utilizes an exploratory qualitative design to provide preliminary insights from in-depth interviews with five caregivers. Participants were recruited from a longitudinal study in a semi-rural area of the KwaZulu-Natal province, South Africa. Individual interviews examined perceptions of the adolescents' developmental histories, emotional and behavioural changes, and help-seeking trajectories. A specific focus was placed on caregivers' awareness or non-awareness of suicidal thoughts prior to the death. A case-based analytic logic was adopted during the research process to preserve the unique specificity and contextual depth of each individual caregiver's account.

Results: As this research is currently ongoing, final results are not yet available. However, preliminary data collection identifies critical themes regarding help-seeking barriers and the retrospective identification of behavioural shifts. The full thematic analysis will be completed to provide a comprehensive overview of the five case studies.

Discussion: The presentation will explore emerging interpretative directions regarding how caregivers situate suicide within familial, relational, and contextual circumstances. Key areas of focus include the retrospective identification of warning signs and the complex navigation of guilt and responsibility. By focusing on these meaning-making processes, the study aims to contribute to a more relational and developmentally informed understanding of youth suicide. Ultimately, the findings are expected to inform clinical approaches and postvention practices in South Africa and beyond, ensuring that support systems more effectively address the unique psychological and social needs of caregivers following an adolescent suicide.

P-03-010

Enhancing Trauma-Informed, Child- and Family-Centered Psychosocial Support in Disaster Response: A Training-Based Model from Türkiye

Submitter: Guler Yalcin, Türkiye

Co-Authors: G. Yalcin

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: In disaster-prone regions like Türkiye, millions of children are repeatedly exposed to traumatic events, yet frontline responders often receive limited training in trauma-informed, child- and family-centered psychosocial care. This project aims to develop a scalable training model that strengthens responders' capacity to promote children's psychological safety, foster emotional recovery, and prevent secondary trauma during acute disaster response. The objective is to enhance child-centered communication, integrate child protection principles, and equip responders with the skills necessary to address children's unique needs in emergencies.

Methods: A one-day interdisciplinary pilot training will be implemented in a disaster-prone region with responders from multiple sectors. Modules include recognizing child trauma reactions, delivering child-focused Psychological First Aid, safeguarding children from harmful media exposure, managing unaccompanied and separated children, and supporting mothers and infants through nurturing, attachment-based practices aligned with international guidelines. Program effectiveness will be evaluated through pre- and post-training knowledge tests, self-efficacy scales, simulation-based assessments, and structured participant feedback.

Results: The pilot is expected to strengthen responder competence in promoting children's psychological safety and recovery, enhance confidence and empathy in family-centered communication, and improve responders' ability to manage acute trauma reactions. Additional anticipated outcomes include improved care for mothers and infants, reduced risk of secondary trauma, and increased responder well-being. The findings will inform the development of an evidence-based, scalable model suitable for integration into national disaster training systems.

Discussion: This training model has the potential to address a critical gap in disaster preparedness by embedding trauma-informed, child- and family-centered psychosocial care within frontline response systems. Although piloted in Türkiye, the model is adaptable for other disaster-prone settings seeking to strengthen coordination across sectors and improve psychosocial outcomes for children and families. Its modular design and reliance on widely applicable principles facilitate scalability and cross-country implementation.

P-04

Transcultural Child and Adolescent Psychiatry

P-04-001

Toward a Cultural and Decolonial Child and Adolescent Psychiatry Service in São Paulo: A Narrative Review of Global South Experiences with Immigrant and Indigenous Communities

Submitter: Diego Ortega, Brazil

Co-Authors: D. Ortega, L. de Andrade Carvalho, D. Silveira Seabra, C. Rios Feola, R. Fonseca Martins Leite

Topic: Transcultural Child and Adolescent Psychiatry

Objective: This project aims to develop and critically discuss a culturally informed framework to guide mental health research and clinical practice in São Paulo, focusing on two populations central to child and adolescent transcultural psychiatry: Indigenous peoples and immigrant communities. For both groups, the primary objective is to develop a research and care agenda that is epistemically respectful, socially relevant, and aligned with community-defined priorities, laying the groundwork for subsequent stages of clinical implementation and research. To achieve this, the project will undertake a theoretical discussion of the ethical, clinical, and political challenges involved in providing child and adolescent mental health care for these populations in an urban Global South context. This discussion will be complemented by a narrative review of existing initiatives described in the academic literature, with the aim of identifying models and strategies that can inform the development of culturally responsive services in São Paulo.

Methods: The project will employ a narrative review of recent literature addressing the development, implementation, and characteristics of child and adolescent mental health services in the Global South, drawing on major scientific databases. In parallel, a theoretical analysis grounded in decolonial literature will examine the assumptions, power relations, and epistemological tensions underlying conventional psychiatric models, particularly as they apply to Indigenous and immigrant populations. This analysis will explore the necessity, limits, and implications of participatory and culturally situated approaches to mental health care, with special attention to childhood, family relations, and community contexts.

Results: The expected outcomes include: a) a comparative analytical chart mapping similarities and differences across identified initiatives, designed as a practical heuristic tool to support the planning and development of child and adolescent mental health services; and b) a thematic synthesis of the main ethical, clinical, and political issues emerging from the literature review and theoretical analysis, highlighting recurrent challenges, innovative practices, and unresolved tensions.

Discussion: This project advances a decolonial and relational model of child and adolescent psychiatry, grounded in the ethics of critical thinking and epistemic plurality. By systematizing experiences from diverse Global South contexts and critically engaging with

their theoretical foundations, the study contributes to rethinking how psychiatric knowledge and services can be produced for and with these populations. Ultimately, the project seeks to inform future stages of participatory research and service implementation, offering a conceptual and practical foundation for culturally responsive mental health care in large urban centers marked by social inequality, migration, and cultural diversity.

P-04-002

Reconsidering Family-Based Approaches in Contemporary Japanese Child and Adolescent Psychiatry: Sociocultural Transformations and Clinical Implications

Submitter: Agnès Mikiko Yamauchi, Japan

Co-Authors: A. Yamauchi, N. Hosogane, K. Nomura, T. Kishimoto

Topic: Transcultural Child and Adolescent Psychiatry

Objective: In contemporary Japanese clinical practice in child and adolescent psychiatry, difficulties frequently arise that cannot be adequately addressed through interventions focusing solely on psychosocial stress stemming from family relationships or on the individual alone. This presentation will examine the impact of sociocultural transformations on contemporary Japanese child and adolescent mental healthcare by using a clinical case encountered in practice as an example. This will be achieved by illustrating the progression of treatment intervention methods. At the same time, it will organise the sociocultural transformations and family perspectives/interpersonal relationship patterns that are thought to frequently influence cases in Japan today. Through an international comparative lens, the presentation will explore the clinical significance and cultural applicability of a family therapy approach.

Methods: A qualitative, descriptive approach was adopted, integrating contextual analysis with case-based clinical examination. First, we present a case in which family interactions appeared to meaningfully influence the clinical course. The case involves a boy with ADHD in the upper primary school years and illustrates how rebuilding the parental relationship, exploring culturally shaped maternal role expectations, and addressing attachment-related difficulties between the mother and child constituted central components of the family-based intervention. The intervention process and relational changes were examined within a family therapy framework. Second, key sociocultural factors relevant to child and adolescent mental health in contemporary Japan, including changes in family structure, parent-child relationships, educational and social pressures, and social isolation, were reviewed with reference to international literature. This case-based qualitative approach was employed to capture relational processes and culturally embedded contextual factors that are not readily accessible through symptom-focused quantitative designs.

Results: In the presented case, family-oriented interventions were associated with improvements in relational functioning, including enhanced emotional communication, increased mutual understanding, and adjusted role expectations. These relational changes coincided with reductions in internalizing symptoms and improvements in daily functioning of the target child. From an international comparative perspective, while internalizing symptoms and functional impairments are widely shared across countries, their clinical expression and persistence in Japan appear to be shaped by culturally specific family norms and communication styles.

Discussion: These findings highlight the clinical relevance of family-therapeutic approaches in contemporary Japanese child and adolescent psychiatry. Although many psychiatric difficulties are globally shared, sociocultural context and family relational patterns play a particularly salient role in shaping clinical trajectories in Japan. Effective implementation of family therapy therefore requires cultural adaptation rather than direct application of existing models. Future directions include systematic evaluation of culturally adapted family therapy approaches and their integration into routine clinical care. Informed consent for academic presentation was obtained from the patient and their family, and all potentially identifiable information was removed or generalized to ensure anonymity. The authors declare no conflicts of interest related to this presentation.

P-04-003

Parenting with Serious Mental Illness in Urban Slums: Sociodemographic and Clinical Profiles from Ibadan, Southwest, Nigeria

Submitter: Adeola Afolayan, Nigeria

Co-Authors: A. Afolayan, S. Jilka, S. Singh, O. Omigbodun, H. Tuomainen

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Serious mental illnesses (SMI) are persistent and chronic conditions that cause significant functional impairment and can substantially affect parenting capacity. Approximately 75% of persons with SMI have parental responsibilities. In low- and middle-income countries where up to 89% of persons with mental illness do not access treatment, the burden of care is largely borne by family members, including children who are often overlooked. Formal parenting support systems are largely absent leaving parents with SMI vulnerable and uncertain about how to manage their mental health while minimising the impact of illness on their children. These challenges are compounded for parents in slum communities where structural deprivation further undermines wellbeing. This study assessed the sociodemographic and clinical characteristics of parents with serious mental illness in slum communities in Ibadan, Nigeria.

Methods: Forty-five eligible and consenting adults from slum communities, with a diagnosis of bipolar disorder (n=5), schizophrenia (n=32) or severe depression (n=8) as recorded in the case notes and at least 1 child aged 15-24 years, were recruited from the neuropsychiatry outpatient clinics of two specialist care hospitals. Participants had a mean age of 49.2 ± 7.9 years and the median number of months lived in their current slum community was 60 months.

Results: Parents had a mean of 4.4 ± 2.7 children. Most were mothers (84.4%), 26 were married (57.8%) and 19 had only primary school education (42.2%). More than half were not involved in bearing the family's financial burden (53.3%), 21 reported borrowing money to meet financial needs in the past year (46.7%) and 10 had comorbid physical health conditions (22.2%). The mean age of onset of serious mental illness was 32.3 ± 12.7 years. Nineteen participants had a history of psychiatric admission (42.2%), 23 had been in care for at least 10 years and experienced relapse at least once (51.1%), and 17 had ever missed clinic appointments (37.8%). Most participants developed SMI after childbearing (77.8%). Over half expressed concerns about their children (59.1%), and 60% reported receiving childcare support, primarily from spouses, siblings, and extended family members.

Discussion: Parents with serious mental illness living in slum communities in Ibadan experience substantial clinical, economic, and caregiving challenges, often in the context of long-term illness and limited formal support. Despite significant concern for their children, many rely on informal family networks for childcare and financial assistance. These findings highlight the need for integrated, family-focused mental health services that

address both clinical care and the broader socioeconomic and parenting needs of parents with serious mental illness, particularly in structurally disadvantaged urban settings. The research reported in this abstract was conducted as part of a doctoral degree programme supported by a scholarship from the National Institute for Health Research (NIHR) through the Transforming Access to Care for Serious Mental Disorders in Slums project:
https://warwick.ac.uk/fac/cross_fac/mentalhealth/our-research/global/transform/.

P-04-004

Factors Associated with Behavioral Problems among Children of Immigrants in Taiwan at Different Developmental Stages: The Influence of Maternal Cultural Adaptation, Ethnic-Racial Socialization, and Parental Bonding

Submitter: Hao-Jan Yang, Taiwan

Co-Authors: H. Yang, Y. Pan

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Behavioral problems among children of immigrants are influenced by different factors at various developmental stages; however, few studies have explored this issue in depth. In particular, given the unique marriage-based immigration pattern of immigrants in Taiwan, it is worth further investigating how maternal cultural adaptation, ethnic socialization in family, and parental bonding affect children's behaviors at different stages of development.

Methods: This study recruited 79 immigrant families in Taiwan, with each family including a triad sample (father, mother, and child). Children's internalizing and externalizing problems were assessed using the Achenbach System of Empirically Based Assessment (ASEBA). Family ethnic socialization of children was measured using the Ethnic-Racial Socialization Scale, parental rearing attitudes were assessed using the Parental Bonding Instrument (PBI), and maternal cultural adaptation was indicated by language proficiency scores and years of residence in Taiwan. Multiple regression models were employed to examine the effects of ethnic socialization, parental bonding, and maternal cultural adaptation on children's behavioral problems, with analyses stratified by the child's age and gender.

Results: Maternal overprotection had adverse effects on both externalizing ($b = 2.77$, $p < 0.01$) and internalizing ($b = 2.81$, $p < 0.01$) behaviors among younger children (under 18 years old), with this effect being particularly pronounced in boys. However, for adult children (18 years and older), both externalizing and internalizing behaviors were associated with poorer maternal language proficiency, lower maternal care, and higher paternal care. Additionally, better ethnic socialization among girls was linked to fewer externalizing behaviors.

Discussion: Parental rearing attitude has a significant impact on the behavioral problems of children of immigrants, and the nature of this influence varies across developmental stages. During childhood and adolescence, maternal protection plays a major role, whereas in adulthood, the care provided by both parents becomes more important.

P-04-005

Cognitive-behavioral factors among parents of individuals with hikikomori (prolonged social isolation): A three-wave longitudinal study in Japan

Submitter: Shunsuke Nonaka, Japan

Co-Authors: S. Nonaka

Topic: Transcultural Child and Adolescent Psychiatry

Objective: "Hikikomori" refers to a state in which an individual remains at home for over six months without social participation (such as attending school, working, or socializing outside the home; Nonaka et al., 2022; Saito, 2010). A key challenge in supporting this state is the difficulty in accessing the individual. Among consultations regarding hikikomori, only 6.6% are initiated by the individual; the majority come from family members (Ito, 2003). Consequently, indirect support from family members is the primary approach (Kubo et al., 2020). However, these approaches are not effective in all cases; it is essential to clarify the mechanisms by which specific psychological and behavioral factors of family members influence psychological and behavioral changes in the individual. Therefore, this study aimed to explore parental psychological and behavioral factors associated with psychological and behavioral changes in individuals experiencing hikikomori by conducting a three-wave longitudinal study at two-month intervals.

Methods: Using items related to physical withdrawal from the Hikikomori Diagnostic Evaluation-Screening form (Teo et al., 2023) within a large-scale Japanese online panel, we contacted the parents of individuals aged 16-49 years in a hikikomori state and invited them to participate in the study. We assessed the hikikomori individuals' social interaction behaviors (Adaptive Behaviors Scale for Hikikomori; Nonaka et al., 2018), and the following parental factors: psychological distress (Kessler et al., 2003), behavioral repertoire (Family Behavioral Repertoire Scale for Coping With Hikikomori; Nonaka et al., 2021), and negative cognition (Negative Evaluation Scale for Hikikomori Status; Sakai et al., 2009). Data were analyzed using linear mixed models. This study was conducted with the approval of the Institutional Review Board of the authors' affiliated institution and was performed anonymously after obtaining consent from the participants.

Results: We requested participation from 130 individuals who met the inclusion criteria, and 124 (70 men, 54 women) participated. Linear mixed model results showed that parental negative cognition was significantly associated with the individual's social interaction behavior ($B = 0.25$, 95% CI = 0.07 to 0.44, $p = .008$) and parental psychological distress ($B = 0.26$, 95% CI = 0.11 to 0.41, $p < .001$). In contrast, neither the main effect of parental behavioral repertoire nor the interaction of parental negative cognition and behavioral repertoire with time was significant ($ps > .05$). That is, although higher negative parental cognition was associated with greater parental psychological distress and social interaction behaviors in the individuals, no evidence emerged in this model that the predictors explained the change.

Discussion: Over a short period (four months) of natural course without intervention, parental negative cognition was consistently associated with higher levels of parental psychological distress and with higher levels of the individual's social interaction behavior. Conversely, because both the main effect of time and the interaction between time and predictor factors were non-significant (at least within this dataset and model), the evidence for parental factors explaining changes (trajectories) was limited. It is reasonable to interpret this association primarily as reflecting between-family differences. The positive correlation between negative perceptions and social interaction behaviors may seem counterintuitive. Further long-term follow-up and analysis within a broader analytical framework are necessary to explore possibilities, such as an individual's actions triggering parental anxiety or parental concerns prompting the individual's behavior.

Roles of Faith-Based Organizations in Youth Suicide Prevention: A Global Narrative Review

Submitter: Talitha West, United States of America

Co-Authors: T. West, M. Jasser, C. Donnelly

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Amid concerns about a global youth mental health crisis, suicide rates among adolescents have climbed over the past two decades, particularly in underserved communities and low- and middle-income countries (LMICs) (Bertuccio et al., 2024; Renaud et al., 2022). Observational studies have established religiosity and spirituality as protective factors against suicidal ideation and behavior in adolescents (West et al., 2025). In contrast, research on faith-based youth suicide prevention programs remains sparse. Nevertheless, a small but growing literature, spanning the fields of religious studies, pastoral care, psychiatry, and psychology, explores how faith communities can support youth in crisis, outlines implementation barriers, and emphasizes the potential of religious institutions as culturally attuned support systems for at-risk adolescents (U.S. Department of Health and Human Services, 2023). This narrative review consolidates existing scholarship on faith-based engagement in youth suicide prevention, pinpointing obstacles to implementation, and highlighting avenues for capacity development.

Methods: We searched PubMed, Web of Science, Scopus, PsycINFO, Atla Religion Database, and Google Scholar for publications addressing the three domains of interest: (1) adolescent age group; (2) suicide prevention; (3) faith-based organizations, chaplaincy, and pastoral care. No date limits were applied. After deduplication, titles/abstracts were screened, and potentially relevant records underwent full-text review. Inclusion criteria encompassed peer-reviewed articles, books, and grey literature describing actual or proposed faith-based youth suicide prevention strategies. Exclusion criteria were: (1) absence of an English-language version; (2) no description of a suicide prevention strategy; and (3) no focus on the adolescent age group. Data were extracted into a table capturing country, faith tradition, intervention, engagement model (e.g., gatekeeper, direct pastoral counseling), methods, results, limitations, and implementation barriers. Emphasis was placed on scholarship addressing high-risk groups, including teens in LMICs and underserved communities, LGBTQ+ youth, and ethnoracially minoritized adolescents.

Results: The 42 included publications represented five World Health Organization regions: Africa, Americas, Europe, Eastern Mediterranean, and Western Pacific. Across diverse settings, authors consistently recommended hybrid engagement models blending direct pastoral contact (brief counseling, mentorship, or long-term "pastrotherapy"), with partnership networks linking faith-based groups to mental health services, facilitating access to care for suicidal youth. Most authors described multi-component interventions including: (1) gatekeeper training for clergy and congregants to identify at-risk teens; (2)

mental health curricula delivered through religious youth groups; (3) spiritually integrated psychotherapy; and (4) structured referral pathways. Reported implementation barriers included: (1) declining religious attendance; (2) cultural stigma toward psychiatric diagnoses in traditional societies; (3) religious stigma against LGBTQ+ adolescents, limiting access to faith-based support; (4) mismatches between secular psychological models and culture-specific explanatory models for mental illness (e.g., witchcraft beliefs); and (5) resource scarcity in LMICs and other underserved settings.

Discussion: Across disciplines and cultures, the literature converges on two dominant frameworks for engagement of faith-based organizations in youth suicide prevention. The gatekeeper model, rooted in evidence-based protective effects of religious belonging, equips faith leaders to identify suicide risk factors and warning signs, referring adolescents promptly to mental health services (Liu et al., 2025). In contrast, the direct pastoral support model emphasizes values-driven engagement of at-risk teens by pastoral care providers, fostering solidarity and compassion, and interpreting youth struggles through a religious lens (Nwafor & Vandenhoeck, 2024; Reyes et al., 2025). Emerging themes from the literature underscore the necessity for stronger collaboration among clergy, congregants, families, mental health agencies, schools, and government, ensuring that faith leaders can both identify suicide risk and preserve the essential role of direct pastoral support. Limitations of this review include overrepresentation of publications from the Americas, and those written from a Christian perspective.

P-04-007

Adapting Diagnostic Interviews Through Participatory Training: Cultural Adaptation of a Strength-Based ADHD Interview in the Gulf Arab States

Submitter: Philippe Robaey, Canada

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Topic: Transcultural Child and Adolescent Psychiatry

Objective: Diagnostic interviews improve the precision of ADHD assessment but require cultural calibration to preserve validity across contexts. Most cultural adaptations focus on rating scales and rely on linear translation-pilot-revision models. Few address diagnostic interviews or embed adaptation within clinician training. This study aimed to identify and document the cultural, linguistic, and contextual adaptations required for valid use of the Strength-Based Interview for Behaviour-Parent (SIB-P) in Arabic Gulf settings (United Arab Emirates and Saudi Arabia), while protecting fidelity to the interview's core structure. A secondary aim was to examine whether participatory, training-embedded adaptation could serve as a practical method for culturally adapting semi-structured diagnostic interviews.

Methods: A qualitative, participatory design was used. Cultural adaptation was embedded within structured SIB-P training delivered to clinicians in the UAE and Saudi Arabia. Twenty-eight clinicians (psychiatrists, pediatricians, psychologists) participated in lectures, roleplay workshops, and mid- and post-training focus groups; 13 caregivers completed follow-up interviews after clinical use of the adapted interview. Data sources included recorded training sessions, roleplays, focus groups, caregiver interviews, and steering group deliberations. Transcripts were coded deductively using the Ecological Validity Framework and analyzed thematically to identify culturally salient issues and candidate adaptations. Adaptation decisions were reviewed by a multinational steering group. Each proposed change was evaluated using a structured fidelity assessment across five dimensions (Method, Rating, Criteria, Function, Setting) to ensure preservation of the interview's diagnostic logic.

Results: The analysis identified several domains influencing interpretation and administration of the interview, including family and caregiving structures, educational expectations, daily routines, gendered social contexts, stigma, and linguistic register. These findings informed targeted revisions to situational anchors, framing scripts, probes, and contextual examples to improve ecological validity and caregiver engagement. Participants reported that the strengths-based framing and functional, situational reasoning of the interview were culturally acceptable and often facilitated engagement, suggesting that core structural features transferred well across contexts. Fidelity ratings indicated that the adaptations improved contextual fit and usability without disrupting the interview's diagnostic architecture. No adaptation received a negative fidelity score, and most changes produced small positive improvements, particularly in situational precision.

and framing clarity. The process demonstrated that adaptation can occur proactively during training rather than retrospectively after implementation.

Discussion: This study illustrates a practical approach to culturally adapting a semi-structured diagnostic interview by embedding adaptation directly within clinician training and early clinical use. Treating clinicians and caregivers as knowledge-holders supported identification of culturally meaningful contexts while maintaining fidelity to diagnostic principles. The findings suggest that some interview features, such as strengths-based framing and functional person-environment reasoning, may be intrinsically compatible with diverse cultural contexts, whereas situational anchors and linguistic framing require local calibration. Beyond producing an Arabic Gulf version of the SIB-P, this work contributes a transferable methodological model for adapting diagnostic interviews more broadly. Future research should examine psychometric performance, implementation outcomes, and clinical impact of the adapted interview in larger Gulf samples.

P-04-008

Acquisition of Sinhala Vowel Modifiers in Children with ADHD and Comorbid Specific Developmental Disorders of Scholastic Skills: A One-Year Clinical Observational Study from a Tertiary CAMHS in Sri Lanka

Submitter: Prabha Vidyatilake, Australia

Co-Authors: P. Vidyatilake, N. Manage, S. Liyanage, D. Weerasinghe, S. Perera, N. Fonseka, S. Alahakoon, M. Chandradasa

Topic: Transcultural Child and Adolescent Psychiatry

Objective: This study aimed to qualitatively examine clinically observed changes in the acquisition and correct spatial use of Sinhala vowel modifiers in writing among children with Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid Specific Developmental Disorders of Scholastic Skills (SDDSS) over a one-year period. Sinhala vowel modifiers require complex integration of attention, visuospatial processing, symbolic representation and may therefore serve as a sensitive, language-specific marker of functional literacy development. Secondary objectives were to describe associated functional changes in other aspects of Sinhala writing and reading, including handwriting organization, grammatical accuracy, and reading fluency, as well as changes in attention, impulsivity, anxiety-related motor behaviors, and symbolic understanding. The study was conducted in Child and Adolescent Mental Health Service (CAMHS) at Colombo North Teaching Hospital (CNTH), Sri Lanka, with the broader aim of contributing clinically grounded evidence from a resource-constrained setting where validated language-specific assessment tools are limited.

Methods: A cohort of 38 children newly registered in 2024 at CAMHS CNTH aged 6-15 years diagnosed with ADHD and comorbid Specific Developmental Disorders of Scholastic Skills-reading and writing was identified. Nineteen children engaged in sustained follow-up over one year, while 19 discontinued follow-up within 4-8 months due to transport difficulties, child refusal, parental unavailability, perceived lack of improvement, or perceived functional improvement.

Children received routine multimodal care, including pharmacological treatment for ADHD and individualized education plans tailored to each child's learning profile. Given the absence of validated Sinhala-language instruments to assess vowel modifier acquisition, a qualitative clinical observational approach using repeated functional reading and writing tasks was employed. Primary observations focused on inclusion and spatial placement of Sinhala vowel modifiers. Secondary observations included handwriting organization, reading fluency, grammatical accuracy, attention, impulsivity, anxiety-related motor behaviors, and symbolic understanding.

Results: Children who remained in sustained follow-up demonstrated progressive and clinically meaningful improvements in the inclusion and correct spatial placement of Sinhala vowel modifiers, suggesting enhanced orthographic awareness, visuospatial

integration, and symbolic processing. Improvements were also observed in broader handwriting organization, including consistent writing on the rule, appropriate initiation near page margins, accurate spatial positioning on the page, completion of full letter forms, improved understanding of letter shapes, and more consistent spacing within and between words. Gains in literacy extended to improved reading fluency, grammatical accuracy, and use of short language forms.

Behavioral changes accompanied these literacy gains, with reductions in inattention, distractibility, impulsive behaviors such as tearing, scribbling, and pica, and anxiety-related motor behaviors including repetitive hitting of surfaces, knocking objects, swaying pencils, and frequent loss of stationery. Improvements in symbolic understanding were supported through structured visual strategies, including the therapeutic use of flash cards during sessions.

Discussion: Improvement in the acquisition and spatial use of Sinhala vowel modifiers emerged as a sensitive, language-specific indicator of functional literacy development in children who engaged in sustained follow-up. Because Sinhala vowel modifiers require integrated attention, visuospatial processing, symbolic representation, and motor planning, progress in this domain may reflect broader neurodevelopmental gains rather than isolated improvements in handwriting. Strengths of this study include its culturally and linguistically grounded focus, clinical relevance, and reflection of real-world service engagement and attrition. Limitations include its descriptive design, small follow-up sample, lack of standardized assessment tools, and potential observer bias. Attrition patterns highlighted both structural and family-level barriers to sustained care, as well as heterogeneous trajectories of improvement. These findings support the development of culturally appropriate, validated literacy assessment frameworks for non-Latin scripts and underscore the clinical value of language-specific markers in child neurodevelopmental practice.

P-04-009

Advancing Cultural Humility Through the Cultural Formulation Interview: A Clinical Case

Submitter: Areej Al Siaghy, United States of America

Co-Authors: A. Al Siaghy

Topic: Transcultural Child and Adolescent Psychiatry

Objective:

1. Describe the steps involved in implementing the Cultural Formulation Interview (CFI).
2. Examine how the CFI can enhance therapeutic alliance, inform treatment planning, and support patient-centered care in a clinical case.
3. Identify barriers to CFI implementation in practice.
4. Apply lessons learned from the case to improve culturally sensitive care.

Methods: The Cultural Formulation Interview was conducted with a 15-year-old Middle Eastern female, seen in an urban U.S. hospital. She had no prior psychiatric history and a family history of bipolar disorder, and was admitted following an impulsive suicide attempt. Evaluation revealed a three-month episode of elated/irritable mood, decreased need for sleep, increased energy, overtalkativeness, racing thoughts, distractibility, and engagement in risky behaviors culminating in a medication overdose. Her first-generation immigrant parents initially refused pharmacological or therapeutic interventions. Barriers included cultural interpretations of mental health symptoms, mistrust of psychiatric services, and social stigma regarding mental illness.

Results: The case illustrates that the CFI strengthened the therapeutic alliance, enhanced family engagement, improved diagnostic accuracy, and enabled tailored treatment planning. It also supported patient-centered care and provided insights that can inform clinical policy and practice. Benefits included reducing stigma, improving adherence, and facilitating family-oriented interventions.

Discussion: Strategies for adapting the CFI to local cultural contexts can foster culturally sensitive and patient-centered services. Implementation challenges included limited clinician training, perceptions of the CFI as time-consuming, and structural limitations in regional health systems. Training clinicians in the CFI can enhance trust, improve engagement, and support culturally congruent interventions. Future directions include regional adaptations, clinician training curricula, and best practices for integrating cultural humility into child and adolescent psychiatry.

P-05

Neurobiology and Neuroimaging I: Autism and ADHD

P-05-001

Age-Related Differences in Sleep and Circadian Rhythms Between Children and Adolescents with Autism Spectrum Disorder

Submitter: Yu-Shu Huang, Taiwan

Co-Authors: Y. Huang, W. Chin

Topic: Neurobiology and Neuroimaging

Objective: Sleep disturbances are highly prevalent in individuals with autism spectrum disorder (ASD) and are known to exacerbate behavioral, emotional, and cognitive difficulties. Approximately 50-80% of children and adolescents with ASD experience sleep problems; however, most previous studies have relied primarily on parent-reported questionnaires, limiting objective characterization of sleep architecture and circadian rhythm dysfunction. This study aimed to comprehensively investigate age-related differences in objectively measured sleep parameters and circadian rhythm in children and adolescents with ASD, and to further explore their associations with core autism symptom severity.

Methods: Children and adolescents with ASD aged 6-18 years were recruited and stratified into child and adolescent groups. Objective sleep assessments were conducted using in-laboratory polysomnography (PSG) and wrist actigraphy, complemented by subjective sleep evaluation with the Children's Sleep Habits Questionnaire (CSHQ). Core ASD symptoms were assessed using the Social Responsiveness Scale (SRS-2). In addition to conventional parametric sleep variables, nonparametric circadian rhythm metrics derived from actigraphy, including interdaily stability (IS), intradaily variability (IV), relative amplitude (RA), and activity counts during the most active 10 consecutive hours (M10), were calculated using MATLAB. Group comparisons were performed using independent sample t-tests and chi-square tests. Pearson's correlation analyses were conducted to examine associations between sleep parameters, circadian rhythm metrics, and autism symptom severity within each age group.

Results: A total of 83 participants with ASD were included (mean age 12.87 ± 3.58 years; 69.9% male), comprising 31 children and 52 adolescents. Polysomnography showed that adolescents had significantly poorer sleep quality than children, including higher hypopnea index ($p = 0.047$), lower sleep efficiency ($p = 0.032$), increased wake time and wake after sleep onset, reduced stage N3 sleep, shorter total sleep time, higher snore index, and lower mean oxygen saturation. Actigraphy further demonstrated greater circadian rhythm disruption in adolescents, with longer sleep onset latency, lower interdaily stability and relative amplitude, higher intradaily variability, and reduced daytime activity (M10). In contrast, children exhibited higher bedtime resistance, sleep anxiety, night awakenings, and parasomnias. Children showed poorer social awareness on the SRS-2, whereas in adolescents, delayed sleep onset and circadian timing were strongly associated with greater autism severity, impaired social communication, reduced social motivation, and

more prominent autistic mannerisms.

Discussion: This study demonstrates distinct age-specific patterns of sleep disturbance and circadian rhythm dysregulation in children and adolescents with ASD, as well as differential associations with core autism symptoms. Adolescents with ASD appear particularly vulnerable to sleep-disordered breathing and circadian rhythm disruption, which are closely linked to social impairments and behavioral severity. These findings highlight the importance of routine objective sleep and circadian rhythm assessment across developmental stages in ASD.

P-05-002

Clinical and cerebral correlates of cholesterol-metabolism biomarkers in Autism Spectrum Disorder.

Submitter: Pierre Augé, France

Co-Authors: P. Augé, M. Psomiades, F. Guinot, G. Duchateau Nguyen, M. Ly-Le Moal, J. Houenou, M. Leboyer

Topic: Neurobiology and Neuroimaging

Objective: Autism spectrum disorder (ASD) is a heterogeneous neurodevelopmental condition marked by social communication difficulties and restricted, repetitive behaviors (RRB). Despite growing research, clinically useful peripheral biomarkers remain unavailable. Beyond discovering biomarkers, it is essential to understand their clinical and cerebral correlates.

In a previous multi-omic study (Psomiades et al, in press), we analyzed serum samples from 117 autistic (AUT) and 57 non-autistic (non-AUT) individuals within the deeply phenotyped InFoR cohort. We identified a robust panel of 15 biomarkers distinguishing AUT from non-AUT individuals. Notably, Apolipoprotein A-I (ApoA1) and desmosterol emerged as key discriminants.

Therefore, this study aims to investigate the clinical and cerebral correlates of two main biomarker previously highlighted, ApoA1 and desmosterol, providing new insights into the biological mechanisms of ASD.

Methods: Within the total sample (n = 174), group comparisons were performed using univariate logistic regression models. We further examined associations with clinical correlates (namely SRS-2, RBS-R and Vineland-II) using linear regressions with age, body mass index and sex as covariates.

In a subsample (n = 50) with diffusion-weighted brain magnetic resonance imaging, we investigated potential cerebral correlates of these biomarkers, focusing on white-matter microstructure as indexed by generalized fractional anisotropy (gFA). We performed linear regressions with blood concentrations of ApoA1 (or Desmosterol) regressed on gFA of white matter fasciculus, with age, body mass index and sex as covariates.

Results: ApoA1 and desmosterol levels are significantly lower in AUT individuals compared to non-AUT individuals.

Associations with clinical profiles revealed that ApoA1 and desmosterol were significantly associated with RRB severity. ApoA1 was preferentially associated with high-level RRB (rituals, repetitive behaviors), whereas desmosterol was related to lower-level RRB (Stereotyped Behavior). Adaptive functioning, particularly Daily Living Skills, was also related to ApoA1 levels.

While ApoA1 showed no significant brain correlates, desmosterol levels were associated with microstructural variations (as measured by generalized fractional anisotropy) in the anterior arcuate fasciculus (right and left).

Discussion: Consistent with previous studies, we report reduced ApoA1 levels in individuals with ASD. Crucially, this work is the first to demonstrate a direct association between circulating desmosterol levels and ASD. Both ApoA1 and desmosterol levels were significantly associated with the severity of RRB.

Neuroimaging analyses further revealed a positive association between desmosterol levels and gFA in the anterior arcuate fasciculus, a white matter tract implicated in RRB and executive functioning, which in turn is correlated with RRB intensity.

Collectively, these results support a convergent role of lipid metabolism dysfunction in ASD and indicate that ApoA1 and desmosterol may represent biologically and clinically meaningful biomarkers. Such biomarkers could facilitate earlier identification, improve diagnostic precision, and enable biologically informed stratification of individuals with ASD.

P-05-003

Association between decreased taurine levels in the anterior cingulate cortex and restricted and repetitive behaviors in autism spectrum disorder: A cross-sectional study

Submitter: Akihiro Minami, Japan

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Topic: Neurobiology and Neuroimaging

Objective: Children with autism spectrum disorder (ASD) commonly display core symptoms such as restricted and repetitive behaviors (RRBs), which can markedly deteriorate quality of life. Despite their clinical impact, effective pharmacological interventions targeting these symptoms are still unavailable. Accumulating evidence suggests that oxidative stress may play a role in the pathophysiology of ASD, potentially leading to reduced concentrations of antioxidants, including taurine and glutathione (GSH). Although alterations in antioxidant systems have been documented in animal models, there have been no studies examining antioxidant levels in individuals with ASD. The present study, therefore, focused on the anterior cingulate cortex (ACC), a brain region repeatedly reported to show functional and metabolic abnormalities in ASD and to be closely linked to RRBs, to determine whether antioxidant levels are altered in children with ASD.

Methods: This study included 44 children with autism ASD and 40 typically developing (TD) controls aged 8-16 years. ASD diagnoses were confirmed by trained psychiatrists using Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) criteria and the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2). TD participants were screened using the Autism Spectrum Quotient to exclude subclinical autistic traits. Cognitive ability was assessed with the Das-Naglieri Cognitive Assessment System, and individuals with intellectual disability or structural brain abnormalities were excluded. All participants underwent proton magnetic resonance spectroscopy (MRS) using a 3T scanner. We applied a short TE spin-echo full-intensity acquired localized (SPECIAL) sequence to evaluate taurine and GSH quantification in the ACC. Metabolite concentrations were analyzed using LCModel, corrected for tissue composition, and normalized to gray and white matter. Group differences and correlations with ADOS-2 subscale scores were statistically evaluated.

Results: Demographic characteristics, including age, sex, and cognitive scores, did not differ significantly between the ASD and TD groups. Children with ASD exhibited significantly lower taurine concentrations in the ACC compared with TD controls ($t = 3.36$, $p = 0.001$). In contrast, GSH levels did not differ significantly between the ASD and TD groups ($t = 1.34$, $p = 0.18$). Within the ASD group, taurine levels were significantly negatively correlated with RRB scores on the ADOS-2 ($r = 0.37$, $p = 0.015$). No significant associations were observed between taurine levels and social affect scores ($r = 0.16$, $p = 0.31$).

Moreover, no correlation was found between GSH levels in the ACC and either RRB ($r = 0.18$, $p = 0.25$) or SA subscale scores ($r = 0.18$, $p = 0.24$) in the ASD group.

Discussion: This study demonstrates a selective reduction of taurine levels in the ACC of children with ASD, while GSH levels remain preserved. These findings suggest differential vulnerability of antioxidant systems in ASD, potentially reflecting distinct biosynthetic pathways and regulatory mechanisms. Taurine depletion may arise from oxidative stress, reduced synthesis, increased excretion, or restricted dietary intake, all of which have been reported in ASD. Given taurine's roles in neurodevelopment, inhibitory neurotransmission, calcium homeostasis, and antioxidative defense, reduced taurine availability may impair neuronal function in the ACC, a region closely linked to RRBs. The observed association between lower taurine levels and greater RRBs severity supports a specific role for taurine-related mechanisms in the neural basis of RRBs. These results highlight taurine as a potential biomarker and therapeutic target for ASD, particularly for symptoms that currently lack effective pharmacological treatments.

P-05-004

Neural Equifinality in Autism: Longitudinal Spatiotemporal Dynamics of Executive Function from School Age to Early Adolescence

Submitter: Zenghe Yue, People's Republic of China

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Topic: Neurobiology and Neuroimaging

Objective: Executive function (EF) deficits are universally recognized as a core impediment to adaptive independence in Autism Spectrum Disorder (ASD). However, the developmental trajectory of these deficits remains poorly understood, particularly during the critical transition from school age to early adolescence—a period often marked by a "growing into deficit" phenomenon. Existing longitudinal research is sparse, frequently limited by short follow-up durations and inconsistent findings, and critically lacks longitudinal neuroimaging investigations capable of parsing the underlying biological heterogeneity. This study aimed to bridge this gap by integrating four-year clinical tracking with dynamic co-activation pattern (CAP) analysis. By deconstructing the distinct neuro-dynamic pathways driving these trajectories, we sought to provide a biological foundation for early, precision-targeted interventions.

Methods: Participants included 68 children with ASD (aged 6-9 years) and 50 typically developing (TD) controls recruited from the Brain Hospital of Nanjing Medical University. All participants underwent baseline resting-state fMRI and executive function (EF) assessment using the Behavior Rating Inventory of Executive Function (BRIEF). We first identified neurobiological subtypes based on static Amplitude of Low-Frequency Fluctuations (ALFF) clustering. Subsequently, Co-Activation Pattern (CAP) analysis was employed to decode the fine-grained spatiotemporal dynamics specific to each subtype compared to TD controls. The ASD cohort underwent a 4-year longitudinal follow-up (ages 10-13) to re-evaluate EF outcomes. Statistical analyses employed paired t-tests to quantify longitudinal changes in EF dimensions, Analysis of Variance (ANOVA) to compare spatiotemporal dynamic metrics between subtypes and TD controls, and partial correlation analysis to determine predictive associations between baseline brain dynamics and longitudinal EF trajectories.

Results: Longitudinal analysis of 55 retained ASD participants (19.1% dropout rate) indicated significant exacerbation of executive dysfunction ($p = 0.035$), specifically in Shift, Inhibit, and Emotional Control indices ($p < 0.001$). We identified five recurring co-activation patterns (CAPs): CAP1 and CAP2 anchored in the visual network (VIS); CAP3 involving frontoparietal (FPN) and default mode (DMN) networks; CAP4 linked to the ventral attention network (VAN); and CAP5 to the dorsal attention network (DAN). ALFF-based clustering revealed two neuro-subtypes with distinct dynamic profiles compared to TD controls: Subtype 1 exhibited excessive dwell time and recurrence in VIS states, whereas Subtype 2 displayed aberrant hyper-transitions involving DMN, DAN, and FPN states ($p < 0.05$).

Critically, partial correlations revealed a double dissociation: visual network self-switching frequency positively predicted symptom worsening in Subtype 1, while global dynamic switching frequency was negatively associated with deficits in Subtype 2 ($p < 0.05$).

Discussion: These findings provide longitudinal evidence for neural equifinality in ASD, suggesting that the "growing into deficit" phenomenon stems from diametrically opposed neurodynamic alterations. Despite uniform clinical deterioration, we identified a double dissociation: Subtype 1 was characterized by "sensory attractor rigidity," whereas Subtype 2 exhibited "control network volatility." This mechanistic heterogeneity underscores the limitations of conventional aggregate analyses and highlights the critical need for precision psychiatry. Specifically, our results inform divergent neuromodulation strategies: Subtype 1 may benefit from protocols designed to destabilize pathological sensory attractors (e.g., inhibitory or state-dependent stimulation), whereas Subtype 2 may require interventions to stabilize and integrate fragile control networks. Ultimately, adolescent executive functional decline in ASD may reflect a dysregulation of the homeostatic balance between neural stability and flexibility (metastability).

P-05-005

Neurodevelopmental Mechanisms of ADHD Remission: Longitudinal Evidence from White Matter Microstructure Using Diffusion Spectrum Imaging

Submitter: Huey-Ling Chiang, Taiwan

Co-Authors: H. Chiang, S. Gau

Topic: Neurobiology and Neuroimaging

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by heterogeneous long-term outcomes, with approximately half of childhood cases achieving remission by adulthood while others persist. While atypical white matter microstructure is a consistent finding in ADHD, most prior research has been cross-sectional, limiting our understanding of how neurodevelopmental trajectories shape these clinical outcomes. Specifically, it remains unclear whether remission reflects a normalization of brain maturation or a compensatory neuroplastic process. This study aimed to characterize white matter microstructural changes from childhood to young adulthood and investigate their relationship with symptom persistence or remission.

Methods: We conducted a prospective longitudinal study with a cohort of 57 participants (26 with ADHD, 31 typically developing controls) recruited initially between ages 8 to 18. Participants underwent Diffusion Spectrum Imaging (DSI) and neuropsychological assessments at two timepoints approximately five years apart. Based on clinical follow-up in young adulthood, the ADHD group was classified into Remitted ($n=13$) and Persistent ($n=13$) subgroups. To rigorously quantify developmental deviations, we utilized a Generalized Fractional Anisotropy (GFA) metric. Crucially, we standardized these values into Z-scores (Z-GFA) using a normative reference dataset of 626 healthy individuals (ages 5-40) to eliminate age and sex confounding effects. A mixed-effects model was employed to examine Time-by-Group interactions across 45 white matter tracts.

Results: At baseline (Time 1), no significant group differences were observed in Z-GFA values after False Discovery Rate (FDR) correction, suggesting that single time-point measures in childhood may be insufficient for predicting adult outcomes. However, longitudinal analysis revealed significant Time-by-Diagnosis interactions. The Remitted ADHD group exhibited accelerated white matter maturation compared to controls in 17 tracts (FDR adjusted $p < .05$). These tracts included projection and association fibers within the prefrontal and sensorimotor regions (e.g., bilateral corticospinal tracts, superior longitudinal fasciculus), as well as interhemispheric connections via the corpus callosum. In the remitted group, greater maturation of the right arcuate fasciculus and left fronto-striatal tract was associated with larger reductions in hyperactivity-impulsivity symptoms ($p = 0.017, 0.001$). Moreover, enhanced maturation of the left inferior fronto-occipital fasciculus and right fronto-striatal tract correlated with better improvements in sustained attention ($p = 0.016, 0.011$).

Discussion: This study provides the first longitudinal evidence using diffusion imaging to demonstrate that ADHD remission is accompanied by distinct, accelerated patterns of white matter development rather than simple normalization. Crucially, we found that developmental trajectories serve as far more accurate prognostic markers than single-point assessments, which failed to distinguish between outcomes at baseline. The findings suggest that "catching up" or compensatory neuroplasticity in specific white matter tracts, particularly those connecting prefrontal and sensorimotor networks, may be the underlying mechanism enabling symptom remission in young adulthood. These results highlight the unique value of longitudinal white matter changes in predicting ADHD prognosis.

P-05-006

Selective Attention and Neural Dynamics in Children with Cognitive Disengagement Syndrome and ADHD: An Event-Related Potential Study

Submitter: Shooulian Hwanggu, Taiwan

Topic: Neurobiology and Neuroimaging

Objective: Cognitive Disengagement Syndrome (CDS; formerly Sluggish Cognitive Tempo) has been proposed as a distinct construct from Attention-Deficit/Hyperactivity Disorder (ADHD), yet its attentional processing characteristics remain underexplored. This study examined the behavioral and neural mechanisms of selective attention in children with CDS and ADHD using a perceptual load paradigm and event-related potentials (ERPs).

Methods: Participants included children diagnosed with ADHD, ADHD with comorbid CDS, and typically developing controls. A selective attention task based on Lavie's perceptual load theory was administered while EEG was recorded. Target and non-target geometric figures were presented under high- and low-load conditions, with 30% of trials including task-irrelevant distractors. Behavioral performance (accuracy and reaction time) and ERP components were analyzed. The N2 component (200-330 ms, FCz) indexed early conflict monitoring and inhibitory control, whereas the parietal P3 component (350-600 ms, Pz) reflected attentional resource allocation and target identification.

Results: Behaviorally, significant group differences emerged in accuracy. Post hoc comparisons revealed that the control group performed significantly more accurately than both ADHD and ADHD+CDS groups, indicating impaired attentional stability in clinical groups. ERP analyses showed that P3 amplitudes were larger under low-load and no-distractor conditions, confirming task validity. The ADHD group exhibited smaller P3 amplitudes than controls, reflecting deficient attentional allocation. However, the ADHD+CDS subgroup with higher behavioral performance showed comparable N2 amplitudes to controls, suggesting partially preserved early attentional control.

Discussion: Children with ADHD displayed deficits in both accuracy and neural indices of attentional resource allocation, whereas those with comorbid CDS exhibited comparable early conflict monitoring but reduced accuracy, suggesting instability rather than inefficiency in attention. These findings support the dissociation between CDS and ADHD in selective attention mechanisms and highlight the value of ERP measures for delineating their distinct neurocognitive profiles.

P-05-007

Serum Vitamin D level in Children with Attention Deficit Hyperactivity Disorder (ADHD)

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Topic: Neurobiology and Neuroimaging

Objective: the main aim of the study is to assess dietary habits of vitamin D intake and serum vitamin D level in children with attention deficit hyperactivity disorder in comparison to healthy controls

Methods: A case control study was conducted in 108 children divided equally between healthy control and ADHD cases. Both cases and controls were matched as regard age, sex, and educational level. All children were assessed through vitamin D frequency questionnaire and serum vitamin D level.

Results: The median weekly intake of vitamin D was 615.2IU (180.8-841.6) and 664 IU (437.6-1212.0) in ADHD children and controls respectively ($P < 0.001$). The ADHD group had significantly lower 25 hydroxy vitamin d than the control group level (18.2 ± 6.46 versus 31.72 ± 18.03 respectively) with P value < 0.001 . Vitamin D level was considered an independent predictor of ADHD with cut off score of 24.57 and sensitivity 85.19% and specificity 61.11%.

Discussion: The present study suggests an association between vitamin D level and ADHD in childhood. The nature and the casual relationship between them are unclear, however, the present study found a noteworthy association.

P-05-008

Methylphenidate stabilises oscillatory dynamics underlying intra-individual variability in sustained attention for medication-naïve children and adolescents with ADHD.

Submitter: Tom Farnan, Ireland

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Topic: Neurobiology and Neuroimaging

Objective: ADHD is characterised by marked within-person fluctuations in sustained attention, commonly indexed by reaction time variability and lapses in target detection. The neural mechanisms linking these fluctuations in behaviour to the attenuated oddball P3 event-related potential response remain unclear. Reduced P3 amplitude may reflect smaller trial-level responses, greater trial-to-trial timing variability, or both. Building on evidence that the P3 is underpinned by low-frequency delta and theta activity, we tested whether ADHD is characterised by reduced response magnitude (EEG power) and/or reduced timing consistency of stimulus-locked activity (inter-trial coherence). We further tested whether methylphenidate (MPH) increases behavioural stability through strengthening and/or stabilising these low-frequency dynamics. Finally, we examined whether individual differences and within-person changes in neural timing consistency track variability in behaviour.

Methods: Medication-naïve children and adolescents with ADHD (n=28) and typically developing controls (n=24) completed a three-stimulus visual oddball task with EEG on two occasions. ADHD participants were assessed at baseline and after initial treatment with MPH. Behaviour was assessed through reaction time variability (CVRT), omission errors and commission errors. Event-related potentials (ERPs) analyses quantified distractor-evoked P3a and target-evoked P3b amplitudes. Time-frequency decomposition used Morlet wavelets to estimate delta and theta total power and inter-trial coherence (ITC), extracted in short windows centred on each participant's P3a and P3b peak latencies. Linear mixed models with planned contrasts targeted baseline group differences and group-by-session effects. Brain-Behaviour analyses tested baseline associations between CVRT and ITC and the coupling between changes in each measure across sessions.

Results: Medication-naïve ADHD had higher reaction time variability and more omission/commission errors than controls ($p < .03$). Across sessions, omission/commissions decreased more in ADHD than controls ($p < .015$) and CVRT decreased preferentially ($p = .05$). P3b amplitude was reduced in ADHD at baseline and remained reduced after methylphenidate ($p < .006$), while P3a showed no group differences. Time-frequency analyses found no group/treatment effects for P3a-locked delta/theta power. Baseline P3b-locked delta power was lower in ADHD at frontal and parietal sites ($p < .011$) with no treatment effects ($p > .22$). P3a-locked mid-frontal ITC was lower at baseline and increased more across sessions ($p < .018$; group $\times$ session $p = .012$), eliminating group differences. P3b-locked frontoparietal ITC was lower at baseline

($p = .003$) with greater increase in ADHD (group $\times$ session $p = .023$). Lower ITC predicted higher baseline CVRT ($p < .001$) and ITC increases tracked CVRT reductions ($p = .031$).

Discussion: These findings are consistent with an account in which lapses and reaction-time variability reflect unreliable engagement of task-relevant processing, rather than a uniform reduction in response strength. Behaviour improved after treatment with methylphenidate, alongside clear increases in low-frequency phase consistency, while the target P3b amplitude deficit remained largely unchanged. This dissociation suggests that stimulant effects in this task are expressed more clearly as improved temporal precision of stimulus-locked processing than as increased average response magnitude, consistent with heterogeneous reports of P3 amplitude normalisation in the literature. Inter-trial coherence provides a direct index of neural timing variability and captured both baseline differences and medication-related change when power and ERPs were less sensitive. The strong coupling between ITC and behavioural variability, both at baseline and within individuals across sessions, points to a plausible link between observable fluctuations in attention and clinically measurable neural variability.

P-05-009

EEG markers of methylphenidate-related functional changes after one month of treatment in children with ADHD

Submitter: Federica Tizzoni, Italy

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Topic: Neurobiology and Neuroimaging

Objective: Attention-deficit hyperactivity disorder (ADHD) is the most prevalent neurodevelopmental condition, characterized by age inappropriate attention, hyperactivity, and impulsivity. ADHD treatment of choice is methylphenidate hydrochloride (MPH): it acts as a non-competitive blocker of the reuptake of catecholamines, improving attention and reducing impulsive behaviors. Our study aims to investigate the possibility to monitor functional changes induced by pharmacological treatments in children with ADHD, through neurophysiological investigation with electroencephalogram (EEG) and functional near-infrared spectroscopy (fNIRS; authors note: fNIRS analysis is still ongoing; data are not available at the moment).

Methods: Thirty-four drug-naive ADHD children (6-16 years) and 33 age and sex-matched typically developing children (TD) were recruited. All ADHD children started treatment with MPH and were assessed before first administration (T0) and after 1-month of MPH assumption (T1). At each assessment, participants performed a cognitive inhibition (Go-NoGo) task with a simultaneous recording of EEG and fNIRS. As for EEG, mean amplitudes and peak latencies of the N2 and P3 components of the event related potentials (ERPs) in response to both Go and NoGo stimuli were extracted from EEG recordings during the Go-NoGo blocks. The analysis of fNIRS data is currently ongoing.

Results: ADHD group reported significantly lower IQ scores. Between-group analyses were corrected for IQ. At the Go-NoGo task, drug-naive ADHD children reported significantly more commission errors compared to TD peers (NoGo accuracy: 93% vs 96%; $p = 0.009$) and greater standard deviations of reaction times (SDRTs, $p = 0.016$). ERPs analysis revealed a marginally significant difference in NoGo-N2 amplitude, which was lower in drug-naive ADHD compared to TD children ($p = 0.054$). After 1-month MPH assumptions, ADHD children reported significant reductions in SDRTs ($p < 0.001$) and commission errors, which resulted in improved NoGo accuracy (from 93% to 96%; $p = 0.022$). At the neurophysiological level, ADHD children ($n = 15$) reported a slight improvement in NoGo-P3 latency ($p = 0.030$) after MPH.

Discussion: These preliminary results provide further evidence of MPH's effect on ADHD impulsivity at the behavioral level. Moreover, despite being limited by the small sample size, our findings support the possibility to effectively monitor brain activation changes induced by MPH through EEG, further indicating NoGo-P3 latencies during Go-NoGo tasks

as a potential biomarker for ADHD pathophysiology to be monitored in treatment.

P-05-010

Frontal and Prefrontal EEG Connectivity Alterations in Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder

Submitter: Sabrina Cinot, Italy

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Topic: Neurobiology and Neuroimaging

Objective: The objective of this study was to investigate resting-state EEG functional connectivity in individuals with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) compared with typically developing controls, by examining group differences in coherence, Phase Lag Index (PLI), and weighted Phase Lag Index (wPLI) within the alpha and beta frequency bands, across short- and long-distance electrode pairs.

Methods: Resting-state EEG data were collected from 65 participants: 24 ASD, 22 ADHD, and 19 typically developing controls, recruited at the Child and Adolescent Neuropsychiatry Unit of Policlinico Tor Vergata. EEG was recorded using a digital BE Plus Pro Advanced system (EBNeuro) with 21 channels, including 19 scalp electrodes positioned according to the International 10-20 system. EEG data were preprocessed in MATLAB R2025, including artifact removal, independent component analysis, and ICLabel-based component classification. Functional connectivity was computed using coherence, PLI, and wPLI. Analyses examined six long-distance (>10-12 cm) electrode pairs and six short-distance (<10 cm) pairs. Analyses were restricted to alpha and beta frequency bands. Group comparisons were conducted using one-way ANOVA or Kruskal-Wallis tests as appropriate. False discovery rate correction was applied separately within each family of connectivity measures, followed by post-hoc pairwise comparisons for variables surviving correction.

Results: After false discovery rate correction, significant group effects emerged for several coherence and PLI measures within frontal and prefrontal regions. Long-range frontal alpha coherence was reduced in the ASD group compared with both ADHD and controls. Short-range prefrontal beta coherence differed between groups, with both ASD and ADHD showing lower values than controls, while short-range prefrontal alpha coherence was reduced in ASD only. In addition, long-range fronto-temporal beta coherence was lower in both clinical groups compared with controls.

For PLI measures, short-range prefrontal alpha PLI was reduced in ADHD relative to controls, whereas long-range fronto-temporal alpha PLI was reduced in ASD compared with controls. No weighted PLI measures survived correction for multiple comparisons, and no significant differences were observed between ASD and ADHD for measures surviving correction.

Discussion: In ASD, reduced alpha-band coherence across long-range frontal and fronto-

temporal connections, together with decreased short-range prefrontal alpha coherence, may reflect differences in large-scale oscillatory coordination within frontal networks. These findings are consistent with reports of atypical frontal alpha activity in ASD and may relate to variability in regulatory and integrative processes, although no causal inferences can be drawn.

In ADHD, connectivity differences involved short-range prefrontal beta coherence and alpha PLI, suggesting alterations in local prefrontal synchronization and phase relationships. This pattern may be compatible with differences in executive control networks, though its functional significance requires further clarification.

Reduced fronto-temporal beta coherence was observed in both clinical groups, indicating a partially shared alteration of frontal network dynamics. The absence of significant wPLI findings suggests that group differences were mainly captured by coherence and PLI measures, highlighting the complementary value of using multiple connectivity metrics.

P-06

Neurobiology and Neuroimaging II: Toward Precision in Mental Health

P-06-001

Structural Differences between Tic Patients and Controls and Their Relationship with Cytokines: A Mediation Analysis

Submitter: Moonsoo Lee, Korea, Republic of

Co-Authors: M. Lee, W. Lee, S. Cho

Topic: Neurobiology and Neuroimaging

Objective: Tic disorders are increasingly recognized as neurodevelopmental conditions involving both structural and immune-related mechanisms. Previous neuroimaging studies have reported inconsistent volumetric findings in motor and associative regions, suggesting that inflammation may contribute to variability across cohorts. This study investigated whether structural brain alterations and cytokine-structure relationships were present in children with tic disorders.

Methods: High-resolution T1-weighted MRI and multiplex cytokine assays were obtained from 24 patients and 26 matched controls. Cortical and subcortical morphometry were analyzed using the FreeSurfer pipeline. Associations between cytokine levels and regional brain volumes were tested using robust regression models adjusted for age, sex, and total intracranial volume, with multiple comparisons controlled by the Benjamini-Hochberg false discovery rate (FDR) procedure.

Results: No significant group differences were detected after correction for multiple comparisons. Cortical thickness and subcortical gray-matter volumes were largely preserved across major motor and associative regions, which include the sensorimotor, prefrontal, and premotor cortices, thalamus, and basal ganglia, indicating that overall brain morphology was preserved in tic patients. However, region-specific neuroimmune associations were identified. At the cytokine level, tic patients showed lower serum IL-4 and IL-1 β concentrations than controls. In neuroimaging analyses, IL-12p40 levels correlated positively with left amygdala volume, and IL-17A levels were associated with larger ventral diencephalon and pallidum volumes within the tic group, whereas controls showed a negative association between IL-12p40 and ventral diencephalon volume. Mediation analysis further revealed that IL-12p40 partially mediated the relationship between diagnostic group and amygdala morphology, suggesting that peripheral immune alterations may contribute to subtle limbic structural variation in tic disorders.

Discussion: These findings highlight a coupling between Th1/Th17-linked cytokines (IL-12p40, IL-17A) and limbic-basal-ganglia structures involved in emotion and motor regulation. Rather than reflecting fixed structural abnormalities, tic disorders may involve inflammation-related neuroplasticity within functionally intact cortico-striato-thalamo-cortical (CSTC) and limbic and motor networks. The IL-12p40-amygdala association may represent a biomarker candidate of neuroimmune modulation in tic disorders, although validation in larger longitudinal cohorts is needed. Overall, these findings suggest that tic

disorders are not defined by structural brain damage
but by subtle, immune-mediated modulation of neural circuits within anatomically
preserved networks.

P-06-002

Early Adversity Moderates the Relationship between Pro-Inflammatory Markers and Nucleus Accumbens-Hippocampal Resting-State Functional Connectivity in Adolescents with Major Depressive Disorder

Submitter: Jae Won Kim, Korea, Republic of

Co-Authors: J. Kim, J. Lee, K. Lee

Topic: Neurobiology and Neuroimaging

Objective: Increased inflammation and altered functional connectivity between nucleus accumbens (NAcc), a key region in the brain's reward system, and hippocampus, which is involved in memory for reward-related cues, have each been implicated in adolescents with major depressive disorder (MDD). Early adversity is a well-established risk factor that may affect immune-brain interactions and contribute to variability in this association. We sought to investigate whether early adversity moderates the association between levels of pro-inflammatory markers and NAcc-hippocampus resting state functional connectivity (RSFC) in adolescents with MDD.

Methods: Seventy-three adolescents with MDD (15.0 ± 1.5 years, 51 girls) were included. For questionnaires, early adversity was assessed using the Early Trauma Inventory (ETI). Depression severity was measured with the Children's Depression Rating Scale-Revised (CDRS-R), which was included as a covariate in analyses. For pro-inflammatory markers, serum levels of tumor necrosis factor (TNF)-alpha and interleukin-6 (IL-6) were measured. Regarding MRI/fMRI data, resting-state functional and structural T1 images were acquired with a Siemens 3T scanner and preprocessed using AFNI and FreeSurfer. The average BOLD time-series was extracted from regions-of-interest (ROIs), the bilateral NAcc and hippocampus. ROI-to-ROI RSFCs were computed using Pearson correlation and Fisher z-transformed. Multiple linear regression analyses were performed to investigate the relationship between pro-inflammatory markers and the bilateral NAcc-bilateral hippocampus RSFC, and whether early adversity moderated these associations.

Results: Neither TNF-alpha nor IL-6 was associated with the bilateral NAcc-bilateral hippocampus RSFC after controlling for age, sex, CDRS-R, body mass index (BMI) and IQ. Early adversity moderated the relationship between TNF-alpha levels and right NAcc-right hippocampus RSFC ($p < 0.01$). In participants with high early adversity (ETI score 7 and more), higher TNF-alpha levels were associated with reduced right NAcc-right hippocampus RSFC ($p < 0.05$), whereas in those with low early adversity (ETI score 3 and less), higher TNF-alpha levels were associated with increased right NAcc-right hippocampus RSFC ($p < 0.05$). Early adversity did not moderate the relationship between IL-6 and right NAcc-right hippocampus RSFC.

Discussion: These findings suggest that the relationship between pro-inflammatory marker levels and right NAcc-right hippocampus RSFC may vary depending on the degree of early

adversity in adolescents with MDD. Specifically, in those with high early adversity, higher TNF-alpha was linked to reduced right NAcc-right hippocampus RSFC, suggesting a potential inflammatory pathway to reward-related depressive symptoms in this subgroup. This study highlights the need to consider early adversity when investigating neuroimmune mechanisms in adolescents with MDD.

EEG Microstate D Temporal Dynamics Mediate the Association Between Childhood Trauma and Impulsivity in Adolescents

Submitter: Yijia Wang, People's Republic of China

Co-Authors: Y. Wang, W. Wang

Topic: Neurobiology and Neuroimaging

Objective: Childhood trauma has been consistently linked to increased impulsivity; however, the neural mechanisms underlying this association remain unclear. EEG microstates provide a time-resolved measure of large-scale brain network dynamics and have been implicated in affective and cognitive dysregulation. The present study aimed to investigate whether temporal parameters of EEG microstates mediate the relationship between childhood trauma and impulsivity in adolescents.

Methods: Resting-state EEG data were collected from adolescents and segmented into canonical microstates (A-D). Temporal parameters, including duration, coverage, and occurrence, were extracted for each microstate. Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), and impulsivity was measured with the Barratt Impulsiveness Scale (BIS-11). Pearson correlation analyses examined associations between clinical measures and microstate parameters. Mediation analyses were conducted using linear regression models and nonparametric bootstrapping to test indirect effects of microstate parameters on the association between CTQ and BIS-11 scores.

Results: Higher CTQ total scores were significantly associated with increased impulsivity and altered temporal dynamics of EEG microstate D. Correlation analyses revealed that CTQ and BIS-11 scores were positively associated with microstate D coverage and occurrence. Mediation analyses demonstrated significant indirect effects of CTQ on impulsivity via microstate D coverage (ACME = 0.176, 95% CI [0.006, 0.346], $p = 0.040$) and occurrence (ACME = 0.174, 95% CI [0.009, 0.366], $p = 0.038$). Direct effects were attenuated after accounting for microstate D parameters, indicating partial mediation.

Discussion: Higher CTQ total scores were significantly associated with increased impulsivity and altered temporal dynamics of EEG microstate D. Correlation analyses revealed that CTQ and BIS-11 scores were positively associated with microstate D coverage and occurrence. Mediation analyses demonstrated significant indirect effects of CTQ on impulsivity via microstate D coverage (ACME = 0.176, 95% CI [0.006, 0.346], $p = 0.040$) and occurrence (ACME = 0.174, 95% CI [0.009, 0.366], $p = 0.038$). Direct effects were attenuated after accounting for microstate D parameters, indicating partial mediation.

P-06-004

Multivariate associations between emotion dysregulation, lifespan adversities and structural brain features

Submitter: Julia Ernst, Germany

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Topic: Neurobiology and Neuroimaging

Objective: Emotion dysregulation (ED) may arise as maladaptive processing of emotional stimuli, leading to emotion lability and altered emotional expression. Additionally, ED has been associated with early life adversities exposure, ranging from prenatal to psychosocial stress. While studies have explored structural brain changes in relation to ED and lifespan adversities exposure separately, the relationship between ED, lifespan adversities and structural brain features remains unclear. In addition, early life adversities impact both brain development and ED, but the interplay between the three feature sets has not been investigated yet. The following study aims to investigate how different risk factors and neurobiological mechanisms shape ED across development, contributing to a better understanding of its underlying mechanisms.

Methods: A multivariate data-driven approach was employed to explore associations between ED, lifespan adversities and structural brain features in a population-based sample (IMAGEN, n=872) and in at-risk cohort (MARS, n=194).

Results: A shared latent representation linking ED, adversity and brain correlates showed a consistent pattern across cohorts, which overall suggests ED being influenced by environmental adversity, in particular traumatic experiences, family stress and stressful life events, together with a convergent contribution of frontoparietal and limbic regions implicated in emotion regulation, in particular the anterior cingulate cortex.

Discussion: Our results emphasize ED as being associated with both environmental adversity and cortical structural alterations. Clarifying the developmental origins and neurobiological correlates of ED provides valuable insights into its underlying mechanisms and predictive value for psychopathology, identifying potential targets for early prevention and intervention strategies.

P-06-005

Altered reward and risk processing in adolescents with depression and risky gaming: preliminary MEG findings

Submitter: Selina Teresa Hansen, Germany

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Topic: Neurobiology and Neuroimaging

Objective: Adolescents with MDD show an increased risk of developing gaming disorder, yet little is known about the neurobiological mechanisms underlying this comorbidity. We suggest that changes in reward- and risk-related processing may act as mediating factors. To investigate this, we examine behavioral and neural correlates using magnetoencephalography (MEG). Hypotheses: (1) depressed adolescents show reduced neural activity to gains compared to healthy controls (2) within the MDD group, those patients with comorbid risky gaming/gaming disorder display also reduced neural activity to losses, whereas depressed youth without problematic gaming are more risk-avoidant and thus show elevated neural activity to losses.

Methods: Adolescents aged 13 to 18 years with MDD and risky or pathological gaming as well as healthy controls (HC) are included in the study. Participants complete a structured clinical interview, an IQ test and questionnaires assessing reward sensitivity, risk-taking behavior and gaming motivation. To examine neurobiological correlates, participants perform a well-established gambling paradigm during MEG recording. Behavioral data (choices and ratings made during gambling paradigm) and MEG signals are analyzed, with particular focus on event-related fields and source modelling.

Results: We present the feasibility of our study protocol, with high quality MEG data that allows analysis of event-related fields of anticipation and feedback during the gambling paradigm. Preliminary findings already show some of the expected differences between MDD and HC groups: Neural activity in response to both gains and losses is diminished in the MDD group.

Discussion: Adolescent MDD patients show the expected reduced neural responses to rewards, confirming hypothesis (1) and also to losses, partly conflicting with hypothesis (2). Thus, reward and risk-related processes can be effectively examined via non-invasive neuroimaging. Further data collection will enable the analysis of relationships with gaming behavior (regular or risky/pathological) within the MDD group, to test hypothesis (2). Enhanced understanding of neurobiological alterations in reward processing and risky decision-making in patients with MDD and comorbid risky/pathological gaming might explain the interrelation of these disorders and facilitate more targeted therapeutic approaches.

Neurobiological Correlates of Early-Onset Bipolar Disorder: A Structural and Functional MRI Study

Submitter: Kanika Sethi, India

Co-Authors: K. SETHI, R. K.M., L. Tanuku, A. H. R., M. Kesavan, A. Sahu

Topic: Neurobiology and Neuroimaging

Objective: Early onset Bipolar Disorder is a severe psychiatric condition with a distinct clinical course, higher comorbidity, and significant neurodevelopmental implications. Identifying early neurobiological markers in affected adolescents and unaffected at risk first degree relatives may facilitate timely intervention and improve long term outcomes. Neuroimaging modalities, including structural MRI, diffusion tensor imaging, and resting state functional MRI, enable noninvasive examination of brain development and functional connectivity, particularly within fronto limbic circuits and large scale networks such as the Default Mode and Salience Networks. This study aims to examine structural and functional brain differences in adolescents with Bipolar Disorder, their unaffected at risk relatives, and healthy controls in an Indian clinical context.

Methods: This ongoing cross-sectional observational study recruits adolescents aged 12-17 years from NIMHANS. Participants include those with BD (currently euthymic), unaffected AR first-degree relatives, and healthy controls. Clinical assessments include DIAMOND KID, Young Mania Rating Scale, Children's Depression Rating Scale Revised Neurological Evaluation Scale, Waldrop Minor Physical Anomalies, and Children's Global Assessment Scale. General intelligence and cognitive domains are evaluated using the Wechsler Abbreviated Scale of Intelligence and selected tasks from the PEBL Test Battery. Structural MRI, DTI, and rs-fMRI data are acquired on a 3T scanner with child-friendly preparation. A hypothesis-driven ROI approach targets fronto-limbic circuits and key functional networks; ANCOVA and correlation analyses examine group differences and relationships with clinical and cognitive measures.

Results: Initial exploratory analyses from the first eight participants per group indicate emerging patterns of reduced prefrontal cortical thickness, smaller hippocampal volumes, and altered amygdala prefrontal functional connectivity in adolescents with Bipolar Disorder, with intermediate patterns in at risk youth. These observations are preliminary, based on a small ongoing sample, and are intended to inform feasibility and analytic direction. Definitive conclusions will be drawn following completion of recruitment and full statistical analyses.

Discussion: This preliminary phase demonstrates the feasibility of conducting multimodal neuroimaging research in adolescents with Bipolar Disorder and at risk relatives within an Indian clinical setting. Early trends, while not conclusive, are broadly consistent with existing models implicating fronto limbic circuitry and emotion regulation networks in

pediatric Bipolar Disorder. The presence of intermediate patterns in at risk youth supports the rationale for examining familial vulnerability, although firm inferences await completion of recruitment. Methodological strengths include careful clinical characterisation and integration of cognitive measures. The ongoing study is positioned to contribute context specific evidence to the limited Indian literature on neurobiological markers of early onset Bipolar Disorder.

P-06-007

A Functional Near Infrared Spectroscopy(fNIRS) study of resting state connectivity and working memory in adolescents with Autism Spectrum Disorder and Schizophrenia and related disorders

Submitter: John Vijay Sagar Kommu, India

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Topic: Neurobiology and Neuroimaging

Objective: Autism Spectrum Disorder (ASD) and Schizophrenia and related disorders (SARD) are increasingly conceptualised as neurodevelopmental conditions with overlapping cognitive and neurobiological features, particularly involving executive dysfunction and prefrontal cortical abnormalities. Adolescence represents an important period for the emergence of these deficits, yet direct comparative neurobiological studies in this age group remain limited. The present study aimed to compare behavioural performance, task-related prefrontal cortical activation, and resting-state functional connectivity in adolescents with ASD and SARD using functional near-infrared spectroscopy (fNIRS)

Methods: We used a cross-sectional study design to assess working memory, task-related prefrontal cortical activation, and resting-state functional connectivity in adolescents with ASD (n=14), those with Schizophrenia and related disorders (n=16) and age- and sex-matched healthy controls (HC group; n=16). Assessments used included Childhood Autism Rating Scale-2nd edition (CARS-2), Vineland Adaptive Behaviour Scale-2nd edition (VABS-II), Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI) and Children's Global Assessment Scale (CGAS) and MINI-KID screening tool. Participants underwent fNIRS during a resting-state condition and during a visual N-back working memory task comprising 0-back, 1-back, and 2-back conditions. Performance was assessed using measures of accuracy and reaction time. Baseline and Task-related changes in oxygenated and deoxygenated haemoglobin concentrations across prefrontal cortical regions were analysed to evaluate haemodynamic responses as a proxy for neuronal activation.

Results: Analysis demonstrated significant group differences in working memory. Accuracy differed significantly between groups during the 1-back and 2-back conditions, with healthy controls performing significantly better than both the clinical groups ($p < 0.05$). Reaction time analysis revealed a significant group difference during the 2-back condition, with adolescents with ASD showing significantly longer reaction times compared to healthy controls ($p < 0.05$), while no significant differences were observed during the 0-back or 1-back conditions.

Task-based fNIRS analysis revealed significant group differences across N-back conditions. During the 0-back and 1-back tasks, adolescents with ASD demonstrated significantly greater activation in specific prefrontal channels compared to healthy controls. During the 2-back condition, both ASD and SARD groups showed significantly

greater prefrontal activation compared to healthy controls ($p < 0.05$). Resting-state functional connectivity analysis did not reveal significant differences between the groups

Discussion: The findings indicate that adolescents with ASD and SARD exhibit impaired working memory performance and altered task-related prefrontal cortical activation compared to healthy controls, particularly under conditions of higher cognitive load. Increased task-related prefrontal activation in the clinical groups, alongside poorer performance, may reflect compensatory or inefficient neural recruitment during working memory processing. The absence of significant group differences in resting-state functional connectivity suggests that task-based paradigms may be more sensitive than resting-state measures in detecting functional alterations in adolescent neurodevelopmental disorders within this sample. Overall, the study supports the feasibility and utility of fNIRS for investigating functional brain differences in adolescents and underscores the importance of task-based approaches in comparative neurodevelopmental research.

P-06-008

Childhood adversities impact brain structures in patients with a history of METH dependence determined by gender

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Topic: Neurobiology and Neuroimaging

Objective: Both, adverse childhood experiences (ACE) and a history of methamphetamine (METH) abuse have been each linked to impairments of cortical thickness and volumes of sub-cortical structures (SV). In addition, previous findings indicate that females may be more susceptible to ACE-related changes in subcortical structures (Frodol et al., 2017). We therefore evaluated a possible interactive impact of these factors on various brain structures, additionally evaluating the effect of different types of ACEs.

Methods: One hundred six participants with a history of METH dependence (mean age = 26.0 ± 5.2 years, 25% females) and 60 healthy controls (HCs) (mean age = 25.6 ± 4.9 years, 40% females) reported the presence/absence of ACE-types according to the subscales of the childhood-trauma-questionnaire (CTQ) score and underwent magnetic resonance imaging (MRI) T1-weighted scans analysed via FreeSurfer. Generalized estimating equation(GEE)-models were used to assess discrete impacts of ACEs, history of METH dependence and gender on CT and SV, as well as their interactive- effects, controlling for age and hemisphere.

Results: CTQ scores were 30% higher among participants with a history of METH dependence (47.8 ± 16.3) compared to HC (37.0 ± 10.9). In the GEE, CTQ scores were found to associate with smaller CT and SV. Emotional abuse (EA) was the most frequently reported ACE (34% vs. 12%). In addition to its interaction effects with a history of METH dependence or/and gender, it was found to distinctively impair volumes of thalamus (Beta = -8.0, $p < 0.001$) and putamen (Beta = -5.8, $p = 0.006$), surviving Bonferroni correction in post-hoc regression analyses. In addition to smaller SV, the total CTQ score also displayed the highest impact on CT, added by its interactions with a history of METH dependence and gender, as well as their 3-way-interaction in the GEE.

Discussion: Our findings extend current literature on ACE-related mental health problems, high-lighting thalamus and putamen as key regions of volume changes associated with ACEs. Specifically, putamen volume was inversely correlated with EA, suggesting a re-gion-specific impact of ACE-subtypes. In conclusion, ACEs associated brain alteration need to be accounted for in clinical evaluations and studies, especially among male participants with a history of METH dependence.

P-06-009

Neuroimaging markers of change and predictors of outcome after cognitive behavioral therapy in pediatric anxiety disorders

Submitter: Oana-Georgiana Munteanu-Forij, Romania

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Topic: Neurobiology and Neuroimaging

Objective: This systematic review examines neurobiological changes in children and adolescents with anxiety disorders following cognitive behavioral therapy (CBT) and identifies neural markers that may predict response to CBT.

Methods: We performed a systematic literature search in PubMed, Web of Science, and ProQuest, including studies published up to October 27, 2025. Fifteen peer-reviewed neuroimaging studies were included, all involving participants under 18 years with a primary anxiety disorder diagnosis based on DSM-5 criteria and assessing neural outcomes associated with CBT.

Results: The evidence base was characterized by considerable heterogeneity in study designs, imaging paradigms, and outcomes. Across task-based studies, neural responses increased from pre- to post-treatment in the anterior cingulate cortex (ACC; 2/8, 25%) and insula (1/8, 12.5%), and these changes were associated with clinical symptom improvement. Treatment outcome was most consistently predicted by pre-treatment activity or connectivity in the ACC and amygdala (3/13, 23%). Less frequently, response to CBT was predicted by activity or connectivity in the insula, precuneus/cuneus, and postcentral gyrus, as well as by activity or structural measures of the nucleus accumbens (NAcc) (2/13, 15%). Overall consistency was limited, likely reflecting methodological variability, modest reliability of candidate neural markers, and small sample sizes.

Discussion: Neuroimaging markers show early potential as predictors and indicators of CBT-related change in pediatric anxiety, with implications for more personalized and effective interventions. However, progress is constrained by methodological inconsistency and limited replication. While longitudinal designs and individualized approaches are important future directions, a key priority is establishing neural markers that demonstrate both robustness and reliability.

P-07

Family, Community- and School-Based
Interventions I: School-Based Mental Health
Promotion

P-07-001

School Connectedness: A key mental health resource for young people

Submitter: Annie Gowing, Australia

Co-Authors: A. Gowing

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: School connectedness is regarded within education and health research and policy as a factor through which health and learning outcomes can be influenced. The objective of the current study was to explore student understandings of the factors that shape young people's connectedness to school in order to better inform policy and practice at both a jurisdictional and school level. This approach foregrounded the voices of young people and teachers and their understandings of the experience of connecting to school.

Methods: This research was conducted in a secondary school in outer-metropolitan Melbourne, Australia. The study used a qualitatively driven mixed methods approach to explore the meanings of being connected to school, how this process was understood by students and shaped by school and individual factors. Data collection involved a 109-item questionnaire administered to a sample of 206 students, 12 focus groups with 118 students, and 12 student journals.

Results: Findings indicated that students understood their connectedness to school through the experiences of a dynamic and complex crosshatching of opportunities within the relational, learning and extracurricular spheres of school life. Their understandings consolidated the importance of student-teacher relationships and extracurricular participation, elevated the importance of peer relationships, and established the role of institutional relationships and school as a place of community as key elements. At the individual level, significant predictors of SC were extracurricular participation, student voice, academic engagement, and cigarette use.

Discussion: The practice implications from this study pivot around the schools' relational climate. According to this study, SC flourishes in schools with opportunity-rich environments with relationally inclusive, supportive and respectful climates, offering a niche for all young people. It is a challenging time for schools with increasing rates of psychological fragility among many young people continuing to cause concern. The impacts of the pandemic have further exacerbated mental health vulnerabilities for many young people. SC offers a mental health resource and a form of wellbeing capital in a site which most young people attend. It is hoped that the findings from this study can be used to frame effective risk reduction or protection enhancing interventions and energise and guide schools in addressing this key protective factor as a priority within their school improvement agendas.

P-07-002

From Global to Local: Cultural Adaptation of the WHO EM-SMHP for School-Based Mental Health in Bangladesh

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Co-Authors: M. Rahman

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: To culturally adapt and pilot the WHO Eastern Mediterranean School Mental Health Programme (EM-SMHP) for Bangladeshi urban schools, equipping teachers to promote mental health, identify early warning signs, and facilitate timely support.

Methods: A training manual will be developed from the WHO EM-SMHP, translated and culturally adapted through focus groups with psychiatrists, psychologists, and language experts. Four educational institutions- one Bangla medium, one English medium, and two Madrasas will be selected for piloting. Five teachers per institute will undergo a three-day training as Mental Health Focal Teachers. Over the following three months, these Focal Teachers, supervised by Master Trainers, will cascade training to teachers from eight additional schools across Bangladesh's eight administrative divisions. Feasibility and acceptability will be assessed over eight months through pre- and post-training competency tests, Strengths and Difficulties Questionnaire (SDQ) reports of students, and referral logs.

Results: Improved teacher confidence in supporting student mental health, earlier identification of at-risk students, reduced stigma, and a culturally adapted model ready for scale-up.

Discussion: The proposed cultural adaptation of the WHO EM-SMHP demonstrates strong potential to address critical gaps in school-based mental health support in Bangladesh. Recent evidence indicates that emotional and behavioral problems affect over one third (34.15%) of school going adolescents in Bangladesh (Begum, 2024). Preliminary stakeholder feedback highlights that teachers and school leaders view structured mental health guidance as essential but currently unavailable (Hamdani et al., 2021; Cortina et al., 2015). Global studies show that school based mental health interventions are more acceptable and feasible when culturally adapted and when teachers are actively involved in program design (Fazel et al., 2014). Therefore, adapting the EM-SMHP may improve early identification of emotional and behavioural concerns among students. Although full implementation and effectiveness data will require future research, this proposed adaptation framework creates a foundational pathway for establishing a scalable, evidence-informed school mental health program in Bangladesh.

P-07-003

Developing a Co-Produced, School-based Integrated Intervention to Promote Adolescent Mental and Nutritional Health in Nigeria

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Adolescents in low-and middle-income countries, particularly in sub-Saharan Africa face an increasing burden of mental health (MH) problems, commonly co-occurring with physical health (PH) risk behaviours, and limited access to school-based support. Schools offer an important opportunity for early mental health prevention, especially when interventions are contextually appropriate and evidence-based with stakeholder input. This paper outlines the development of the Supporting Healthy living and Nutrition in school-age Adolescents (SHINE) intervention, a co-produced, whole-school programme which aims to use integrated mental health, counselling, physical health and nutrition components across secondary schools in Nigeria to promote adolescent health and well-being.

Methods: SHINE is a 4-year initiative that uses a participatory approach to develop and implement a school-based mental and nutritional health intervention. The formative phase included literature review, policy analysis, co-production using Theory of Change (ToC) approach, recruitment and training of counsellors to deliver the intervention. Stakeholder engagement was carried out with school-going adolescents, teachers, parents, policymakers and researchers to ensure contextual relevance. ToC workshops identified outcomes, intervention components, and potential implementation barriers to enhance adolescents' mental, physical, and nutritional well-being. Subsequently, a health literacy manual was developed. This manual incorporated adolescents' perspectives on mental health, physical activity promotion, nutritional concerns, and their preferred method of learning. The manual and intervention development was aided by review and adaptation of School-based mental and physical health resources from the Centre for Child and Adolescent Mental Health, College of Medicine, University of Ibadan, and consultations with experts.

Results: Initial rapid reviews identified health education, physical activity, and nutritional programmes as effective MNH interventions when implemented within the school context. Analysis of existing school policies in Nigeria showed a focus on MH care, physical activity, and nutrition. ToC workshops identified key components for a successful intervention, including MNH literacy, counselling, food demonstrations, and parental involvement. Through a co-creation process, the SHINE intervention, composed of distinct, integrated components that address MH literacy, school-based counselling, PH education, nutrition

education, and nutri-garden activities emerged. The intervention is a structured, interactive class-based programme co-delivered within the school system by trained counsellors and subject experts. The session content, language, and delivery strategies to optimise engagement, cultural appropriateness and practicality within the school schedule was shaped by stakeholder and pilot process feedback. The final intervention framework includes facilitator manual, student workbook, and counselling training materials, indicating readiness for further evaluation.

Discussion: The co-produced and ToC-informed development process reveals the feasibility of designing a culturally relevant, whole-school mental health intervention for use in low-resource contexts for in-school adolescents. SHINE addresses multiple determinants of adolescent mental well-being by integrating counselling with mental health literacy, physical health, nutrition and gardening. These main ingredients can be adapted to varying school contexts. This intervention development process, contributes to the evidence base on participatory approaches to the design of school-based mental health interventions in low- and middle-income countries. If nothing else, it provides a strong basis for subsequent feasibility and effectiveness evaluations.

Funding: This project was co-funded by the UK Medical Research Council (MRC) and the National Institute for Health and Care Research (NIHR) as part of the Implementing Early Mental and Physical Health Detection and Support (ISOBAR) project.

P-07-004

Youth ACT: Development and Cultural Adaptation of a School-Based DNA-V Model-Informed Intervention for Chinese Adolescents

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Psychological distress is prevalent in adolescence and is associated with adverse academic, interpersonal, and long-term developmental outcomes. Acceptance and Commitment Therapy (ACT) offers a theoretically grounded framework for addressing such distress by promoting psychological flexibility. However, its adult-oriented concepts (e.g., self-as-context) and metaphor-based techniques may be developmentally challenging for adolescents. The DNA-V model is a youth-specific adaptation of ACT that operationalizes its core processes into four developmentally accessible functions: Discoverer, Noticer, Advisor, and Values. Furthermore, schools, as the primary contexts for adolescent learning and daily life, provide an optimal setting for universal delivery of DNA-V-informed interventions. Nevertheless, culturally adapted and implementation-ready DNA-V-based programs for routine school practice in China remain limited. Accordingly, this study aimed to develop and culturally adapt a school-based, DNA-V-informed intervention (Youth ACT) to promote mental health among Chinese adolescents.

Methods: Youth ACT was developed through a multi-stage, participatory process. First, an initial intervention framework was constructed based on the DNA-V theoretical model. Core intervention components were systematically mapped onto the four psychological functions of DNA-V. The framework was then refined through two rounds of Delphi expert consultation to ensure content validity and contextual relevance. During the intervention material development phase, feedback was obtained from the target population, adolescents aged 12-18 years and practicing middle and high school teachers, to enhance developmental appropriateness. The materials were subsequently revised based on the feedback. Finally, to further increase adolescent engagement, authentic youth narratives were crowdsourced and incorporated into the intervention materials in video format.

Results: The finalized Youth ACT program comprises six weekly thematic modules aligned with the DNA-V framework, addressing self-exploration, values clarification, cognitive defusion, emotional acceptance, committed action, and interpersonal relationships. Designed for integration into routine school mental health curricula, the program is delivered over six consecutive weeks through five 45-minute sessions and one extended 90-minute session. Each session integrates narrative-based videos, psychoeducation, experiential activities, mindfulness practices, and structured take-home tasks. All supporting materials, including a teacher manual, standardized slide decks, and a student workbook, have been completed.

Discussion: This study adapts the DNA-V model into a structured, school-based mental health program tailored to the Chinese educational context. Through narrative-based and experiential approaches, the Youth ACT program aims to enhance student engagement and implementation feasibility. By integrating theory-driven design with participatory refinement, it provides a feasible and scalable framework for fostering psychological empowerment among adolescents, particularly in resource-limited school settings. A pilot study is scheduled for spring 2026 to assess feasibility and acceptability. Subsequently, a cluster randomized controlled trial will be conducted, embedded within an established Adolescent Health and Well-being Cohort in Linqing City, Shandong Province (N > 30,000; aged 12-18 years), to evaluate intervention effectiveness. If effective, Youth ACT may offer a culturally adaptable and generalizable approach to support a shift from treatment-oriented to prevention-focused mental health services in schools.

P-07-005

Svasth Mann: Development & Evaluation of a School Mental Health Curriculum and Screening Tool in Indian Public Schools

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Adolescent mental health needs in India are substantial and under-addressed. This study aimed to evaluate the development and implementation of Svasth Mann, a school-based mental health curriculum, and to validate the Svasth Mann Assessment (SMA), a brief screening tool designed to identify students at risk for emotional and behavioral difficulties. The objectives were to: 1) assess baseline mental health needs among urban middle school students; 2) examine the feasibility and impact of the Svasth Mann curriculum; and 3) evaluate the psychometric properties of the SMA for use in low-resource educational settings.

Methods: The program was implemented across seven municipal schools in Mumbai among students in Grades 7 and 8 over two years. In the first academic year (AY) 2023-24, quantitative data were collected from 432 students across two schools using the Strengths & Difficulties Questionnaire (SDQ) and from 188 students using the newly developed SMA. Quantitative data included pre- and post-intervention screening and validation of the SMA tool. Qualitative data were obtained from teacher focus groups and counselor case narratives. In the subsequent AY 2024-25, the program expanded to five schools. The Year 1 curriculum was introduced to new students, and a Year 2 curriculum was developed for those continuing in 8th grade. Students with higher SMA needs, teacher referrals, or self-identified concerns received additional individual therapy sessions. Participants completed the SMA before and after the intervention, and changes in total and subdomain scores were analyzed.

Results: Results indicated baseline mental health needs were substantial: 57% of 432 students scored in the borderline or abnormal range on the SDQ Total Difficulties scale, with particularly high rates of conduct (51.4%) & peer problems (51.4%). The SMA demonstrated good diagnostic accuracy relative to SDQ "at-risk" status (AUC = 0.82), with an optimal cutoff yielding 70.7% overall accuracy (sensitivity 69.9%, specificity 83.3%). Exploratory and confirmatory factor analyses supported a five-factor structure with moderate fit (CFI = 0.884, TLI = 0.823, RMSEA = 0.057), and Cronbach's alpha was 0.57, reflecting a multidimensional construct. SMA subscales correlated significantly with the corresponding SDQ domains (emotional $r = 0.46$; conduct $r = 0.53$). Qualitative data indicated improvements in classroom behavior and emotional expression. In the second year, despite a smaller sample ($n = 19$), SMA scores improved significantly (mean difference = 3.57 ± 2.83 , $p < .001$).

Discussion: In the context of India's large adolescent population and high unmet mental health needs, these findings support the feasibility of school-based mental health initiatives. The SMA shows promise as an early screening tool. Implications for policy include integrating mental health promotion into curricula and scaling up school-based programs in line with national priorities. Ongoing program development for the subsequent academic years (2025-26) is being focused on assessing long-term benefits from the complete 2-year curriculum, structured outcome evaluation, refining the SMA, and addressing the challenges faced during implementation

P-07-006

Resilience and Social and Emotional Learning (RSEL) to Address Mental Health Challenges and Improve SRHR Decision-Making Among Young Adolescents in Uganda

Submitter: John Mary Vianney Mitana, Uganda

Co-Authors: J. Mitana, A. Mugisha, B. Okot

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective:

1. To evaluate the reach, adoption, fidelity, and sustainability of a school-based Resilience and Social and Emotional Learning (RSEL) intervention integrated with SRHR education in Ugandan public primary schools.
2. To assess the impact of the integrated RSEL+SRHR intervention on early adolescents' mental health outcomes and SRHR decision-making.

Methods: This paper presents the formative phase of a three-year (2026-2028) longitudinal, mixed-methods study evaluating a school-based Resilience and Social and Emotional Learning (RSEL) intervention for mental health and sexual and reproductive health and rights among very young adolescents (ages 10-14) in Uganda. Conducted in 10 government primary schools with technical guidance from the World Health Organization, the formative phase focuses on co-design, adaptation, and contextualization of intervention materials and measurement tools. A participatory approach involving teachers, parents, learners, and education officials is used to ensure cultural relevance and feasibility. Qualitative workshops, focus groups, and pilot testing of learning modules and survey tools are being conducted, with iterative refinements guided by stakeholder feedback and psychometric analyses. Findings will inform the final intervention package and evaluation framework for the subsequent pilot implementation phase, aligned with the RE-AIM framework for systematic assessment of feasibility and scalability.

Results: Preliminary findings from the formative phase indicate strong stakeholder engagement and contextual alignment of the Resilience and Social and Emotional Learning (RSEL) intervention. Collaborative workshops with teachers, parents, and learners have informed the adaptation of learning modules to reflect local realities, language, and values related to mental health and SRHR. Early pilot testing demonstrated high acceptability among educators and learners, and iterative feedback resulted in simplified content delivery approaches suitable for diverse classroom settings. Adapted measurement tools have been developed, with psychometric evaluation currently in progress to ensure reliability and validity for the upcoming pilot phase. The participatory co-design process has enhanced community ownership and identified implementation enablers such as leadership support and peer collaboration, alongside challenges related to time constraints and resource availability. These insights are guiding final refinements to the intervention and data collection tools, ensuring feasibility and cultural appropriateness for

large-scale implementation.

Discussion: The formative phase of the RSEL intervention demonstrates the value of participatory adaptation and contextualization in enhancing feasibility, acceptability, and relevance for young adolescents in Uganda. Engagement with stakeholders ensures that program content and delivery approaches reflect local language, norms, and classroom realities, addressing gaps in age-appropriate SRHR and mental health programming (Kemigisha et al., 2019). Integrating resilience and social-emotional learning strengthens agency, coping, and decision-making, laying the foundation for healthier SRHR outcomes (Koenig et al., 2020). Ongoing psychometric evaluation of adapted tools will support rigorous measurement in the upcoming pilot phase, enabling assessment of effectiveness. Lessons from this formative work provide guidance for scaling integrated RSEL-SRHR interventions in contexts with high adolescent pregnancy, early marriage, and limited mental health services. The approach aligns with WHO technical guidance and national frameworks, demonstrating how locally tailored, evidence-informed strategies can enhance adolescent resilience, health, and rights.

P-07-007

TRAMA: A Cross Sector, Community Based Educational Model Supporting Mental Health, Prevention, and Life Project Development in Adolescents from Rural Uruguay

Submitter: Federico Melian, Uruguay

Co-Authors: F. Melian, E. Aleman

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Adolescents in rural Uruguay face significant structural barriers in the transition from upper secondary school to tertiary education, contributing to elevated academic stress, reduced autonomy, and increased vulnerability to mental health difficulties. Nearly half of young adults aged 21-23 do not complete upper secondary education, highlighting a critical gap in prevention and early intervention.

TRAMA is an innovative cross sector program developed by the Technological University of Uruguay (UTEC) that integrates flexible academic pathways with socioemotional and community based supports. The objective of this study is to describe TRAMA's design and early implementation outcomes, emphasizing its relevance as a public mental health intervention, its cross sector collaboration between secondary schools, universities, families, and communities, and its contribution to school based mental health promotion for adolescents in underserved regions.

Methods: A mixed methods descriptive design was used to examine the first year of TRAMA implementation across rural and semi urban sites. Program architecture, curricular materials, and institutional records were analyzed to characterize the model's modular learning pathways, micro credentialing system, and socioeducational supports. Qualitative data were collected through student focus groups, interviews with secondary school teachers, university faculty, tutors, and families, and observations of learning communities.

The analysis focused on mechanisms relevant to child and adolescent psychiatry, including protective factors (belonging, agency, future orientation), early identification of emotional difficulties, and the role of cross sector collaboration in creating supportive environments. Particular attention was given to how TRAMA's structure functions as a preventive, school based mental health intervention in regions with limited access to specialized services.

Results: Preliminary findings show that TRAMA improves adolescents' emotional wellbeing, academic engagement, and capacity to envision future educational trajectories. Students reported increased motivation, improved self esteem, and enhanced emotional regulation. Tutors and teachers observed greater persistence, more adaptive help seeking behaviors, and reductions in school disengagement.

The program's flexible modular structure reduced anxiety related to career choice and allowed adolescents to explore interests without premature specialization. Community

based learning environments, including digital platforms, strengthened peer support and reduced isolation an important factor in rural youth mental health.

Families and educators valued the program's participatory decision making spaces, which improved communication and strengthened collective agency. Overall, TRAMA functioned as a protective educational ecosystem, supporting early intervention and promoting mental health through coordinated action across sectors.

Discussion: TRAMA illustrates how cross sector collaboration between secondary schools, universities, families, and local communities can serve as an effective public mental health strategy for adolescents.

By integrating socioemotional skill development, mentoring, flexible academic pathways, and community participation, the program addresses key determinants of adolescent mental health, including belonging, autonomy, and future orientation.

TRAMA operates as a school based preventive intervention, reducing risk factors associated with academic stress, isolation, and dropout, while strengthening protective factors linked to resilience and wellbeing. Although not a clinical treatment, TRAMA aligns with contemporary approaches in child and adolescent psychiatry that emphasize early intervention, ecological models of care, and community embedded supports.

The model offers a scalable framework for regions with limited access to specialized services and highlights the importance of designing educational systems that actively promote mental health and support adolescents in constructing meaningful life projects.

P-07-008

Mixed-Methods Evaluation of a School-Based Youth Substance Use Prevention Intervention in Tunisia

Submitter: Hend Jemli, Tunisia

Co-Authors: H. Jemli, A. Hlaoui, E. Ben Hriz, R. Jomli

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Early prevention and timely identification of substance-related risks in adolescents can reduce long-term health, academic, and social harms. School-based capacity-building interventions may be particularly impactful in low- and middle-income settings, where specialized youth addiction services may be limited. We evaluated a culturally adapted, school-based intervention delivered in urban and rural areas, using mixed methods to assess feasibility, acceptability, and preliminary outcomes among participating school professionals.

Methods: A mixed-methods evaluation was conducted following implementation of the intervention among 85 participants (school nurses and science teachers) across urban and rural sites in Tunisia. Quantitative pre/post measures assessed knowledge of youth substance use, confidence in early identification and supportive conversations, attitudes toward non-punitive prevention approaches, and perceived professional self-efficacy. Feasibility indicators included attendance and participant-reported practicality of implementation. Qualitative data were collected via post-training focus groups and open-ended questionnaires exploring perceived usefulness, contextual fit, barriers, and recommendations. Quantitative analyses used descriptive statistics and paired comparisons; qualitative data were analyzed thematically.

Results: Across five sites, participants reported improvements in knowledge and confidence related to recognizing early warning signs and initiating supportive, non-judgmental conversations with students. Self-efficacy increased regarding prevention-oriented actions within school roles and navigation of referral steps. Acceptability was high, with participants valuing interactive components (role-plays, case discussions) and culturally relevant vignettes. Qualitative themes emphasized (1) increased professional empowerment, (2) strengthened collaboration between education and health staff, and (3) persistent structural barriers, including limited referral availability, unclear inter-sector communication, and parental stigma. Rural participants more frequently described constraints related to fewer local services and greater concerns about confidentiality in small communities.

Discussion: This mixed-methods evaluation suggests the intervention is feasible, acceptable, and associated with positive short-term improvements in school professionals' knowledge, confidence, and self-efficacy. Qualitative findings indicate that

cultural adaptation and skills-based training enhanced relevance across settings, while system-level constraint, particularly referral capacity and stigma remain major determinants of real-world impact. Results support scaling school-based capacity-building as a component of youth substance use prevention in Tunisia, coupled with strengthened referral pathways and coordination between education and health sectors. Future research should assess longer-term outcomes, including downstream effects on student help-seeking, referral uptake, and substance-related harms.

P-07-009

The effectiveness and impact of school-based Psychosocial Interventions among Rural School Children in Nepal

Submitter: Pashupati Mahat, Nepal

Co-Authors: P. Mahat, M. Khanal, R. Shrestha

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: The Centre for Mental Health and Counselling (CMC) Nepal implemented school-based psychosocial intervention in two remote districts of Karnali Province, Nepal. The intervention comprised promotive, preventive, and curative approach to address psychosocial well-being and mental health needs of school-aged children. Psychosocial promotion activities were delivered to students, teachers, school management committee members and political representatives. Selected teachers received training in psychosocial counselling skills and provide counselling services to children with emotional and behavioral difficulties. Well-being enhancement activities included practice of classroom-based promotional boards and reinforcement techniques through individual and group self-evaluation by students. Curative services were provided through referral to child mental health trained health workers. This study aimed to assess the effectiveness and impact of school-based psychosocial intervention in improving well-being and learning outcomes among school children.

Methods: A cross-sectional mixed-methods study design was employed across eight schools, involving school communities and municipal-level stakeholders, using a cluster randomized sampling approach. Quantitative data were collected from 144 students in grades four to nine. The Nepali version of the Teacher Rating Form (TRF) of the Child Behavior Checklist was used to assess emotional and behavioral outcomes. Qualitative data were collected through focus group discussions with students, parents, teachers, school management committee, youth groups, and parental self-help groups as well as key informant interviews with school and municipal-level policymakers. Quantitative data were analyzed using SPSS version 26 for descriptive statistics while qualitative data were analyzed using thematic analysis. Data were protected maintaining ethical practices as all data were de-identified once entered in the computer, paper data set were filled with coding.

Results: Quantitative findings showed a significant increase in happiness scores on the TRF, from 32.7% at baseline to 83.7% at endline. Learning achievement improved substantially from 54.24% to 95% ($p < 0.00001$). The proportion of students with identified emotional and behavioral problems decreased significantly from 12.9% at baseline to 1% at post-intervention ($z = 3.3$, $p = 0.00048$). Although the school dropout rate showed a decreasing trend (from 7.36% to 6.34%), the change was not statistically significant. Qualitative findings revealed improved teacher responsiveness, establishment of school-

based psychosocial assessment and referral mechanisms, and increased access to counselling services. Within one year, 183 students were referred to health facilities for mental health treatment from intervention schools. The formation of Parent Self-Help Groups enhanced community engagement while the institutional capacity of local and higher-level governments to address adolescent mental health was strengthened.

Discussion: The school-based psychosocial intervention demonstrated high relevance and effectiveness, aligning with Nepal's national mental health and education policies and Sustainable Development Goal 4. By integrating mental health services within school systems and communities, the program significantly improved psychosocial well-being and learning outcomes of children. Scaling up of intervention through policy integration and sustained government ownership is recommended to ensure long-term impact and sustainability.

P-07-010

School-Based Screening and Early Intervention for Adolescent Substance Use in Beaumont, Texas: A Pilot with a Global Perspective

Submitter: Muhammad Yusuf, United States of America

Co-Authors: M. Yusuf, M. Gillespie

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Objective: This project aims to pilot a school-based program in Beaumont, Texas, that identifies adolescents at risk for substance use and offers early intervention, while comparing findings with international experiences to inform broader applicability.

Methods: Methods: Approximately 150 students at Beaumont school health centers will be screened using CRAFFT 2.1, AUDIT, and DAST. Those identified as at-risk (~25 students) will participate in 3-5 one-on-one motivational interviewing sessions, attend a family psychoeducation workshop, and receive weekly SMS reminders to support engagement. Outcomes, measured at baseline, 3, and 6 months, include changes in substance use risk, readiness to change, family involvement, and program acceptability. In addition, qualitative interviews with students, families, and school staff will explore barriers, facilitators, and cultural fit. A comparison with data or published reports from Pakistan will help identify which aspects of the program are core and which can be adapted for different contexts.

Results: The pilot is expected to reduce substance use risk, increase motivation to change, strengthen family engagement, and demonstrate feasibility in a semi-rural U.S. setting. Lessons learned will contribute to an implementation guide for other underserved schools and support knowledge exchange with international partners. Dissemination will include an IACAPAP Congress presentation, peer-reviewed publication, and practical resources for school clinics.

Discussion: Substance use among adolescents remains a pressing challenge, especially in underserved communities. In 2023, over 7% of U.S. teens reported recent illicit drug use, with opioid misuse rising sharply. Schools provide a unique setting to reach youth early, yet programs for early identification and intervention are limited. Drawing lessons from lower-resource settings, such as Pakistan, can help develop strategies that are both effective and culturally adaptable.

P-08

Child and Adolescent Psychiatry Training

P-08-001

Developing European Entrustable Professional Activities for Child and Adolescent Psychiatry Training

Submitter: Juan Pablo Carrasco, Spain

Co-Authors: J. Carrasco, F. Monshizadeh Tehrani, D. Calabiciov, L. Leppik, M. Piot, K. Kotsis, T. Schumann, P. Deschamps

Topic: Child and Adolescent Psychiatry Training

Objective: Competency-based medical education increasingly relies on Entrustable Professional Activities (EPAs). EPA's help translate curriculum outcomes into authentic, observable professional tasks. As such, a consistent implementation of EPA's enhances the quality of care provided by future professionals. The development of such EPA's requires co-creation with various groups of stake-holders. International similarities and differences in training pathways and service organisation in CAP allow coproduction of a shared framework that supports harmonisation with respect for national adaptation. The objective of this poster is threefold: a) to inform about EPA's in CAP and how they can align with what is currently considered key in CAP clinical practice; b) to present a methodological design proposal of a modified Delphi consensus process aimed at developing a European set of EPAs for CAP; c) to invite those who are interested to participate as stakeholders in an iterative feedback process.

Methods: UEMS-CAP will initiate in cooperation with European network organizations around CAP training a structured consensus initiative to define a European set of EPAs reflecting contemporary CAP practice. A multi-stage modified Delphi design will be conducted in three phases. Phase 1: a targeted literature review to identify existing EPA frameworks and competency standards relevant to CAP and draft an initial EPA set. Phase 2: discussion during meetings with international stakeholders, focusing on clinical relevance, clarity, and applicability across different service and contexts. Phase 3: dissemination to an expanded panel of experts for structured feedback. Each Delphi round will combine quantitative ratings (relevance, clarity, feasibility, and priority for inclusion as "core") with qualitative comments. Iterations will continue until predefined consensus criteria are met (e.g., agreement thresholds for inclusion/exclusion and stability of ratings across rounds). Disagreements and contextual concerns will be analysed thematically and addressed transparently in subsequent revisions.

Results: This project will produce a consensus-based proposal defining a European core set of Entrustable Professional Activities (EPAs) for Child and Adolescent Psychiatry specialist training. Expected outputs include harmonised EPA titles and specifications, recommended entrustment targets and supervision levels, and practical guidance for implementation in curricula and workplace-based assessment systems. By providing a shared reference framework while allowing national adaptation, the EPA set is expected to strengthen the comparability of training outcomes across European countries, enhance the

structure of supervision and feedback, and facilitate collaboration between CAP training programmes. The proposal may additionally inform broader international discussions on future-oriented training standards and common expectations for specialist practice in the field of CAP.

Discussion: This initiative aims to deliver a robust, expert-informed EPA framework reflecting contemporary Child and Adolescent Psychiatry (CAP) practice across Europe. By combining targeted evidence synthesis with a structured multi-stakeholder consensus process, the resulting EPAs are expected to provide a clinically meaningful and feasible reference standard for curriculum development, workplace-based assessment design, and entrustment decision-making in specialist training. Ultimately, this proposal may strengthen cross-national alignment of CAP specialist training, support quality improvement in supervision and feedback practices, empower residents, and facilitate collaboration between European training programmes.

P-08-002

Setting Up and Running a National UK CAP Training Programme Director's Network: Reporting on 4 years of experience from Jan 2022-Jan 2026

Submitter: Meinou Simmons, United Kingdom of Great Britain and Northern Ireland

Co-Authors: M. Simmons

Topic: Child and Adolescent Psychiatry Training

Objective: The aim of this project was to bring together as many UK CAP Training Programme Directors (TPDs) as possible, to share knowledge and understanding and support each other through challenges.

I aimed to create a supportive network by setting up regular meetings as well as facilitating regular email communication.

A key objective of the network was to ensure training standards were implemented consistently across the UK, and for TPDs to feel supported in their crucial roles in training the next generation of CAP psychiatrists.

Methods: Following my appointment as CAP Training Programme Director in Thames Valley (Oxford), I contacted and linked up with other regional UK Training Programme Directors to set up a network that was run via email and Teams meetings.

An initial meeting was set up via MS Teams in Jan 22, and subsequent meetings (every 3-4 months) were set up one meeting at a time. We were able to have one face-to-face meeting at the Royal College of Psychiatrists hosted through the CAP Faculty Education Committee. Between meetings email communication between members regarding training challenges and discussions around how the updated curriculum could be best implemented as well as other training issues.

I report on the key content of discussion of the group and on feedback from the group as well as lessons learnt.

Results: The UK CAP Training Programme Director's network was a vehicle for sharing understanding and knowledge of UK training issues, particularly in implementing an updated RCPsych CAP curriculum. Several other training issues were also discussed on a number of themes, which have been summarised in the Results section.

Feedback from the group was overwhelmingly positive, with requests for the group to continue. I report on feedback received from the group.

I also report on some key lessons learnt in running the network.

Discussion: The overwhelmingly positive feedback from the group members illustrates the importance of supporting and connecting together trainers in their important training roles. A wide range of training issues as well as challenges were discussed by the group, which helped to support Training Programme Directors and give them confidence in dealing with training queries.

As this was a grassroots support network, set up by an individual Training Programme

Director and not run through a national organisation, the onus was on the coordinator and members of the group to keep it going. However, we discuss that for longevity of the project we have discussed with key members of the UK Royal College of Psychiatrists how more formal support for this group could ensure its continuity.

The network can be used as an example for setting up and running similar trainer networks in other faculties and jurisdictions.

P-08-003

Towards Healthy Work-Life Balance in Child and Adolescent Psychiatry Training: European CAP Trainees' Working Hours, Overtime and Wellbeing

Submitter: Juan Pablo Carrasco, Spain

Co-Authors: J. Carrasco, D. Berhanu, P. Estrella-Porter, D. Sánchez Martínez, Á. Cerame

Topic: Child and Adolescent Psychiatry Training

Objective: To characterise working hours, overtime, rest, annual leave, and satisfaction among junior doctors training in Child and Adolescent Psychiatry (CAP) in Europe, and to compare CAP-specific findings with the overall European junior doctor workforce. We aim to highlight whether CAP constitutes a relative "protective" specialty regarding working time and work-life balance, and to reflect on implications for workforce sustainability and quality of care in a clinical field where continuity, emotional availability, and reflective practice are central.

Methods: This study is a descriptive subanalysis of CAP trainees included in the REST-JD report, a multinational European survey coordinated by the European Junior Doctors Association (EJD). REST-JD (Revisiting Shift Work and Excessive Working Time in Junior Doctors) collected self-reported data on working time patterns and conditions, including: actual versus contracted hours, overtime and unpaid overtime, number of shifts, night shifts, weekly rest days, annual leave uptake, and satisfaction with work and work-life balance. The broader dataset includes junior doctors from multiple European countries and specialties, enabling benchmarking across disciplines. In the present analysis, we summarised CAP-specific responses (N=38) using descriptive statistics and interpreted results in relation to the overall REST-JD European averages and EWTD principles.

Results: CAP trainees (N=38; 12 countries; 84.2% female; mean age 29.66; mean postgraduate year 2.84) reported a mean of 44.39 working hours/week, compared with 37.30 contracted hours/week. 76.3% reported overtime in the past 12 months, and 63.2% reported unpaid overtime (23.7% missing). Mean workload intensity was 5.08 shifts per month, and 44.7% reported night shifts in the last month. Most achieved at least one full weekly rest day (86.8%) and took 4 weeks of annual leave (76.3%), with a mean of 21.92 days taken. Satisfaction was moderate: 63.2% were satisfied/very satisfied with work, while work-life balance satisfaction was lower (47.4% satisfied/very satisfied; 36.8% dissatisfied/very dissatisfied).

Discussion: Compared with the overall REST-JD European average (57 hours/week), CAP trainees report substantially lower weekly working hours, suggesting a specialty profile that is closer to sustainable, EWTD-aligned practice. This is encouraging for training environments in CAP, where adequate recovery time and emotional resources are essential for high-quality patient care and effective learning. The high proportion of overtime (often unpaid) indicates room for improvement in workload governance and

transparency, yet the preservation of weekly rest and annual leave in most respondents represents an important organisational strength. Overall, CAP may serve as a useful model for improving training conditions across specialties, showing that safer working time patterns are feasible. Strengthening systematic recording of working hours, ensuring paid overtime, and maintaining protected rest could further enhance trainee wellbeing and retention in the European CAP workforce.

P-08-005

What Are We Selecting For? Reflections on Fellowship Recruitment in Child and Adolescent Psychiatry

Submitter: Yael Kufert, United States of America

Co-Authors: Y. Kufert, B. Johnson, R. Jaffe

Topic: Child and Adolescent Psychiatry Training

Objective: To examine how fellowship recruitment practices in child and adolescent psychiatry reflect implicit values about excellence, professional identity, and readiness for training. Drawing on leadership experience in a U.S. fellowship program, this perspective aims to articulate how contemporary changes in evaluation signals shape selection decisions and the kinds of clinicians training programs ultimately cultivate.

Methods: This perspective is informed by the authors' collective experience as program leadership in a large U.S. child and adolescent psychiatry fellowship across multiple recruitment cycles. Observations from application review, interviews, and ranking discussions were synthesized to reflect on how selection decisions are made in practice.

Results: Traditional markers of academic productivity continued to carry significant weight, particularly as other evaluative signals became less differentiated. The transition of standardized examinations to pass/fail scoring and the widespread move from comparative grading to narrative evaluation resulted in applicant pools in which many candidates appeared uniformly strong. The shift to virtual interviews following the COVID-19 pandemic occurred within this context, further emphasizing reliance on narrative materials and interviews to make distinctions among highly qualified applicants.

Discussion: These observations highlight enduring tensions in fellowship recruitment, including equity versus differentiation, standardization versus nuance, and the increasing difficulty of making principled distinctions among many strong candidates. Selection remains an interpretive process, even within highly structured systems. Treating recruitment as reflective practice allows training programs to more explicitly examine which signals they privilege, why those signals carry weight, and how selection practices shape the future child psychiatry workforce.

P-08-006

Lessons on Child Psychiatry: Curriculum Adaptation for New Medical Students and Residents in Rwanda

Submitter: Tobi Okopie, United States of America

Co-Authors: T. Okopie, G. Giuseppe

Topic: Child and Adolescent Psychiatry Training

Objective: While many countries have fought to reduce the stigma of mental health, the historical effect of stigmatization, suppression, and elimination has left many nations all over the world-especially in Africa-with limited access to psychiatric care. Rwanda is one of multiple nations with no child psychiatrists and fewer than 15 adult psychiatrists. Despite these challenges, Rwanda has made remarkable strides in building mental health capacity through the University of Rwanda's psychiatry residency program. Additionally, the University of Global Health Equity (UGHE), founded with Partners In Health, now also trains future physicians through a 6.5 year MBBS/MGHD program with plans to host its inaugural psychiatry residency in 2027. The physical absence of child mental health clinicians, in conjunction with the early emergence of structured training in undergraduate and graduate medical education perpetuates gaps in the early detection, intervention, and management in child psychiatry.

Methods: While UGHE has successfully launched a clinical psychiatry clerkship for medical students, a critical training gap remains in child and adolescent psychiatry. To address this, the proposed project aims to (1) assess existing psychiatry curricula in Rwanda, (2) conduct a needs assessment through consultation with Rwandan psychiatrists, educators, and trainees, and (3) develop a culturally adept child psychiatry curriculum adapted from the Alfaisal University Child Mental Health Curriculum.

Results: Within 12 months, the project aims to pilot and evaluate the adapted curriculum with Rwandan faculty and students to ensure sustainability.

Discussion: Guided by mentor Dr. Giuseppe Raviola, interim chair of child psychiatry at UGHE, and local clinicians, this initiative will emphasize early interventions in child psychiatry, resilience building within the local context, and a multidisciplinary approach that aligns with Rwanda's public health priorities.

P-08-007

Storytelling as a Pedagogical Tool for Teaching Psychodynamic Concepts to Psychiatry Residents

Submitter: Lakshmi Sravanti Tanuku, India

Co-Authors: L. Tanuku

Topic: Child and Adolescent Psychiatry Training

Objective: Psychodynamic concepts are frequently experienced by psychiatry residents as abstract, emotionally distant, or difficult to translate into clinical practice. This study aimed to explore residents' learning experiences of a storytelling-based teaching session designed to facilitate understanding, emotional engagement, and clinical integration of core psychodynamic concepts.

Methods: A qualitative educational intervention was conducted as a structured teaching session employing storytelling for psychiatry residents during scheduled academic time. The session aimed to teach core psychodynamic constructs such as symbolism, unconscious conflict, transference, and countertransference by using culturally familiar childhood and fantasy narratives to evoke symbolic and affective engagement. Experiential components included storytelling, spontaneous word-association exercises, guided reflective pauses, group discussion, role-play (one narrator and others as reflective listeners), and the use of story handouts. Post-session data were collected through anonymous written reflective responses to open-ended prompts exploring engagement, emotional resonance, conceptual clarity, and perceived clinical applicability. Facilitator field notes were also maintained. Data were analyzed using inductive thematic analysis. Ethics statement: Participation was voluntary, written informed consent was implied through submission of responses, and no identifying information was collected. Formal ethics committee approval was waived as it constituted minimal-risk educational research.

Results: Qualitative analysis revealed themes of enhanced emotional engagement, improved conceptual clarity, and greater ease in linking psychodynamic theory to clinical encounters. Storytelling was experienced as reducing the perceived intimidation of psychodynamic concepts and facilitating reflective thinking. Residents described stories as memorable anchors that supported recall and application during patient discussions. Emotional responses elicited by the narrative approach were viewed as integral to learning rather than distracting. Participants contrasted this approach favorably with traditional didactic methods.

Discussion: Storytelling emerges as a meaningful pedagogical approach for teaching psychodynamic concepts, aligning with the experiential and relational foundations of psychodynamic thinking. By integrating affect, narrative, and theory, this method supports deeper learning and reflective capacity in psychiatry residents. Qualitative insights highlight storytelling's potential to bridge theory-practice gaps and humanize

psychodynamic education. These findings highlight the need to develop culturally grounded storytelling-based pedagogical approaches and systematically build an evidence base for experiential teaching to strengthen psychiatry residency curricula. Further research could explore longitudinal impacts on clinical formulation and professional identity development.

P-08-008

Structured Storytelling in Child Psychiatry Training: PechaKucha Presentations for Professional Identity and Leadership Development

Submitter: Zheala Qayyum, United States of America

Co-Authors: Z. Qayyum, E. Anglemeyer, C. Samsel

Topic: Child and Adolescent Psychiatry Training

Objective: Professional identity development is fundamental to training in child and adolescent psychiatry, yet traditional didactic formats may not optimally engage trainees or model reflective practice. The PechaKucha presentation format (20 slides, 20 seconds per slide) offers a unique approach to leadership and identity-focused education. This study evaluated trainee perceptions of PechaKucha presentations delivered by training directors addressing professional development, career pathways, and leadership vulnerability. We hypothesized that the constrained, paced format would enhance engagement, attention, and reflection on professional identity compared to conventional presentations.

Methods: Following a series of PechaKucha presentations delivered by training directors during a child and adolescent psychiatry training program, trainees (n = 10) completed an 11-item online survey. The survey employed Likert-scale items and open-ended questions assessing (1) overall engagement, (2) format effectiveness compared to traditional presentations, (3) impact on personal professional journey reflection, (4) modeling of vulnerability and diverse career trajectories, (5) perceived connection to training directors, (6) influence on professional identity development, and (7) preferred format characteristics. Respondents also provided recommendations for future implementation. Survey administration occurred between November 19 and December 19, 2025, with responses de-identified and analyzed descriptively.

Results: 70% of respondents rated presentations as "very engaging". 70% indicated PechaKucha was "much more effective" than traditional presentations. Most respondents (90%) reported that presentations highlighted diverse career trajectories. Training directors' modeling of vulnerability was rated "very much" by 60% and "somewhat" by 20%. In the presentation's demonstration of reflection on personal and professional values, 50% of trainees responded as "very much" and 40% as "slightly". Qualitative responses indicated trainees found the non-linear career pathways and formative experiences as reassuring and helpful in future professional growth and identity formation. Respondents identified narrative flow as an impactful format characteristic. When asked about future use, one respondent suggested applying PechaKucha to condensed didactic content.

Discussion: Our preliminary findings suggest that PechaKucha presentations represent an effective pedagogical medium for identity-focused training in child and adolescent

psychiatry. The format's fixed temporal constraint appears to enhance attention and narrative flow while allowing training directors to model authentic reflection and professional vulnerability. The high proportion of trainees reporting interest in diverse career pathways is consistent with educational theory that situates meaning-making as a core process in professional formation. Trainees' emphasis on narrative flow and visual elements underscores the importance of thoughtful design in competency-based education and mediums with engaging delivery. Limitations include small sample size and single-institution setting. Future directions include expanded implementation across additional content domains (didactics, clinical teaching), and longitudinal assessment of identity development. This preliminary work suggests PechaKucha may serve as a scalable, engaging approach to reflective medical education that honors both content delivery and human connection in training environments.

P-08-009

Strengthening Adolescent Mental Health Care Through Youth-Led Peer Mentor Training in HIV Clinics in Kenya

Submitter: Hilda Jepkosgei, Kenya

Co-Authors: H. Jepkosgei, F. Jaguga, B. Mc Coy

Topic: Child and Adolescent Psychiatry Training

Objective: Adolescent mental health disorders account for a significant proportion of global disease burden, with most conditions developing before the age of 24. In Kenya, mental health needs among adolescents are frequently under-recognized due to stigma, limited screening tools, and inadequate provider capacity. Peer mentors, defined as young adults aged 18-24 years, are a core component of HIV care delivery within the Academic Model Providing Access to Healthcare (AMPATH) Adolescent Package of Care, yet they have historically lacked formal training in mental health identification and referral. This project aimed to develop and implement a youth-led mental health education module for peer mentors

Methods: This youth-led project was implemented at the Moi Teaching and Referral Hospital (MTRH) Rafiki Centre for Excellence in Adolescent Health in partnership with AMPATH in western Kenya. Peer mentors collaborated with mental health specialists from MTRH, Moi University, and Mount Sinai to review existing peer mentor training materials and co-develop a comprehensive youth mental health module. The module included topics such as (common adolescent mental health concerns? administering screening tool? other topics?) and emphasized youth-friendly language, illustrations, and interactive learning

Results: Peer mentors actively engaged with the training content and discussions. Facilitators and peer mentors reported that the youth-led and interactive approach enhanced participation, openness, and relevance of the material. Following the training, peer mentors expressed increased comfort discussing mental health topics with adolescents, improved awareness of mental health challenges commonly encountered in HIV care settings, and greater clarity on their supportive role and referral pathways. Key lessons learned included the importance of co-creation with youth, use of simple and culturally appropriate language, and integrating mental health content within existing peer mentor roles. Thirty-five peer mentors (27 based at MTRH and 8 from other AMPATH clinics) participated in two five-day interactive trainings facilitated by psychiatrists, psychologists, and pediatric clinicians.

Discussion: Integrating mental health education into peer mentor training is a feasible and effective approach to strengthening adolescent mental health care within HIV programs. Empowering youth peer mentors with screening and referral skills addresses a critical gap in the adolescent services and promotes earlier identification and support for mental health challenges. This youth-led model demonstrates potential for scalability across

resource-limited settings and offers valuable insights for integrating mental health services into adolescent HIV care. Findings highlight the importance of investing in peer-led mental health capacity building to improve holistic outcomes for adolescents and young people.

P-08-010

Transitional Age Youth (TAY) Fellowship in Psychiatry: The importance of implementing a one-year training program focusing on the developmental and psychiatric needs of youth ages 15-25.

Submitter: Timothy Vandeusen, United States of America

Co-Authors: T. Vandeusen, H. Millard, Y. Feng

Topic: Child and Adolescent Psychiatry Training

Objective: 1.) To develop expertise and understanding of the complex needs of transitional age youth (TAY) ages 15-25, who have lived experiences with mental illness that has interfered with achieving their age- appropriate developmental milestones. 2.) To practice competence in the following procedures: Implementing a biopsychosocial developmental formulation, building rapport with patients, deciding on a clinical diagnosis, addressing the multiple psychotropic medications that have been prescribed in adolescence, learning psychotherapies including trauma-focused Cognitive Behavioral Therapy (TF-CBT), and Dialectical Behavioral Therapy (DBT) skills. 3.) To cultivate an area of scholarly interest in the TAY population including biopsychosocial development, appropriate psychopharmacology, and occupational and educational goals.

Methods: The TAY Fellowship will be hospital based on the adolescent unit and/or the TAY units. There will be opportunities for ½ day electives within the department of psychiatry and/or research time. Didactics will focus on multiple topics using modules developed by TAY Committee of the American Academy of Child and Adolescent Psychiatry (AACAP), TAY Mental Health Textbooks, and journal articles on TAY. Evaluations will be completed by faculty at quarterly intervals with formative feedback given monthly. Mid-year and end of year summative evaluations will be completed for each fellow.

Results: Educational Experiences: The TAY Fellow will be directly involved in: (a) supervising the work of junior residents, medical students and other trainees on the inpatient unit(s). (b) teaching an integrated model of psychopharmacological and psychosocial treatments used on the service.

Administrative Experience: The administrative operation of this service involves the development of multidisciplinary team leadership skills, including communication with other interdisciplinary team members, and other medical specialties and subspecialties which provide consultation for our patients. The administrative and regulatory requirements, treatments provided, and fiscal challenges of running an academic psychiatric service are highly representative of national trends in hospital-based inpatient clinical care; thus, acquired skills may be generalized to similar settings found throughout the country. The TAY fellow will work closely with the Program-Wide Chief Residents to address resident concerns and performance at the hospital.

Discussion: This fellowship will focus on the clinical needs of TAY, individuals aged 15-25,

who have lived experience with mental illness. The emphasis of the fellowship will center on a biopsychosocial developmental perspective when formulating diagnoses and treatment modalities. The TAY fellow will also be the Chief Resident of the TAY inpatient unit at the university hospital where 80% of the time will be dedicated to clinical work and 20% elective time within the department of psychiatry. The Unit Chief/Medical Director of the assigned unit and fellowship program directors will serve as supervising attendings. The clinical experience consists of supervising junior residents and medical students during their inpatient rotations at the hospital. Attendance at conferences of interest is encouraged.

P-09

ADHD I: From Emotional Dysregulation to Family Burden

P-09-001

How Irritability and ADHD Symptoms Interact across Early Childhood: Evidence from the UK Millennium Cohort Study

Submitter: Libin Zhang, People's Republic of China

Co-Authors: L. Zhang

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Research identifies a robust link between irritability and ADHD, yet critical gaps remain. Most studies overlook the preschool-to-school transition (ages 3-7), treat ADHD as a unitary construct, and fail to distinguish stable traits from transient states. Using data from the UK Millennium Cohort Study (N = 11,004), this study aimed to: (1) Characterize irritability's developmental trajectory via LGCM; (2) Examine the co-development of irritability with inattention and hyperactivity/impulsivity through parallel-process LGCM; (3) Disentangle trait- vs. state-level bidirectional associations using CLPM and RI-CLPM. We hypothesized a decline in irritability over time and predicted stronger reciprocal links with hyperactivity/impulsivity than with inattention, particularly at the state level. These findings aim to refine early identification and targeted intervention strategies for comorbid emotional and behavioral difficulties.

Methods: This longitudinal study utilized data from 11,004 children (50.5% boys) participating in the UK Millennium Cohort Study at ages 3, 5, and 7. Irritability was assessed using a composite of four items from the Child Social Behaviour Questionnaire and the Strengths and Difficulties Questionnaire (SDQ). ADHD symptoms (inattention and hyperactivity/impulsivity) were measured using the SDQ Hyperactivity/Inattention subscale.

Statistical analyses were conducted using Mplus 8.10 with robust maximum likelihood estimation. Univariate and parallel process latent growth curve models (LGCMs) examined developmental trajectories and their associations. To further disentangle the directionality of effects, traditional cross-lagged panel models (CLPMs) were compared against random-intercept cross-lagged panel models (RI-CLPMs). The latter was specifically employed to separate stable between-individual trait differences from within-individual state fluctuations, providing a more rigorous test of the reciprocal links between irritability and ADHD symptoms.

Results: Univariate LGCMs revealed linear declines in irritability and hyperactivity/impulsivity and inattention from ages 3 to 7. Parallel process models showed that higher initial levels and steeper increases in irritability were strongly associated with higher levels and increases in ADHD symptoms ($\beta = 0.54-0.72$, $p < 0.001$).

Traditional CLPMs suggested significant, bidirectional reinforcing cycles between all constructs across all waves. However, random-intercept CLPMs, which disaggregate stable trait-like differences from state-level fluctuations, provided more nuanced results.

At the within-person level, ADHD symptoms at age 3 significantly predicted irritability at age 5 (beta = 0.05-0.07, $p < 0.01$), but early irritability did not predict later ADHD symptoms. Reciprocal associations only emerged between ages 5 and 7. These findings suggest that early ADHD symptoms may drive subsequent irritability, and that traditional models may overestimate longitudinal effects by failing to account for stable individual differences.

Discussion: This study identifies a linear decline in irritability from ages 3-7 and highlights its dynamic co-development with ADHD subdimensions. Parallel-process models suggest that higher initial irritability hinders the natural improvement of hyperactivity and inattention, while ADHD symptoms conversely impede the resolution of irritability. Using RI-CLPM, we found that while trait-level links are stable, state-level predictive effects of irritability on ADHD symptoms emerge specifically during the 5-7-year period. This suggests a sensitive period where irritability transitions from a stable trait to a driver of behavioral impairment as school-age demands increase.

Clinically, the 3-5-year period is a critical window for emotion regulation interventions to prevent later difficulties. By ages 5-7, practitioners must monitor the reciprocal escalation of symptoms. Integrating irritability into early screenings is essential for timely intervention and mitigating long-term behavioral escalation.

P-09-002

Emotional Profiles in Adolescents With ADHD: A Person-Centered Analysis of Emotion Regulation, Resilience, and Internalizing Symptoms

Submitter: Zeynep Seda Albayrak, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Emotion dysregulation and internalizing symptoms are increasingly recognized as core dimensions of attention-deficit/hyperactivity disorder (ADHD), particularly during adolescence. However, substantial emotional heterogeneity exists among clinically referred adolescents with ADHD, which is often obscured by symptom-based diagnostic frameworks. This study aimed to identify distinct emotional profiles in adolescents with ADHD using a person-centered, data-driven approach integrating emotion regulation difficulties, resilience, and internalizing symptoms. A secondary objective was to examine clinical and demographic correlates of these profiles, with the goal of informing more tailored assessment and intervention strategies.

Methods: This multicenter, cross-sectional study included 109 clinically referred adolescents aged 11-18 years with DSM-5-diagnosed attention-deficit/hyperactivity disorder (ADHD) recruited from outpatient child and adolescent psychiatry clinics. Adolescents completed validated self-report measures of emotion regulation difficulties (Difficulties in Emotion Regulation Scale-16), resilience (Connor-Davidson Resilience Scale), and internalizing symptoms (Revised Child Anxiety and Depression Scale). Parents completed parent-report measures of ADHD symptom severity and functioning (SNAP-IV), as well as self-report measures of their own emotion regulation difficulties and resilience. A data-driven, person-centered clustering approach was applied using adolescent-reported emotion regulation difficulties, resilience, and internalizing symptoms to identify distinct emotional profiles. Cluster solutions were evaluated based on statistical fit and clinical interpretability. Group differences were examined across demographic and clinical variables. Additionally, mediation analyses tested whether emotion regulation difficulties mediated the association between resilience and internalizing symptom severity.

Results: The data-driven clustering analysis identified four distinct emotional profiles among adolescents with ADHD. Profiles were defined by graded patterns of emotion regulation difficulties, resilience, and internalizing symptoms. Notably, one clinically distinctive profile emerged, characterized by high emotion regulation difficulties, low resilience, and markedly elevated internalizing symptoms, representing a subgroup with substantial emotional vulnerability. In contrast, another profile showed low dysregulation and high resilience with minimal internalizing burden, while two intermediate profiles reflected mixed patterns of dysregulation and internalizing symptoms.

Clusters did not differ in core ADHD symptom severity, indicating that emotional profiles were not explained by ADHD symptom load alone. Female adolescents were overrepresented in profiles with higher internalizing burden. Parental self-reported emotion regulation and resilience did not differ significantly across clusters. Across the full sample, emotion regulation difficulties partially mediated the association between resilience and internalizing symptom severity.

Discussion: This study demonstrates marked emotional heterogeneity among adolescents with ADHD using a data-driven, person-centered framework. The identification of a clinically distinctive profile characterized by high emotion regulation difficulties, low resilience, and elevated internalizing symptoms highlights a subgroup with heightened emotional vulnerability not captured by ADHD symptom severity alone. The absence of differences in core ADHD symptoms across profiles underscores the importance of transdiagnostic emotional dimensions in adolescent ADHD. The partial mediating role of emotion regulation difficulties in the association between resilience and internalizing symptoms suggests a plausible mechanistic pathway linking adaptive capacity to emotional burden. The lack of cluster-level differences in parental emotion regulation and resilience points to increasing emotional autonomy during adolescence. Together, these findings support the clinical value of incorporating emotion regulation-focused assessment and intervention strategies into routine ADHD care and provide a framework for future longitudinal and neurobiological research.

P-09-003

Emotional Symptoms as Key Predictors of Environmental Sensitivity in Children With Attention-Deficit/Hyperactivity Disorder

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition frequently accompanied by emotional difficulties; however, the role of Environmental Sensitivity in this population remains insufficiently understood. Environmental Sensitivity reflects individual differences in perceiving, processing, and responding to sensory and emotional information and has been linked to both vulnerability and adaptive functioning. Increasing evidence suggests that heightened sensitivity may interact with emotional symptoms, contributing to variability in clinical presentations. This study compared Environmental Sensitivity between children with ADHD and typically developing peers and examined factors predicting Environmental Sensitivity beyond ADHD diagnosis.

Methods: The sample comprised 30 children aged 8-17 years diagnosed with ADHD and age-matched typically developing controls (28 girls, 32 boys). ADHD diagnoses were established by child and adolescent psychiatrists according to DSM-5 criteria, based on clinical interviews and developmental history. Environmental Sensitivity was assessed using the parent-report Highly Sensitive Child Scale-21 Items (HSC-21). Emotional symptoms were measured using the Child Behavior Checklist Anxiety/Depression subscale (CBCL-A/D). To evaluate health-related quality of life and psychosocial functioning, parents completed the KIDSCREEN-27. Social functioning and autism-related social communication difficulties were assessed using the Social Responsiveness Scale (SRS) to characterize social responsiveness and to control for subclinical social difficulties that may be associated with heightened sensitivity. Group differences and predictive relationships were examined using multiple linear regression analyses. Statistical significance was set at $p < 0.05$.

Results: A multiple linear regression analysis was conducted to examine whether ADHD diagnostic status and anxiety/depressive symptoms predicted environmental sensitivity. The overall model predicting HSC-21 total scores was significant ($R^2 = .205$, $p = .001$). CBCL Anxiety/Depression scores emerged as a significant predictor of environmental sensitivity ($\beta = .350$, $p = .009$), whereas ADHD diagnostic status did not independently predict environmental sensitivity after controlling for emotional symptoms ($\beta = .172$, $p = .193$). In a separate regression analysis, ADHD diagnostic status significantly predicted CBCL Anxiety/Depression scores ($R^2 = .194$, $p < .001$), indicating higher levels of anxiety and

depressive symptoms in the ADHD group. SRS total scores were not significantly associated with Environmental Sensitivity ($\beta = .149$, $p = .257$), and the combined model including ADHD diagnostic status and KIDSCREEN-27 subscales did not significantly predict Environmental Sensitivity ($R^2 = .118$, $p = .319$).

Discussion: The present findings indicate that Environmental Sensitivity in children is more closely associated with anxiety and depressive symptoms than with ADHD diagnosis itself. Although children with ADHD exhibited higher levels of emotional symptoms, diagnostic status did not independently account for increased sensitivity once emotional symptoms were considered. This pattern suggests that heightened Environmental Sensitivity observed in children with ADHD may be largely driven by co-occurring emotional difficulties rather than core ADHD features alone. Consistent with transdiagnostic models, these results support conceptualizing Environmental Sensitivity as a feature influenced by emotional vulnerability across diagnostic categories. Clinically, assessing Environmental Sensitivity together with emotional symptoms may help to better understand individual differences, support early identification of children at emotional risk, and guide the development of individualized psychosocial interventions in both clinical and non-clinical settings.

P-09-004

The Complex Interplay of Trait Anxiety and Emotional Dysregulation in ADHD: A Multi-level Behavioral, Cognitive, and Neuroimaging Analysis

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aimed to investigate differences in executive function, cognitive performance, and emotion regulation among children with Attention Deficit/Hyperactivity Disorder (ADHD), stratified by emotional lability (EL) and anxiety traits. Functional magnetic resonance imaging (fMRI) was further obtained to examine potential neurobiological mechanisms.

Methods: A total of 594 children with attention-deficit/hyperactivity disorder (ADHD) and 109 healthy controls (HC) were recruited. Based on the Emotional Lability (EL) and Anxiety subscales of the Conners Parent Rating Scale, ADHD participants were classified into three subgroups: ADHD+EL+ANX, ADHD+EL-ANX, and ADHD-EL. Caregivers completed the ADHD Rating Scale (ADHD-RS), Behavior Rating Inventory of Executive Function (BRIEF), and Emotional Regulation Checklist (ERC), and children completed the Emotion Regulation Questionnaire (ERQ). Cognitive function was assessed using the Wechsler Intelligence Scale for Children (WISC), and a subset completed the Cambridge Neuropsychological Test Automated Battery (CANTAB). Group comparisons used ANCOVA controlling for age and sex, with Bonferroni correction. Resting-state fMRI was collected from 230 participants (140 ADHD, 90 HC), and whole-brain voxel-wise amygdala subregional functional connectivity was compared across groups. Significant clusters were further examined using brain-behavior partial correlations with FDR correction.

Results: After controlling for age and sex, emotion regulation profiles showed a gradient: the ADHD+EL subgroups had the poorest profile (lower emotion regulation and higher emotional lability), followed by ADHD-EL, with HC showing the best performance. Within ADHD+EL, ADHD+EL+ANX showed lower emotion regulation scores than ADHD+EL-ANX, and cognitive reappraisal was reduced across ADHD groups. BRIEF indicated executive dysfunction in ADHD, most pronounced in ADHD+EL+ANX, especially for shifting; ADHD+EL-ANX also showed greater inhibition and emotional control difficulties than ADHD-EL. On CANTAB, all ADHD groups showed slowed RTI performance, while reduced RVP A and increased SSTDEG were observed in ADHD+EL-ANX and ADHD-EL. Amygdala connectivity was subgroup-specific: ADHD+EL-ANX showed reduced right centromedial/superficial amygdala-frontal connectivity, whereas ADHD+EL+ANX showed increased right laterobasal amygdala-limbic connectivity. Laterobasal amygdala-anterior cingulate connectivity correlated with BRIEF shifting.

Discussion: In this cross-sectional sample, anxiety traits were associated with greater emotion regulation difficulties-primarily lower regulatory capacity rather than heightened emotional reactivity-and with more pronounced impairment in cognitive flexibility (shifting) and related executive control measures.

The dissociable amygdala subregional connectivity patterns further suggest that emotion dysregulation in ADHD may arise from distinct neurofunctional routes: insufficient coupling between emotion-generating and regulatory networks in non-anxious dysregulated ADHD, versus enhanced amygdala-limbic engagement related to contextual learning and internal-state monitoring in anxious dysregulated ADHD. The specific linkage between basolateral amygdala-cingulate coupling and shifting difficulties highlights a candidate emotion-cognition integration pathway that may underlie flexibility deficits.

Together, the study advances an emotion-informed stratification framework and provides a mechanistic basis for targeted interventions addressing regulatory control and anxiety-related contextual processing.

P-09-005

Phubbing in Adolescents with Attention-Deficit/Hyperactivity Disorder: Associations with Adolescents' Emotion Regulation Difficulties and Maternal Alexithymia

Submitter: Müge Mutlu, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Phubbing, defined as ignoring others in favor of smartphone use, has increasingly been conceptualized as a maladaptive behavioral pattern among adolescents. Difficulties in emotion regulation are frequently discussed as an important correlate of problematic digital behaviors, particularly in clinically vulnerable groups such as adolescents with attention-deficit/hyperactivity disorder (ADHD). In parallel, maternal emotional characteristics, including alexithymia, have been suggested to be associated with emotion regulation difficulties in children and adolescents. However, in adolescents diagnosed with ADHD, the relative contribution of adolescents' own emotion regulation difficulties versus maternal alexithymic traits to phubbing behavior remains insufficiently understood. This study aims to examine the associations between adolescents' phubbing behavior, adolescents' emotion regulation difficulties, and maternal alexithymic traits in a clinical sample of adolescents with ADHD.

Methods: This cross-sectional study reports preliminary findings from an ongoing larger project and includes 69 adolescents aged 12-17 years diagnosed with ADHD (mean age = 13.4 ± 1.7 years). Maternal alexithymia, adolescents' emotion regulation difficulties, and phubbing behavior were assessed using standardized self-report measures. Mediation analyses were conducted using Hayes' PROCESS macro (Model 4).

Results: Maternal alexithymia was not significantly associated with adolescents' emotion regulation difficulties ($B = 0.15$, $p = .39$) or phubbing behavior ($B = -0.03$, $p = .90$). In contrast, adolescents' emotion regulation difficulties were significantly and positively associated with adolescents' phubbing behavior ($B = 0.68$, $p < .001$). The indirect association between maternal alexithymia and adolescent phubbing through adolescents' emotion regulation difficulties was not statistically significant ($ab = 0.10$, 95% CI $[-0.09, 0.40]$).

Discussion: These preliminary findings suggest a relatively stronger association between adolescents' emotion regulation difficulties and phubbing behavior compared to maternal alexithymic traits among adolescents with ADHD. Interventions that target adolescents' emotion regulation capacities may therefore be particularly relevant for addressing problematic smartphone-related behaviors in this population.

P-09-006

Time-specific daily functional impairments and their associations with emotional and behavioral problems in children and adolescents with attention-deficit/hyperactivity disorder

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Associated with substantial impairments in daily functioning, attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders. But, the relationships among daily functional difficulties, core ADHD symptoms, and emotional and behavioral problems have not been fully explained.

Methods: Using data from the children's mental health registry at the National Kohnodai Medical Center, included in this study were 413 children and adolescents aged 6-15 years who were diagnosed with ADHD. By using the Strengths and Difficulties Questionnaire, emotional and behavioral problems were assessed, and this questionnaire comprises five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. Daily functional impairments across specific times of the day were evaluated using the Questionnaire-Children with Difficulties (QCD), which is composed of six domains: morning, school, after school, evening, night, and total. Two multivariable regression analyses were carried out to identify clinical factors that are associated with baseline daily functional impairments and to examine clinical determinants of pharmacological treatment initiation within 90 days after the initial visit.

Results: Scores for each QCD domain were significantly associated with the severity of ADHD symptoms. Daily functional impairments were connected to emotional and behavioral problems, with functional difficulties experienced at school showing particularly associated with conduct problems, while impairments occurring at home were associated with emotional symptoms. Prosocial behavior was identified as a protective factor against daily functional impairments. It was revealed on multivariable analyses that emotional symptoms and peer relationship problems were associated with functional impairments during school, whereas inattention symptoms and conduct problems were associated with functional impairments at home. In addition, it was shown in multivariable logistic regression analyses that functional impairments during the evening and night at home were associated with the initiation of ADHD medication within 90 days of the initial visit. On the contrary, there were no significant associations observed between medication initiation and the severity of ADHD symptoms or emotional and behavioral problems.

Discussion: These findings indicate specific interactions between daily functional impairments and emotional and behavioral problems in children and adolescents with ADHD. Moreover, functional impairments at home-in particular during the evening and

night-may play a more crucial role in the decision to initiate medication for ADHD than the severity of core ADHD symptoms. Our results suggest that interventions for children and adolescents with ADHD should place greater emphasis on daily functioning at home and on supporting stable parent-child relationships.

P-09-007

Association Between Parental Reflective Functioning and Children's Emotion Regulation: Moderation by Attention-deficit/Hyperactivity Disorder

Submitter: Yu-Ju Lin, CCC

Co-Authors: Y. Lin, H. Lu, S. Gau

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Children with attention-deficit/hyperactivity disorder (ADHD) exhibit greater difficulties in emotional regulation than neurotypical children. Although better parental reflective functioning (PRF) is generally associated with better child emotional regulation, parents of children with ADHD tend to show lower PRF. This study addressed a significant gap by examining whether ADHD status moderates the association between PRF and children's emotional regulation.

Methods: The sample consisted of 144 children aged 5-16 years, including 78 children with ADHD (mean age = 8.34 ± 2.42 years; 59 boys) and 66 neurotypical controls (mean age = 9.62 ± 2.86 years; 41 boys), along with their parents. Data were collected on PRF and educational level, as well as children's emotion regulation, irritability, ADHD symptoms, and emotional and behavioral problems. Generalized Estimating Equations (GEEs) were used to examine associations between parental reflective functioning and children's emotion regulation, while accounting for family-level clustering.

Results: After adjusting for age and sex, children with ADHD showed significantly poorer emotion regulation (particularly in cognitive reappraisal and co-regulation with parents), a lower emotional threshold, and greater functional impairment related to irritability. Parents of children with ADHD also exhibited poorer reflective functioning, characterized by higher pre-mentalizing tendencies and reduced curiosity about their children's mental states underlying emotional expression. Overall, higher PRF was significantly associated with better emotion regulation and lower irritability in children. However, the association between PRF and children's emotion regulation was significantly attenuated in the ADHD group compared to controls. No significant interaction between ADHD and PRF was observed for irritability.

Discussion: These findings underscore the crucial role of parental reflective functioning in children's emotion regulation, including children with ADHD. The attenuated association between PRF and emotion regulation in the ADHD group suggests that neurocognitive deficits inherent to ADHD may limit the extent to which parental reflection can buffer emotional dysregulation. Accordingly, integrated treatment approaches that combine parent-focused emotion coaching with other interventions, including pharmacotherapy, may yield optimal outcomes.

Family processes in families of adolescents with ADHD

Submitter: Jan De Meulenaere, Belgium

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: ADHD is a complex condition that profoundly affects the daily lives of adolescents and their families. This exploratory study (N=3) aimed to gain in-depth insight into family dynamics in families with an adolescent with ADHD.

We examined how family members mutually influence one another in families with an adolescent diagnosed with ADHD. The focus was placed on the concept of agency, defined as the perceived sense of control over one's own behaviour and interactions with others, and how this sense of agency is expressed within the family context.

Whereas the literature often refers to the "parent-child relationship" as a single, homogeneous entity, the findings of this study suggest that each family relationship is unique and that substantial differences exist between families.

Methods: This pilot study (N=3) explored the feasibility of applying the Social Relations Model (SRM) in family research on ADHD.

The SRM is a statistical model for analysing different sources of variance in interpersonal behaviour and perception within families. The SRM uses a round-robin design in which each family member reports on his or her relationship with every other participating family member.

In our study, four-person families (two parents, two children) participated, resulting in twelve observed scores (each of four family members reporting on three other family members). According to the SRM (Cook, 1993, 1994; Kashy & Kenny, 1990), variance in every single familial relationship is explained by four sources of systematic variance; a perceiver effect, a target effect, a relationship effect and a family effect.

Results: The results indicate that, despite similar presenting concerns, each family appears to exhibit unique dynamics that may call for a specific and tailored approach. Perceptions of control and patterns of interaction within the families differed.

Discussion: By applying the Social Relations Model, family interactions were mapped in a detailed and systematic manner. This approach enabled the identification of patterns of influence and facilitated the exploration of which family members perceived themselves as more or less influential within the family system.

The results suggest that support interventions are likely to be more effective when they take the specific family dynamics into account, rather than relying on a uniform framework. A tailored, family-specific approach, also emphasised in the literature as essential for families of children with ADHD therefore appears warranted.

P-09-009

ADHD Symptom Domains and Parenting Stress

Submitter: Chien-Ho Lin, Taiwan

Co-Authors: C. Lin, M. Wang, C. Huang

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: his study aims to investigate the domain-specific associations between Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms and parenting satisfaction within the Taiwanese cultural context. We specifically tested whether oppositional defiant symptoms (ODD) and inattention are stronger predictors of reduced parenting satisfaction than hyperactivity/impulsivity.

Methods: A cross-sectional study was conducted with 72 primary caregivers (73.6% mothers) of children with ADHD (ages 6-12) at a medical center in Taiwan. Caregivers completed the SNAP-IV, Strengths and Difficulties Questionnaire (SDQ), and the Chinese Parenting Sense of Competence (C-PSOC) scale. Relative importance analysis (lmg method) with 1,000 bootstrap resamples was employed to quantify the unique contribution of symptom domains to parenting satisfaction

Results: ADHD symptom burden was significantly associated with lower parenting satisfaction. Relative importance analysis revealed that Oppositional (44% of explained variance) and Inattentive (36%) symptoms were the primary drivers of reduced satisfaction, whereas Hyperactivity (16%) contributed minimally. Stratified analyses indicated that for boys, satisfaction was compromised by externalizing behaviors, while for girls, internalizing symptoms emerged as a potent correlate. No significant reporting bias was found between mothers and fathers.

Discussion: Parenting burden in ADHD is domain-specific. In Taiwan, cultural premiums on academic achievement and obedience may explain why inattention and ODD exert a disproportionate impact on parental satisfaction. Interventions aiming to improve parental well-being should prioritize managing oppositional and inattentive symptoms rather than focusing solely on hyperactive behaviors. Clinicians should also consider child sex differences when addressing parental distress.

P-09-010

Caregiver Burden in Mothers of Children and Adolescents Diagnosed with Attention-Deficit/Hyperactivity Disorder

Submitter: Elif Ögümsögütlü, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-deficit/hyperactivity disorder (ADHD) is among the most prevalent psychiatric disorders of childhood and adolescence and has significant implications not only for affected children but also for their caregivers. Caregiver burden refers to the emotional, social, and functional demands experienced by families caring for children with ADHD. This study aimed to examine caregiver burden among mothers of children and adolescents diagnosed with ADHD and to investigate its associations with sociodemographic features, functional impairment, symptom severity, and treatment status during the COVID-19 pandemic. By comparing treated and untreated ADHD groups, the study sought to examine the relationship between pharmacological treatment status and caregiver burden and to identify clinical and functional factors associated with perceived burden.

Methods: This case-control study was conducted between March and July 2021 at the Pamukkale University Child and Adolescent Psychiatry Outpatient Clinic. The sample included 60 children and adolescents aged 6-14 years with ADHD and their mothers. Thirty consecutive untreated or newly diagnosed ADHD cases ($n = 30$; newly diagnosed or untreated for ≥ 6 months) and their mothers formed the untreated group, while 30 age- and sex-matched ADHD cases ($n = 30$; receiving regular pharmacological treatment for ≥ 6 months) receiving regular treatment and their mothers constituted the treated group. ADHD diagnoses were confirmed using the K-SADS-PL-DSM-5-T. Caregivers completed the Caregiver Burden Interview (CBI), Weiss Functional Impairment Rating Scale-Parent Form (WFIRS-PF), and Conners' Parent Rating Scale-Revised Long Form (CPRS-RLF). Sociodemographic and clinical data were collected through face-to-face interviews. Group comparisons and correlation analyses were performed using appropriate statistical methods.

Results: The mean total CBI score was 25.3 ± 15.4 . According to severity categories, 58.3% of mothers reported at least mild caregiver burden. Caregiver burden scores did not differ significantly between the treated and untreated groups (25.1 ± 14.1 vs. 25.6 ± 16.8 , $p > 0.05$). Caregiver burden was not significantly associated with sociodemographic variables, caregiving characteristics. Caregiver burden showed a weak correlation with age at ADHD diagnosis ($r = -0.301$, $p = 0.019$) and the number of comorbid psychiatric diagnoses ($r = 0.267$, $p = 0.039$). Caregiver burden showed significant positive correlations with all domains of the WFIRS-PF ($r = 0.327 - 0.643$, all $p < 0.05$), with the strongest associations

observed for family functioning and total functional impairment. Significant correlations were also found between caregiver burden and all symptom domains of the CPRS-RLF ($r = 0.311 - 0.530$, all $p < 0.05$).

Discussion: The present findings indicate that caregiver burden is common among mothers of children and adolescents with ADHD and is more strongly associated with functional impairment and symptom severity than with pharmacological treatment status or sociodemographic factors. Caregiver burden showed significant correlations with all domains of functional impairment, particularly family functioning and total functional impairment, highlighting the role of daily functional difficulties in caregiver experiences. Higher levels of burden were associated with greater symptom severity, especially cognitive problems/inattention and anxiety-shyness. The lack of significant group differences in caregiving burden between treated and untreated groups suggests that pharmacological treatment alone may be insufficient to address caregiving demands. These findings underscore the importance of evaluating both symptom profiles and functional outcomes when assessing treatment effects. Accordingly, integrated pharmacological and psychosocial approaches may help reduce caregiver burden, and the pandemic context should be considered when interpreting these findings.

P-10

Neurodevelopmental Disorders: From Clinical Characterization to Intervention

P-10-001

**Sleep Quality Indicators in ASD and ADHD and Their Impact on Executive Function
iCASE Project: Investigation of Circadian Rhythms: Clinical Characterization in
Children with ADHD and ASD**

Submitter: Imma Insa Pineda, Spain

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Sleep problems are common in Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Pediatric insomnia, characterized by difficulties in falling asleep and multiple nighttime awakenings, reaches a prevalence of 50% in the ASD population. Sleep problems can worsen daytime behaviors and core diagnostic symptoms, as well as increase parental stress levels. Multiple studies suggest that poor sleep quality is associated with executive functioning and attention problems.

Aim: To analyze the impact of screen exposure on attentional performance, Emotional Self-Regulation, and sleep

Methods: This was a cross-sectional, observational, descriptive case-control study. The sample consisted of three subgroups (ASD group, ADHD group, and Control group). The control group consisted of neurotypical participants with no neurodevelopmental disorders. N=91 children (NDDs n=59; CONTROL n=32)

A case-control study

All participants were between 7 and 12 years of age. None had taken psychopharmacological medication or other sleep-inducing products that could interfere with the sleep-wake cycle.

Using actigraphy, four sleep quality indicators were recorded over 10 consecutive days: total sleep time, physical activity, light exposure, and body temperature.

Parent-reported sleep quality questionnaires were also administered (Bruni Scale).

Executive functioning was assessed in all participants using the NEPSY-II neuropsychological battery.

Results:

Screen exposure, especially 2-3 hours before bedtime, is associated with inattention, impulsivity, and sustained attention.

Greater screen exposure is associated with a later sleep midpoint, poorer sleep quality, and poorer performance on attention tests.

The potential disruptive effect of screens on sleep, attentional functioning, and deficits in DERS, appear to be linked to poorer sleep quality.

Discussion: This study examined the relationship between sleep quality, executive

functioning, and cortisol levels in children with ASD and ADHD compared to a neurotypical control group. The combination of objective measures (actigraphy and cortisol) and subjective assessments (parent-reported questionnaires) provides a comprehensive evaluation of sleep patterns in these populations.

The findings suggest alterations in several sleep quality indicators in the clinical groups, consistent with previous literature. These alterations were reflected in both actigraphic recordings and parental reports, reinforcing their clinical relevance. Additionally, poorer sleep quality was associated with lower executive functioning performance, as assessed by the NEPSY-II battery, supporting the modulatory role of sleep on cognitive processes.

P-10-002

Sensory symptoms in adolescence: Hyposensitivity is associated with ADHD-related inattention independent of ASD traits

Submitter: Yosuke Ishijima, Japan

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Sensory symptoms, including hypersensitivity and hyposensitivity, are well documented in autism spectrum disorder (ASD) and also occur in attention-deficit/hyperactivity disorder (ADHD). Whether hyposensitivity, conceptualized as low registration, is specifically linked to ADHD-related inattention remains unclear once overlapping ASD traits are considered.

Methods: Participants were 713 adolescents (mean age = 13.2 years) from the Hamamatsu Birth Cohort Study for Mothers and Children, Japan. The Adolescent/Adult Sensory Profile was used to assess four sensory quadrants (low registration, sensation seeking, sensation avoiding, sensory sensitivity). Conners 3 provided T-scores for ADHD traits (Inattention and Hyperactivity/Impulsivity), and the Social Responsiveness Scale-2 provided T-scores for ASD traits (Social Communication and Interaction and Restricted Interests and Repetitive Behavior). Linear regression analyses tested associations between sensory quadrant scores and ADHD traits, adjusting for sex, birth order, and ASD traits.

Results: After full adjustment, the Inattention T-score remained significantly associated with low registration ($B = 0.132$, $P = .002$), whereas associations with other sensory quadrants were not significant. The Hyperactivity/Impulsivity T-score was positively associated with sensation seeking, and Social Communication and Interaction was positively associated with sensation avoiding. Sensation seeking showed inverse associations with ASD traits.

Discussion: Low registration, reflecting hyposensitivity, was uniquely associated with ADHD-related inattention rather than ASD traits, whereas sensation avoiding was specifically related to ASD-related social-communication difficulties. Using a large population-based adolescent cohort, these findings indicate that sensory symptoms are not uniformly ASD-specific but are dimensionally distributed across neurodevelopmental traits.

P-10-003

Understanding Grief in Neurodevelopmental Disorders: Clinical Features and Challenges

Submitter: Gaye Türkmen Noyan, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: With increasing life expectancy and broader social participation, bereavement in individuals with neurodevelopmental disorders (NDDs) has become more visible. Although grief is a universal adaptive process, it is often overlooked or misinterpreted in this population. In autism spectrum disorder (ASD) in particular, communication differences, difficulties in understanding abstract concepts, and strong dependence on routines complicate the expression and recognition of grief. Moreover, beyond the loss itself, secondary environmental and daily life changes may lead to additional adjustment difficulties. This study aims to explore the specific characteristics of grief in individuals with NDDs. Increasing clinical awareness is essential for improving assessment and supportive interventions, and the findings are expected to inform multidisciplinary research.

Methods: This study was designed as an exploratory qualitative study. 13 individuals with NDDs who had experienced the loss of a first- or second-degree biological relative were included. Data were obtained through clinical assessments conducted with individuals with NDDs and their families. Comorbidities were evaluated using the K-SADS. Given the difficulties these individuals experience in completing self-report scales developed for neurotypical populations, and considering the subjective nature of grief, the Beier Sentence Completion Test was used to identify core themes in their thoughts, as it requires minimal guidance and is easier to understand. All participants were already being followed in child, adolescent, or adult psychiatry outpatient clinics when the loss of a loved one occurred. Instead of relying on a single cross-sectional assessment with limited data, the grief process was evaluated using information obtained from repeated psychiatric interviews.

Results: The sample consisted of 11 children/adolescents and 2 youths, (mean age=12.26). Eleven participants were diagnosed with ASD, including 5 with comorbid ID, 6 with IQs>70, while 2 had CP with mild ID. the average duration of grief reactions following loss was 24.5 months. The most common grief-related symptoms were irritability, obsessive behaviors, and increased rigidity in routines. Families frequently reported excessive preoccupation with death and repetitive recounting of memories. Depressed mood and sleep problems were rarely observed. Parents noted intense anger outbursts, particularly in response to secondary losses after the death. Following bereavement, most participants were unable to understand the irreversibility of death (n = 7) or could only

grasp its concrete aspects ($n = 4$). Many attributed death to idiosyncratic causes and believed others might die for the same reason. Understanding of death's causality and inevitability was evident only in the two youths.

Discussion: This study demonstrates that grief in individuals with NDDs differs qualitatively from that of neurotypical individuals and often presents with atypical features. Even when the concept of death is not fully understood, individuals are still deeply affected by loss. The prominence of irritability, obsessive behaviors, and rigid adherence to routines suggests that grief in NDDs is more likely expressed through behavioral and externalized manifestations. The relative absence of typical indicators, such as depressed mood and crying, together with limited understanding of death, increases the risk of grief being overlooked in clinical settings. In addition, concrete and idiosyncratic explanations of death suggest abstraction difficulties associated with NDDs, independent of cognitive level. The impact of post-loss environmental changes highlights the importance of assessing disruptions in routines and behaviors alongside emotional responses. Finally, the prolonged duration of grief reactions underscores the need for long-term mental health support following bereavement.

P-10-004

Intersection of Neurodivergence and School Absenteeism: Gendered Pathways, Psychopathology, and Clinical Implications from a Retrospective Case Series

Submitter: Asha Allaparthi, India

Co-Authors: S. Narayanan, V. Gopalakrishnan

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The primary objective of this study was to explore the intersection between neurodivergence and school absenteeism in adolescent girls, with a specific focus on identifying gender-specific clinical pathways that contribute to delayed recognition and chronic non-attendance. Secondary objectives included: (1) characterizing the neurodevelopmental profiles and psychiatric comorbidities associated with school absenteeism in girls; (2) examining psychosocial, familial, and school-related precipitants and maintaining factors; (3) mapping clinical presentations onto contemporary functional and transdiagnostic models of school refusal; and (4) evaluating short-term outcomes following individualized, multimodal interventions. By integrating empirical literature with clinical data, the study aimed to move beyond attendance-focused explanations and reframe school absenteeism as an epiphenomenon of unmet neurodevelopmental and emotional needs. The overarching goal was to generate clinically actionable insights relevant to early identification, personalized intervention planning, and prevention of long-term academic and psychosocial impairment in neurodivergent girls.

Methods: This retrospective case series was conducted in a tertiary Child and Adolescent Psychiatry service in India. Clinical records of ten adolescent girls aged 12-15 years presenting with persistent school absenteeism were systematically reviewed. All participants met DSM-5 and/or ICD-11 criteria for at least one neurodevelopmental disorder, including predominantly inattentive or combined Attention-Deficit/Hyperactivity Disorder, specific learning disorder, and/or autism spectrum traits. Extracted variables included developmental history, academic performance, emotional and behavioural symptoms, somatic complaints, peer relationships, family dynamics, school environment, psychiatric comorbidities, and treatment trajectories. School absenteeism was conceptualized using a functional and ecological framework incorporating individual, familial, and school-level influences. Interventions comprised psychoeducation, individualized educational accommodations, cognitive-behavioural and supportive psychotherapy, family-based interventions, structured school liaison, and selective pharmacotherapy where indicated. Outcomes were descriptively evaluated based on clinical improvement and school reintegration over a six-month follow-up period.

Results: Across cases, school absenteeism emerged as the endpoint of cumulative, self-reinforcing interactions between unrecognized neurodevelopmental difficulties, escalating academic demands, anxiety, and avoidance. Most girls demonstrated predominantly

inattentive or mixed neurodevelopmental profiles accompanied by internalizing symptoms, emotional dysregulation, somatic complaints, low self-esteem, and heightened sensitivity to evaluation. Peer stress, bullying, and perceived academic failure commonly precipitated absenteeism, while high parental expectations, limited awareness of neurodivergence, and inflexible school environments functioned as key maintaining factors. Neurodevelopmental needs were frequently masked by compliant behaviour and academic striving, contributing to delayed identification and intervention. Although initial school avoidance transiently reduced distress, it subsequently resulted in academic decline, guilt, and worsening anxiety or mood symptoms. Individualized, multimodal interventions enabled gradual school reintegration in most cases within six months, alongside improved emotional regulation and family functioning.

Discussion: This case series highlights school absenteeism in neurodivergent girls as a gendered, developmentally mediated phenomenon rather than a unitary behavioural problem. Internalizing symptom profiles, sociocultural expectations, and educational systems insufficiently attuned to neurodiversity contribute to delayed recognition and amplification of distress. School absenteeism functions as an epiphenomenon arising from sustained person-environment misfit, underscoring the need for early, nuanced, and developmentally informed assessment. Findings support a shift away from punitive or attendance-driven approaches toward personalized, function-based, and systems-oriented interventions integrating emotional regulation, executive functioning support, family engagement, and school collaboration. Gender-sensitive and neurodiversity-affirming frameworks are essential to preventing chronic absenteeism, secondary psychiatric morbidity, and long-term academic and psychosocial impairment, with important implications for clinical practice, school mental health policy, and future research.

P-10-005

The Role of Omega-3 Polyunsaturated Fatty Acids in Children with ADHD and ASD

Submitter: Jane Pei-Chen Chang, CCC

Co-Authors: J. Chang

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Omega-3 polyunsaturated fatty acids (n-3 PUFAs) have been linked to attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). This study assessed the efficacy of n-3 PUFA supplementation in children with these conditions.

Methods: A case-control study (n=42), a meta-analysis (n=534), and a double-blind, randomized, placebo-controlled trial (DBRCT) (n=92) were conducted for ADHD. A separate DBRCT (n=17) examined n-3 PUFA supplementation in ASD.

Results: Children with ADHD had significantly lower n-3 PUFA levels ($p=.02$) and total n-3 levels ($g=.58$, $p=.0001$) compared to controls. Supplementation improved ADHD symptoms ($g=.38$, $p<.0001$), with high-dose EPA (1.2 g/day) enhancing attention ($p=.015$) and vigilance ($p=.036$) in those with low baseline n-3 levels. ASD trial results (1 g EPA or DHA) are under analysis.

Discussion: ADHD children have lower n-3 PUFA levels, and supplementation, especially with EPA, improves symptoms and cognitive function. ASD trial results will be shared at the conference.

P-10-006

Stimulants versus non-stimulants for ADHD comorbid with Autism Spectrum Disorder: comparative efficacy, tolerability, and molecule-level ranking - systematic review and network meta-analysis protocol

Submitter: Fabio Ogera Cayres, Brazil

Co-Authors: F. Ogera Cayres

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) frequently co-occur and are associated with greater functional impairment. Although stimulants are often considered first-line for ADHD, tolerability in ASD is heterogeneous, and direct comparative evidence against non-stimulants remains limited. We aim to compare and rank, at both class and molecule level, the efficacy and tolerability of stimulant versus non-stimulant medications for ADHD in individuals with ASD, prioritizing ASD-relevant adverse events and functional outcomes.

Methods: We will conduct a systematic review and network meta-analysis registered in PROSPERO (CRD420251168613). Primary analyses will include randomized controlled trials enrolling participants with confirmed ASD and comorbid ADHD, primarily ages 6-18, with 4-12 weeks of follow-up. Interventions will include methylphenidate (IR/ER analyzed separately when appropriate), lisdexamfetamine, and amphetamine preparations; comparators will include atomoxetine, guanfacine ER, clonidine ER, viloxazine when available, and placebo. Co-primary outcomes are (1) change in ADHD symptom severity (ADHD-RS preferred; SNAP-IV; ADHD-focused CGI when applicable) using a prespecified informant hierarchy and (2) discontinuation due to adverse events. We will use random-effects pairwise meta-analyses and a frequentist network meta-analysis, assess risk of bias (RoB 2/ROBINS-I), and rate certainty with GRADE.

Results: This is an ongoing review. Pilot work has started, and the review is currently in the searching/study identification phase. Planned outputs include molecule- and class-level comparative estimates for ADHD symptom improvement and tolerability, rankings with uncertainty (e.g., SUCRA), and syntheses of ASD-relevant adverse events (irritability/aggression, sleep disturbance, appetite/weight change, tics, and cardiovascular parameters). Functional outcomes (e.g., adaptive functioning and school participation) will be summarized when data are available. Final results will be reported after completion of screening, data extraction, and quantitative synthesis.

Discussion: By integrating head-to-head and placebo-controlled evidence through network meta-analysis, this review will provide a contemporary hierarchy of stimulant and non-stimulant options for ADHD in ASD at the molecule level. Emphasizing ASD-relevant adverse events and functional outcomes may improve clinical usefulness for first- and

second-line prescribing decisions. The review may also identify evidence gaps such as limited head-to-head trials, short follow-up, and underreported functional outcomes, informing priorities for future comparative studies.

P-10-007

A comprehensive program for developing independence skills in adolescents with developmental disorders

Submitter: Natalia Maltseva, Russian Federation

Co-Authors: N. Maltseva, D. Parschikov, M. Gurin

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The study aimed to evaluate the dynamics of independence skills during a comprehensive intervention in a supported residential project for adolescents with developmental disorders .

Methods: 20 participants were included in the study (13 males and 7 females, mean age 18.1 years, SD 3.6). All program participants undergo diagnostics at the beginning and end of the academic year. In particular, a modified version of the I.C.A.N. scale (Independence and Competence in Activities of Daily Living; in the Russian adaptation - the "Assessment of Independence Skills" scale, ONSAM (Moiseeva, 2022)) was used to assess independence skills.

Qualitative sociological research methods were used to evaluate the broader impact of the intervention. Eight semi-structured interviews were conducted with adolescent parents to assess satisfaction with the intervention, the impact of the program on family life, and parent-child relationships.

Results: Significant differences were identified for the scales Self-Care Skills, Household Management Skills, Budgeting and Money Management Skills, Communication Skills, and the Total Score composite indicator ($p < 0.05$, $d > 0.8$). Parents report high levels of satisfaction and increased independence in their children. They report not only improved social skills but also greater agency and self-determination. At the same time, parents report fears and anxieties associated with their children's growing independence.

Discussion: Families with adolescents with developmental disabilities face significant challenges during the transition to adulthood. Combining qualitative and quantitative methods in intervention evaluation allows us to assess not only the increase in independence but also the impact of the intervention on family life.

Neurodevelopmental and Psychiatric Management of an Adolescent with CHAR Syndrome, Atypical Autism Spectrum Disorder, and ADHD: A Case Report

Submitter: Cansu Adiguzel Serttas, Türkiye

Co-Authors: C. Adiguzel Serttas, G. Ilcioglu Ekici

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To illustrate the psychiatric and neurodevelopmental manifestations of CHAR syndrome in adolescence and to highlight the diagnostic and therapeutic challenges associated with comorbid atypical autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD).

Methods: We present a detailed case report of a 16-year-old male adolescent diagnosed with CHAR syndrome caused by a heterozygous TFAP2B gene mutation. The patient was followed longitudinally in a child and adolescent psychiatry outpatient clinic. Clinical findings were supported by developmental history, psychiatric evaluation, and treatment response.

Results: The patient presented with irritability, aggressive behaviors, impulsivity, and oppositionality. Developmental history revealed significant delays in motor and cognitive milestones, limited eye contact, and stereotypic movements. The patient has received special education since early childhood, remained under continuous psychiatric follow-up. Despite being enrolled in 9th grade, his academic skills were below age expectations, he experienced difficulties in peer relationships. Symptoms worsened following a transition to another school and were accompanied by increased obsessive behaviors, social withdrawal, and inappropriate sexual behaviors. Previous pharmacological treatments, including methylphenidate, mirtazapine, and risperidone, resulted in insufficient improvement. Due to inappropriate behaviors, increased psychomotor activity, sleep disturbances, quetiapine and amisulpride were initiated while mirtazapine was discontinued. Quetiapine was titrated to 400 and amisulpride to 600 mg/day. Follow-up evaluations demonstrated improvements in obsessive symptoms, sleep regulation and aggression. Family psychoeducation and structured, team-based activity further contributed to improved social functioning and emotional regulation.

Discussion: CHAR syndrome is a rare neurodevelopmental condition that may present with complex psychiatric and behavioral manifestations during adolescence. Due to its rarity, evidence-based guidelines for psychiatric management are limited, and individualized, multimodal approaches are often required. This case highlights the importance of a comprehensive, individualized, and multimodal psychiatric approach in adolescents with CHAR syndrome presenting with complex behavioral symptoms.

P-10-009

Child Neurodevelopmental Disorders: Training for Diagnostics & Family-Based Intervention in Kurdistan Region-Iraq

Submitter: Nashmeel Hamah Ameen, Iraq

Co-Authors: N. Hamah Ameen, C. Bindt, J. Micheel

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective:

1- Professional Training: To train 24 interdisciplinary specialists in advanced diagnostic and intervention approaches for child neurodevelopmental disorders, with a focus on autism and intellectual disabilities.

2- Family-Based Intervention: To strengthen family involvement through an adapted version of the WHO Caregiver Skills Training that equip caregivers with practical knowledge and skills to support their children's development.

3- Cultural Adaptation: To translate and culturally adapt internationally validated diagnostic tools (**Autism Mental status Exam (AMSE), Autism Symptom Dimensions Questionnaire (ASDQ) and IQ Assessment Tools**) and educational materials into Kurdish for reliable and locally appropriate use.

4- Intersectoral Network: To establish a sustainable communication and referral network linking healthcare, education, and social services, including training educators in early assessment practices.

This project is funded through Hospital Partnership Program (GIZ, Germany) and supported by Sulaymaniyah Directory of Health. Kurdistan Save the Children (KSC) in Kurdistan region of Iraq.

Methods:

Preparation & Cultural Adaptation: diagnostic tools selected and prepared for translation Utilizing a "Forward-Back" translation method for translating tools into Kurdish and then back into English to ensure no loss of clinical meaning. Selecting 24 participants from the KRI based on their clinical background and capacity.

Capacity Building & Training

- Involving both face to face and online training of the participants.
- **Clinical Supervised Practice:** Trainees will work directly with patients at Shaheed Dr. Hemin Mental Health Hospital under the supervision of the trainers.
- **TOT (Training of Trainers):** preparing participants for their roles as "multipliers."

Implementation & Network Expansion: from the hospital to the community.

- **Establishment of the Diagnostic Center:** Formalize the specialized unit at the hospital, including the procurement of therapeutic equipment and assessment kits.
- **Inter-Ministerial Networking:** Facilitate coordination between the Ministry of Health and Ministry of Education to standardize referral pathways for children detected in schools.

Results: LONG-TERM OBJECTIVES:

By the end of this project, It is expected:

- Establishment of the first specialized diagnostic and treatment center for neurodevelopmental disorders.
- Permanent training of local clinical staff to ensure long-term sustainability.
- Creation of an internal training team for continued professional education.
- Improved early detection and intervention across healthcare and educational sectors.
- Enhanced institutional capacity within ministries and private service providers.

Evaluation: Assessing the efficacy of the Kurdish-adapted tools and the impact on the patient waitlist. The results shall be published in different articles.

Discussion: This project addresses a critical gap in child mental health services in the Kurdistan Region of Iraq by focusing on **capacity building, sustainability, and culturally responsive care**. By training interdisciplinary professionals and empowering them as multipliers, the initiative moves beyond short-term intervention toward long-lasting systemic impact. The emphasis on family-based approaches recognizes the central role of caregivers in supporting children with neurodevelopmental disorders, particularly in contexts where professional governmental services are limited. Furthermore, the adaptation and translation of diagnostic tools into Kurdish enhances accessibility, accuracy, and cultural relevance of assessments. Establishing a specialized diagnostic and treatment center, alongside a cross-sector communication network, strengthens integration between healthcare, education, and social services. Overall, the project contributes to the development of an integrated, community-oriented mental health care model that has the potential to significantly improve early detection, intervention, and outcomes for children with developmental challenges in the region.

hiFoon: A Digital Companion for Emotion Regulation in Adults with ADHD

Submitter: Alexandra Philipsen, Germany

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Adults with ADHD often experience significant difficulties in emotion regulation. It affects 34–70 % of adults with ADHD and is associated with substantial impairments in quality of life and daily functioning. Despite its clinical relevance, ED is barely addressed in current ADHD digital health interventions. Standard therapy often cannot intervene at the very moment when emotion regulation becomes difficult in everyday life, as emotional challenges typically arise in the here and now. Long waiting lists for treatment and the limited frequency of therapy sessions highlight the need for practical tools that can be integrated into daily life and support individuals in practicing and strengthening emotion regulation skills in real time. hiFoon is a CE-certified Class I medical device that supports individuals with ADHD in managing symptoms by enhancing emotional competencies. It aims to improve emotion regulation through psychoeducational content and interventions based on acceptance and commitment therapy and dialectical behaviour therapy.

Measures: The digital emotion regulation intervention was evaluated in healthy controls and individuals living with ADHD. Following baseline assessment, participants used the app for six weeks. The app included a physiological anchoring tool that guided users through bodily grounding prior to documenting their current emotional state. Follow-up assessment was conducted after the intervention period. The ERSQ-27 was used as the primary endpoint. As no established minimal clinically important difference (MCID) was available for this measure, we derived the MCID for the present study. Data were collected online using standardized questionnaires and ecological momentary assessments to capture demographics, app usability, and emotion regulation outcomes. The RCT was registered in the German Clinical Trials Register (DRKS00039849).

Results: Most participants were female and just over half reported at least one psychiatric diagnosis. Seventy-two participants completed both data collections. The System Usability Scale indicated excellent usability (Grade A). Ninety-three percent felt better informed about emotion regulation, sixty-two percent reported improved emotion regulation competence. Since no official MCID has been established for the ERSQ to date, we independently estimated a clinically meaningful improvement as a change of ≥ 10 points on the ERSQ total score, based on distribution-based and between-group approaches in clinical versus non-clinical populations. Significant improvements at group level were observed in the Emotion Regulation Skills Questionnaire (ERSQ) from pre- to post-assessment ($d = 1.01$). Missing post-values were imputed with the LOCF-method.

Discussion: hiFoon addresses a major unmet need in ADHD care by providing a digital intervention focused on emotion regulation, a core difficulty that is highly relevant for daily functioning but still insufficiently targeted in routine treatment. The present data suggest

that hiFoon is user-friendly and capable of supporting emotion regulation, highlighting its potential as an innovative digital intervention to existing care pathways. Ongoing randomized controlled trials with ≥ 200 participants are currently conducted to further evaluate clinically relevant effects and clarify whether hiFoon can contribute to a more personalized, accessible digital ADHD treatment.

P-11

Autism I: Prevalence and Assessment

P-11-001

The Prevalence of Autism in Georgia: A Two-Phase Study of 8-10-Year-Old children

Submitter: Maia Gabunia, Georgia

Co-Authors: M. Gabunia, M. Zirakashvili

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism Spectrum Disorder (ASD) was rarely diagnosed in Georgia, a middle-income European country, before 2010, with essentially no documented data on affected children. This study aimed to provide the first prevalence estimates of ASD in Georgia by evaluating its occurrence among 8-10-year-old children.

Methods: Using a two-phase, population-based approach, the study screened third-grade students aged 8-10 years during 2019-2020 and conducted diagnostic assessments in 2020-2021. Screening tools included the Autism Spectrum Screening Questionnaire and Strengths and Difficulties Questionnaire. Diagnostic assessments utilized standardized measures such as the Autism Diagnostic Observation Schedule-II, Autism Diagnostic Interview-Revised, Test of Nonverbal Intelligence, Fourth Edition, Schedule for Affective Disorders and Schizophrenia for School-Age Children, Vineland Adaptive Behavior Scales-II, supplemented by speech, language, and communication tests. Screening data were obtained for 16,348 children (72.3% response rate; 50.1% females), with full diagnostic evaluations for 300 (mean age = 10.2 years; 31.7% females).

Results: The estimated prevalence was 4.25% (95% confidence interval [CI]: 3.95-4.55%), with higher rates among males (6.13%; 95% CI: 5.61-6.65%) compared to females (1.52%; 95% CI: 1.25-1.78%); the male-to-female diagnosis ratio was found to be 4:1.

Discussion: The prevalence rate indicates the urgent need for action towards early identification, diagnosis, and treatment of children with autism spectrum disorder in Georgia, particularly through training and strengthening of the workforce. The study provides a crucial foundation for future research and for improving healthcare systems and support for children with ASD and their families in Georgia.

P-11-002

Autism Spectrum Disorder (F-84): Incidence in Kosovo

Submitter: Behar Kamberi, Germany

Co-Authors: B. Kamberi, B. Kamberi

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism spectrum disorder is a neurobiological and developmental disorder that affects the way people interact with others, communicate, learn and behave. The objective of this paper is to raise awareness to help autistic children and is important for their self-acceptance, confidence and mental health, to adapt to the world around them. Sometimes it may seem as if most people do not accept children with autism. An accurate medical diagnosis must be based on observation of the individual's communication, social interaction and their activities and interests.

Methods: Due to the challenges experienced by children with autism, which affect their ability to be independent, the TEACCH method was developed. The TEACCH method is a structured form of teaching that focuses on the child's developmental needs, interests, and abilities to develop the child's autonomy.

Results: In a research conducted in 2023, where we participated as a team of doctors of 4 members: Me as a Child and Adolescent Psychiatrist, together with the pediatrician. In a Commission in the Social Scheme somewhere around 1500 patients, we have documented a large number of children with Autism, and we have noticed an increase in the number. As well as mental retardation in children,
---Of these 1500 patients
45% had Autism spectrum disorder
5% had pervasive spectrum disorder-Asperger Syndrome

Discussion: Autism is a lifelong developmental disability. The characteristics of the disability; poor or absent speech, avoidance of social contact or awareness, and behavioral routines are not experienced to the same degree by all those living with autism. How does autism impact life? Autistic people may act differently from other people and have difficulty understanding how other people think or feel. find things like bright lights or loud noises overwhelming, stressful, or unpleasant. become anxious or upset about unfamiliar situations and social events. take longer to understand information.

P-11-003

Prevalence of Autism Spectrum Disorder and Functioning of Children and Adolescents: A Population-Based Study in Chile

Submitter: Shamyr Sulyvan Castro, Brazil

Co-Authors: S. Castro, K. Cardoso, F. Sá, M. Machado, T. Núñez, D. Cid-Cofré

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To estimate the prevalence of Autism Spectrum Disorder (ASD) and characterize the functioning of children and adolescents in Chile.

Methods: We performed a secondary analysis of data from the 2022 Chilean National Health Survey, comprising a representative sample of 5,526 participants under 18 years. Functioning was assessed using distinct "capacity" (ability to execute tasks) and "performance" (actual execution in daily environment) scores. Prevalence of ASD was self-reported.

Results: The estimated prevalence of ASD was 2.86%. Individuals with ASD demonstrated significantly lower mean scores in both capacity and performance domains compared to neurotypical peers. Most participants with ASD were classified with severe disability. The condition was more prevalent in males and was significantly associated with greater dependency in daily activities and restricted social participation.

Discussion: This study identifies a significant prevalence of ASD in the Chilean youth and child population, accompanied by marked functioning losses. These findings highlight an urgent need for comprehensive public health strategies that integrate personalized support services with targeted initiatives to promote inclusion and reduce societal stigma.

P-11-004

Video-Based Screening Tool for Early Identification of Autism Spectrum Disorder

Submitter: Guiyoung Bong, Korea, Republic of

Co-Authors: G. Bong, Y. Jung, D. Song, J. Han, H. Yoo

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Early screening for autism spectrum disorder (ASD) is crucial as it allows for early identification and timely intervention, which can significantly accelerate developmental progress and prevent further developmental difficulties. Early intervention, especially during the neuroplastic period of infancy and toddlerhood, offers substantial benefits. However, screening tools that rely on questionnaires are susceptible to rater bias, and more complex tools requiring trained professionals can face supply limitations, particularly in underserved areas. Therefore, we aimed to develop an early ASD screening program that can be utilized regardless of regional constraints. Additionally, we sought to provide research-based results that can immediately be verified, addressing concerns of rater bias and contributing to more accurate screening outcomes. Our objective was to create a screening tool that is easily accessible, minimizes bias, and can be used to identify ASD effectively.

Methods: We developed a video-based ASD screening program using three monitors to elicit social responses from children. The video includes a presenter and uses engaging visual stimuli and scenarios to prompt joint attention initiation/responses, response to name, eye contact, social referencing, imitation, social smiling, and pointing. Each target behavior is observed twice. Scoring is based on response frequency: 0 points for responses to all attempts, 1 point for responses to one attempt, and 2 points for no response. Higher scores indicate greater social response limitations, suggesting ASD traits. Evaluations were conducted for all participants using the ADOS, ADI-R, and BeDevel to diagnose ASD. Five trained assessors conducted the evaluations, with all children receiving a clinically best-estimated diagnosis. Chi-square analysis was used to check group differences, and ROC analysis was conducted to determine the optimal screening cutoff, assessing sensitivity, specificity, PPV, and NPV.

Results: A total of 211 infants, aged 15-42 months (mean age 34 months), participated in the study. Of these, 140 children had ASD, 36 exhibited typical development, and 35 showed developmental delays. Statistically significant differences were found between groups in the following behaviors: response to name, social referencing, eye contact, social smiling, and pointing. Social referencing and social smiling showed significant differences at $p < 0.05$, name calling and eye contact at $p < 0.01$, and pointing behavior at $p < 0.001$. ROC analysis indicated an AUC greater than 0.7, suggesting acceptable to good discrimination. Sensitivity was 90.71%, but specificity was lower at 36.11%. The PPV was 73.41%, and the NPV was 66.67%, with a diagnostic agreement rate of 72.17%. These

results show that the screening tool can be a useful, sensitive method for identifying ASD in young children.

Discussion: Although the video-based ASD screening tool demonstrated high sensitivity, its specificity was somewhat limited, as evidenced by the ROC curve analysis. This limitation reflects the complexity of ASD's multifaceted nature and the variability of developmental characteristics in infants. Despite this, the tool remains valuable as a screening method due to its ability to detect subtle developmental difficulties that are not yet clearly evident. The structured, video-based approach increases response consistency and reduces rater bias, enhancing the reliability of the tool. Moreover, it can be applied in community settings, such as public health centers or childcare support centers, enabling the establishment of an efficient, large-scale screening system. This system could facilitate monitoring children's developmental progress and refer those requiring further evaluation to specialists, ultimately leading to timely and appropriate interventions.

P-11-005

Psychometric Validation of the Urdu Version of the Modified Checklist for Autism in Toddlers (M-CHAT)

Submitter: Khizra Mussadiq, Pakistan

Co-Authors: K. Mussadiq, H. Ahmad, S. Hadayat, I. Shabbir

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The current study tried to carry out psychometrics validation of Urdu version of the Modified Checklist for Autism in Toddlers (M-CHAT) to construct a culturally balanced screening instrument in the early detection of autism in the Pakistani general populations. The study thus dealt with the significant absence of validated screening tools to detect autism in the Urdu-speaking community since all the existing screening tools could not be culturally and linguistically adapted in Pakistani milieu.

Methods: The validation design used in the study is a cross-sectional design of 450 toddlers aged between 16-30 months, recruited in the sample at the pediatric clinics, child development centers, and community health facilities in Multan, Pakistan. The homegrown methodology entailed both forward and backward translation of the M-CHAT in the originating language, i.e., English to the target language i.e., Urdu, opinion of a panel of experts and pilot testing. The Urdu version of M-CHAT was administered to caregivers through the researcher's collection of data, including clinical evaluation of caregivers with the aid of standard diagnostic criteria as a gold standard. The statistical analysis involved reliability using Cronbach's alpha, construct validity via exploratory factor analysis and criterion validity by using sensitivity and specificity.

Results: The results showed an internal consistency (alpha 0.84) and reasonable test-retest reliability ($r = 0.78$). Urdu M-CHAT demonstrated good sensitivity (87%) and specificity (83%) in the detection of autism, the positive predictive value of 76 percent, and the negative predictive value of 91 percent. Factor analysis showed that the data could be partitioned into 3 factors that conformed to domains of core autism symptoms.

Discussion: The research findings stated that the Urdu M-CHAT was a valid and dependable screening scale in screening autism in Pakistani toddlers. The suggestions were the use of the approved tool in everyday pediatric practice, the education of health care professionals on early screening of autism, and the longitudinal study to determine the long-term duration of diagnosis and development outcome.

P-11-006

Translation, Cross-cultural adaptation and Pretest of the Girls Questionnaire for Autism Spectrum Condition (GQ-ASC) for Brazilian Portuguese

Submitter: Alex Spadini, Brazil

Co-Authors: A. Spadini, A. Caye, P. Verçoza

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism Spectrum Disorder (ASD) in adult women presents diagnostic challenges due to phenotypic features that differ from the classic male presentation, particularly social camouflaging and internalized symptoms. The Girls Questionnaire for Autism Spectrum Condition (GQ-ASC) was developed to address this gap. In Brazil, however, there is a lack of validated instruments specifically designed for this population. The objective of this work is to translate, culturally adapt, and conduct a pretest of the GQ-ASC for Brazilian Portuguese.

Methods: The study followed international guidelines for cross-cultural adaptation, including independent forward translations, synthesis, back-translation, and expert committee review. The pre-final version was administered to 31 adult women with a formal ASD diagnosis. The Social Responsiveness Scale, Second Edition (SRS-2), was used for exploratory convergent analysis. Cognitive debriefing interviews were conducted to assess item comprehension and cultural adequacy.

Results: Expert evaluation indicated high semantic, idiomatic, experiential, and conceptual equivalence across items. In the pretest sample, the mean total GQ-ASC score was 63.3, with most participants scoring above the original screening cutoff of 56. The instrument showed high acceptability and alignment with expected autism-related profiles. Qualitative feedback indicated that while the translation was accurate, some items required additional contextual clarification to reduce ambiguity. This led to the development of two Brazilian versions: a concise standard version and a detailed version including explanatory examples.

Discussion: The Brazilian Portuguese adaptation of the GQ-ASC was successful and demonstrated good cultural adequacy and comprehensibility. The scale shows promise as an auxiliary tool for identifying autistic traits in adult women in Brazil, warranting further psychometric validation in larger samples.

P-11-007

Internal Consistency and Inter-rater reliability of the CRIDI Observational Guide: Interview for the diagnosis of autism spectrum disorder (ASD)

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism spectrum disorders (ASD) are neurodevelopmental disorders with an average world prevalence of 1%. However, the pathways to receive a diagnosis are long, complicated, involving multiple contacts. The best practice for diagnosing ASD is the combination of a clinical interview that collects information about the child's development and the direct observation of the child's social interactions. Instruments like the ADI-R and ADOS separately require a long, complex training process and ongoing investment in materials to administer them. Few instruments combine a diagnostic interview with an observational element; therefore, several researchers are designing additional observational components for diagnostic interviews. In Mexico, Albores et al developed the CRIDI-ASD/interview in Spanish which is a brief semi-structured observational interview that consists of 20 items organized in algorithms based on DSM-5.

Objective: The purpose of our study was to validate the observational guide of the CRIDI-ASD interview.

Methods: Methods: An observational, prospective, and cross-sectional study was conducted. Two independent observers, a Senior Child/Adolescent Psychiatrist and a Child and Adolescent Psychiatry Resident trained in the scoring of the observational guide, rated the videos. The inter-observer reliability was analyzed through intra-class correlation coefficients (ICC) for all the observational items. Cronbach's Alpha Coefficient analyzed the observational items.

Results: Results: The total sample consisted of 25 children's videos of the CRIDI-ASD/interview. The average age was $M=4.6$ (range 2 to 9 years), of which 92.9% were male. Cronbach's Alpha Coefficient for the 39 observational items was $= 0.85$. The inter-rater reliability between the two observers' ratings showed a range between ICC 0.18 - 0.96, Mean: ICC= 0.85 (IC 95% .080-.092).

Discussion: The CRIDI-ASD/Interview is a Gold Standard for the diagnosis of ASD in Mexican, Latino, and Hispanic child and adolescent population living in the United States. The inter-rater reliability analyzed through intraclass correlation coefficients (ICC) was 0.91 (CI 95% .85-.95) $p=.001$ and the internal consistency (Cronbach alpha=0.91). The Kappa coefficient between the ASD diagnosis through ADI-R and/or K-SADS and/or Clinical Diagnosis and the CRIDI-ASD/DSM 5 Interview was $k=0.82$ with a Sensitivity of 92% and

Specificity of 95%.

Conclusions: The Observational Guide of the CRIDI-ASD interview showed excellent internal consistency and inter-rater reliability for all observational items (N=25 videos) coded by two observers. Globally, there is an urgent need for instruments for the ASD diagnostic assessment that are accessible, brief, reliable, valid, and culturally appropriate, without requiring extensive training.

P-11-008

Eating Behavior Assessment Tools in Children with Autism Spectrum Disorder: A Systematic Review of Psychometric Properties and Cross-Cultural Applicability

Submitter: Monica Scattolin, Brazil

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To systematically identify and compare instruments used to assess eating behaviors in children and adolescents with autism spectrum disorder, focusing on evaluated domains, psychometric quality, and cross-cultural applicability across different sociocultural contexts

Methods: A systematic review was conducted in accordance with PRISMA 2020 guidelines. PubMed, SciELO, LILACS, and Cochrane databases were searched for studies published in English or Portuguese up to February 2025. Eligible studies included participants under 18 years of age with ASD and reported the use or validation of eating behavior assessment tools. Data extraction included instrument characteristics, behavioral domains assessed, target population, and validation status. Methodological quality was evaluated using the COSMIN framework.

Results: A total of 67 studies were included, representing 18,355 children and adolescents and identifying 25 distinct eating behavior assessment instruments. Despite this apparent diversity, only a small subset of tools demonstrated adequate psychometric robustness for use in ASD populations. The Brief Autism Mealtime Behavior Inventory (BAMBI) emerged as the most consistently validated ASD-specific instrument, showing strong content validity and clinical relevance. The Children's Eating Behavior Questionnaire (CEBQ), although not ASD-specific, was widely used due to its broad behavioral coverage and adaptability; however, it showed limited sensitivity to core ASD-related feeding characteristics. Food Frequency Questionnaires were frequently applied to estimate dietary intake but provided minimal information on behavioral dimensions, limiting their clinical usefulness in ASD. Overall, the findings highlight a mismatch between the high prevalence of feeding difficulties and the limited availability of instruments that are both behaviorally sensitive and psychometrically sound across different cultural contexts.

Discussion: This review highlights significant gap between the high prevalence of feeding difficulties in children and adolescents with ASD and the limited availability of assessment instruments that are both ASD-specific and psychometrically robust across different cultural contexts. Although numerous tools are reported in the literature, many fail to capture core ASD-related feeding behaviors, such as sensory-based selectivity, rigidity, and mealtime distress. ASD-specific instruments, particularly the Brief Autism Mealtime Behavior Inventory, demonstrated greater clinical relevance, whereas generic

questionnaires and dietary intake tools showed limited behavioral sensitivity. This study provides an evidence-based overview to guide clinicians and researchers in selecting appropriate eating behavior assessment instruments according to their objectives and settings. The findings also underscore challenges related to cross-cultural validity, highlighting the need for further international validation studies and the development of culturally sensitive, standardized tools to improve assessment, comparability, and intervention planning in ASD.

P-11-009

Predicting Autism Spectrum Disorder Risk from Parental Reports: A Comparative Study of Large Language Models

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Diagnostic delays in autism spectrum disorder (ASD) remain a significant barrier to early intervention. We aim to determine whether large language models (LLMs) can distinguish ASD from non-ASD outcomes using parent-written concerns from initial child psychiatry visits, and to compare their performance with that of senior child psychiatrists. We hypothesize that (1) LLMs will achieve clinically useful discrimination between ASD and non-ASD, with improved performance when Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) data are added to parental concerns; and (2) LLM-generated approximations of Rapid Interactive Screening Test for Autism (RITA-T) and Childhood Autism Rating Scale (CARS) scores will show acceptable agreement with clinical assessments and expert ratings.

Methods: We will include 120 children aged 18-36 months (40 ASD, 40 other neurodevelopmental, 40 typically developing), consecutively recruited at their first child psychiatry visit. Power analysis (target AUC: 0.65 or higher; $\alpha = 0.05$; power = 0.80) indicated at least 33 participants per group; we set 40 to improve precision and allow for exclusions. All LLM queries will be completed within two weeks to ensure version consistency. Model IDs, versions, run dates, predefined prompts, and decoding settings will be recorded. Three LLMs (ChatGPT, Claude Sonnet, Gemini) and two blinded RITA-T-certified senior child psychiatrists will review each case under two conditions: de-identified parent-written concerns only, and concerns plus M-CHAT-R. Each rater will provide an ASD probability (0-100), and predicted RITA-T and CARS scores. A third psychiatrist's DSM-5-TR clinical diagnosis and scale ratings will serve as the reference standard.

Results: The planned primary endpoint is the ROC AUC for ASD versus non-ASD groups for each LLM, with the non-ASD group including both neurodevelopmental and typically developing participants. AUCs will be compared using DeLong's test for paired ROC curves. Secondary endpoints are the agreement between LLM-predicted and clinician-rated RITA-T/CARS scores, assessed by intraclass correlation coefficients, root mean squared error, and Bland-Altman analyses. The study has received institutional review board approval. Data collection is ongoing, and preliminary findings will be presented at the congress.

Discussion: This study assesses whether LLMs can generate clinically meaningful

inferences about ASD based solely on unstructured parental language. Its novelty lies in the use of real-world data and direct comparison between AI models and human experts at the earliest point of care. Limitations include single-site recruitment and single-language data. Findings may inform future integration of generative AI in early autism screening triage, particularly in systems where diagnostic delays remain a challenge.

P-11-010

Identification of Age and Sex Specific Behavioral Markers for Autism Screening: A Machine Learning Approach to Questionnaires Reduction and Chatbot Application

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Despite the importance of early identification of autism spectrum disorder, diagnostic evaluation generally depends on trained specialists, thereby posing significant barriers to timely intervention.

These challenges underscore the need for brief and efficient screening tools that can be easily administered by caregivers. Numerous studies have focused on developing shortened screening tools. However, most studies have included only a single screening measure, focused on narrow age ranges, and rarely examined sex differences. To address these gaps, the study applied parent-report screening tools, specifically the M-CHAT and Q-CHAT for toddlers (18-30 months), and SCQ and SRS-2 for children (31-48 months). The objective was to identify age and sex specific behavioral markers within a machine learning-based hierarchical classification framework: first distinguishing typical development (TD) from other developmental profiles, and subsequently differentiating ASD from high-risk and to develop a parent-facing diagnostic decision-support chatbot application.

Methods: We analyzed survey data from 1,400 toddlers stratified into four groups by age (18-30/31-48 months) and sex. To develop screening tool, we employed a machine learning pipeline using Recursive Feature Elimination with Cross-Validation (RFECV). Crucially, we applied the one-standard-error (1-SE) rule to select the minimal set of features that performed statistically equivalently to the optimal model. These age- and sex-specific markers were integrated into a diagnostic support chatbot built on a Retrieval-Augmented Generation (RAG) architecture using gpt-oss(120b). The system utilizes a vector database comprising key ASD research literature and DSM-5 diagnostic criteria to ensure evidence-based responses. The chatbot's clinical utility was validated by eight clinical psychologists who assessed twenty randomly sampled cases using a 5-point Likert scale across six dimensions, including clinical validity, safety, and reliability.

Results: The application of the 1-SE rule successfully identified parsimonious feature subsets for each group while maintaining robust diagnostic accuracy (AUC 0.77-0.92) comparable to full-feature models. Feature importance analysis revealed distinct behavioral markers: observation-based items (Q-CHAT) were pivotal for the 18-30 months group, whereas social responsiveness nuances (SRS-2) dominated in the 31-48 months group. In the clinical evaluation, the RAG-based chatbot demonstrated high expert consensus. It achieved favorable ratings for Clinical Validity and Safety, confirming its

ability to provide evidence-based, non-alarmist screening guidance. These results suggest that integrating parsimonious machine learning models selected via rigorous statistical criteria with generative AI grounded in clinical literature can effectively streamline autism screening, offering parents immediate and reliable support.

Discussion: The present study, based on machine learning model analysis, demonstrated the potential for ASD screening using 2-3 items, with eye contact and language development-related items being effective for children under 30 months, and social interaction and play-related items for children aged 31-48 months. Regarding sex differences, a greater number of screening items were required for boys compared to girls, suggesting potential differences in the manifestation of ASD-related developmental features. In addition, increasing age in months was associated with a greater number of discordant screening items between boys and girls. These findings underscore implications for early childhood developmental care, including the use of chatbot-based tools to support caregivers during diagnostic waiting periods, the provision of accessible and reliable developmental information, and the facilitation of earlier recognition of ASD-related developmental indicators

P-12

Autism II: Family Experiences and Critical Transitions

P-12-001

Meeting a family where autism is present

Submitter: Jakob Christiaens, Belgium

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Meeting a family where autism is present can be challenging due to differences in communication, relationship development and information processing. The objective of this presentation is to explore how we as child and adolescent psychiatrists can draw inspiration from literature and family therapists who specialise in working with autism in order to make the encounter in the consultation room as successful as possible.

Methods: Departing from the literature on family therapy with families where autism is present, the ideas and models of information processing in autism, and the results of interviews with specialised family therapists, we will attempt to transfer what works in family therapy practices into child- and adolescent psychiatrist's consultation room.

Results: When we meet families where autism is present, we know that, due to genetic influences, more than one family member in most families processes information in an autistic way. This affects the way consultations go.

In interviews, family therapists mention that they pay close attention to how the consultation room is set up. They try to minimise any sensory disturbances that could distract family members from the content of the consultation. When first meeting these families, the therapist asks if there are any sensory stimuli that could be disturbing and whether these should be removed. In literature, autistic people remark that the mere possibility of adapting the stimuli is sometimes enough to alleviate distress.

During consultation, it is helpful to adapt the pace and the way of questioning. Asking open questions can be too difficult. Additionally it is important to explicitly ask feedback. Visualisations can help to maintain an overview.

Discussion: As child- and adolescent psychiatrists, we like to focus on both the content and the way things are being said. The therapeutic relationship influences how successful we are in gathering the necessary information and how likely people are to follow our advice. This therapeutic relationship depends on how safe family members feel. When meeting families where autism is present being mindful of the setting, pace, way of questioning, and differences in feedback can help family members feel understood and safe in our consultation rooms.

P-12-002

Hidden Voices: Emotional Wellbeing of Children and Adolescents with Autistic Siblings

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Children and adolescents growing up with a sibling with Autism Spectrum Disorder (ASD) may experience increased emotional vulnerability and mental health difficulties, associated with family contexts characterised by higher levels of stress, caregiving demands, and perceived inequalities in parental attention (Petalas et al., 2009; Smith, 2015). Previous research has documented elevated rates of anxiety, depression, and emotional problems in this population, as well as greater difficulties in emotional and social adjustment compared to other sibling groups (Aparicio & Mínguez, 2015; Hastings, 2003; O'Neill & Murray, 2016). However, quantitative studies that simultaneously integrate children's self-perceived emotional wellbeing and parental perceptions within the same sample remain scarce.

The aim of this study was to examine the emotional wellbeing of children and adolescents with autistic siblings from a multi-informant perspective and to explore associated family and contextual factors.

Methods: A cross-sectional quantitative study was conducted with a sample of 248 children and adolescents aged 3 to 18 years who have at least one autistic sibling, recruited from Spanish-speaking families. Children aged 6 years and older completed self-report measures of emotional wellbeing and personal resources using the Assessment System for Children and Adolescents (SENA) (Fernández-Pinto et al., 2015). Parents completed a sociodemographic questionnaire, the Depression, Anxiety and Stress Scale - Short Form (DASS-21) (Lovibond & Lovibond, 1995), the Interpersonal Mindfulness in Parenting (IMP) questionnaire (Duncan et al., 2009), and proxy reports of their child's emotional wellbeing using the SENA.

Results: A substantial proportion of children and adolescents presented elevated levels of emotional problems, including anxiety and depressive symptoms, as well as reduced personal resources, as reported by their families. High levels of parental emotional distress were also observed, particularly in relation to stress, anxiety, and depression. However, comparative analyses revealed significant discrepancies between children's self-reports and parental perceptions, especially regarding anxiety, depression, and personal resources. Children's self-reported emotional difficulties were associated with higher parental emotional distress, lower levels of mindful parenting, and greater behavioural difficulties in the sibling with ASD.

Discussion: This study provides a novel and relevant contribution by systematically comparing children's self-perceived emotional wellbeing with parental perceptions within the same sample of families with autistic children. The findings confirm the emotional vulnerability of this population and highlight the relevance of family context and emotional climate. Moreover, they underscore the importance of systematically incorporating children's voices into child and adolescent mental health assessment processes. Overall, the results support the development of preventive and family-oriented approaches that explicitly include siblings of autistic individuals within child and adolescent mental health services.

P-12-003

Society Perception and Parental Stress Associated with Autism: Conceptualization and Its Effects

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: A central issue in the field of neuropsychiatric diagnosis concerns whether conditions are more accurately conceptualized through a categorical (disease-oriented) or a dimensional (spectrum-like) framework. This is especially relevant to neurodevelopmental disorders, which are characterized by considerable heterogeneity in symptom expression and developmental pathways. The way these conditions are conceptualized has important implications for clinical practice, research, and health policies. Within this context, the present study focused on Autism Spectrum Disorder (ASD). The primary aim was to examine how the condition is perceived and conceptualized both in the general population and among parents of children with ASD, with particular attention to sociodemographic and cultural influences. A secondary aim, restricted to the clinical sample, was to investigate whether a categorical or dimensional conceptualization is associated with parental stress and other clinical characteristics.

Methods: Two distinct samples were recruited: parents of preschool-aged children with ASD receiving care at a University Children's Hospital, and a general population sample which also included parents of preschool-aged children. Data were collected through an online, voluntary self-report questionnaire following informed consent and ethical approval (granted by the Bioethics Committee). The survey comprised three sections assessing sociodemographic characteristics, perceptions and attitudes towards autism based on categorical and dimensional conceptualizations rated on a 5-point Likert scale, and parenting experiences, including stress levels measured with an Italian version of the Parental Stress Scale and additional clinically derived items. Linear regressions were used to examine associations between dimensional or categorical questionnaire scores and sociodemographic and clinical variables. The confidence interval considered was 95% (IC 95%). Values of $p < 0.05$ were considered statistically significant.

Results: A total of 622 questionnaires were collected. Two participants (0,3%) did not provide informed consent; the final dataset comprised 620 valid questionnaires. The clinical sample included 33 participants (5,3%) while the general population sample included 587 participants (94,7%). Regression analyses examining categorical and dimensional conceptualizations showed that having a child with ASD was associated with stronger endorsement of a categorical, disease-oriented perspective, followed by associations with older age and lower education. Additionally, men were found to be less

likely than women to endorse a dimensional view. In the clinical sample, regression analyses indicated that parents endorsing a categorical view reported higher stress levels, whereas a dimensional perspective was not associated with parental stress. It was also found that symptom severity did not predict either conceptualization or parental stress.

Discussion: The study suggests that having a child with an ASD diagnosis is significantly associated with a more disease-oriented view compared to the general population, which showed a more dimensional approach. This may reflect the tangible challenges faced by families of children with autism. Within the clinical sample, categorical views are associated with higher levels of parental stress, suggesting that stress reflects the cumulative influence of multiple factors. The findings highlight the need to enhance accurate and balanced knowledge about autism among both parents and the general population, as improved access to reliable information promotes a more comprehensive understanding of the condition, reduces stigma, and supports more constructive coping. The study also underscores the importance of designing policies and interventions that align diagnostic frameworks with families' lived realities and broader sociocultural contexts.

P-12-004

Coping Mechanisms and Perceived Stress in Parents of Children with and without Autism Spectrum Disorder - a comparative analysis

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Raising a child with Autism Spectrum Disorder (ASD) involves numerous challenges for parents and is often associated with increased levels of perceived stress, along with the necessity to develop adaptive coping strategies. Within this framework, the present study seeks to conduct a comparative analysis of perceived stress and cognitive-emotional coping mechanisms in parents of children diagnosed with ASD versus parents of typically developing children.

The main objectives of the study are to assess perceived stress levels in parents of children with ASD, to identify the cognitive-emotional coping strategies they use, to compare these variables with those observed in parents of typically developing children, to explore the relationship between perceived stress and coping strategies at the individual level, and to provide empirical foundations for future psychological support programs for parents.

Methods: Methodologically, the research is designed as an observational, cross-sectional, and comparative study carried out between November 2025 and May 2026. The sample will comprise a clinical group of parents of children diagnosed with ASD and a control group of parents of typically developing children, matched for age, educational level, and socioeconomic status. Data will be collected using standardized self-report instruments: the Cognitive Emotion Regulation Questionnaire (CERQ), The Perceived Stress Scale (PSS), and a demographic questionnaire. Statistical analyses will include descriptive statistics, independent group comparisons, correlation analyses, and multiple linear regression models.

Results: As an ongoing study, we expect to have preliminary results at the end of May 2026, and to be able to have the final results and draw conclusions by June 2026.

Discussion: Expected findings may guide targeted psychological interventions reducing parental stress, increasing awareness of parent's emotional needs, and strengthening family-centered mental health support policies for affected families.

P-12-005

Maternal Self-Care and Child Functioning in Autism: Exploring Bidirectional Influences Through Mixed Methods

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The relationship between maternal wellbeing and child functioning in autism is dynamic and reciprocal: parental stress increases child behavioural difficulties, while challenging behaviours further intensify caregiver stress, impacting family wellbeing and developmental outcomes (Zaidman-Zait et al., 2014). Women, particularly mothers, remain the primary caregivers and often experience sustained emotional overload, reduced opportunities for self-care, and limited access to support which is associated with higher rates of psychological distress (Schnabel et al., 2020). These challenges are further intensified by socioeconomic vulnerability, geographic isolation, and limited availability of services.

This study builds existing evidence of bidirectional influence by examining how the mother's self-care strategies and the barriers they face, and other contextual factors interact with child's functioning in families of children with autism.

Methods: A mixed-methods design was implemented with 50 families of children with autism across different regions of Spain. Quantitative data was collected using sociodemographic information and standardized measures: the Childhood Autism Rating Scale (CARS; Schopler et al., 1980), the Behavior Problem Inventory - Short Form (BPI-SF; Rojahn et al., 2012), the Depression, Anxiety and Stress Scale - Short Form (DASS-21) (Lovibond & Lovibond, 1995).

In parallel, qualitative data was obtained through semi-structured interviews and focus groups with mothers, exploring lived experiences of caregiving, perceived child-parent interactions, and barriers to self-care. Quantitative and qualitative data were examined concurrently and later combined to build a comprehensive understanding of the relationship between maternal wellbeing and child functioning.

Results: Preliminary analyses highlight the dynamic and reciprocal relationship between mothers and their children with autism, showing how maternal wellbeing and child behaviour have an impact on one another: increased maternal distress is associated with greater child emotional and behavioural difficulties, whereas improved maternal wellbeing and access to self-care strategies are related to more adaptive child adjustment. Qualitative analyses show consistent patterns in mother's daily caregiving, revealing how time demands, emotional load, and access to support shape opportunities for self-care. Many caregivers report difficulties balancing caregiving responsibilities with personal, family, and work-related demands. Limited availability of respite services, insufficient

information about available resources, and territorial inequalities further condition caregivers' experiences. Together, these findings provide a more nuanced understanding of how relational and contextual factors interact to influence maternal wellbeing and child functioning within the caregiving context.

Discussion: This study provides a comprehensive overview of the experiences of women caregivers of individuals with autism and the factors influencing their wellbeing. By integrating quantitative and qualitative data, the project advances understanding of the bidirectional mechanisms linking maternal stress, self-care, and child behavioral and emotional functioning within everyday caregiving contexts.

These findings emphasize that supporting maternal wellbeing through targeted self-care strategies, access to resources, and systemic support can enhance both the caregivers and the child's well-being. This participatory and intersectional approach provides actionable insights for family-centered interventions that recognize mothers as active agents in child development and well-being.

P-12-006

Are We Being Heard? Family Perceptions of Rights, Representation and European Policy in the Context of Autism

Submitter: Natalia Blanco, Spain

Co-Authors: N. Blanco, G. Puyol-Lucas

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Families of people with autism (particularly those supporting individuals with high support needs) often experience significant caregiving burdens that affect their emotional, social, and economic well-being (Anderson et al., 2014; Rogge & Janssen, 2019). While their involvement is crucial for inclusive policy development, their voices are frequently absent from European decision-making. This study aims to explore how families perceive the defence of their rights in the European context, how they wish to be represented in these spaces, and what expectations they hold toward EU institutions in relation to autism-related care, support, and inclusion. The study also seeks to identify whether intersecting vulnerabilities (such as gender, geography, and socioeconomic status) affect their sense of political visibility and access to participation. Through this analysis, the research contributes to a deeper understanding of how caregiver experiences can shape more democratic, inclusive, and effective European social policies.

Methods: A mixed-methods design was implemented, combining quantitative and qualitative techniques. Fifty families of individuals with autism from various regions of Spain were selected to ensure diverse representation across socioeconomic, territorial, and cultural profiles. The quantitative component consisted of a structured survey exploring perceptions of political representation, awareness of European initiatives, and perceived adequacy of rights protection. The qualitative component included semi-structured interviews and focus groups that explored families' lived experiences, expectations, and proposals for improved representation and inclusion in European policymaking. Special focus was placed on families in rural areas, single-parent households, and low-income contexts, following an intersectional and gender-sensitive approach. Data is being analysed using descriptive statistics and thematic coding techniques, allowing triangulation between quantitative patterns and qualitative insights to produce nuanced, actionable conclusions.

Results: Preliminary results indicate that a majority of participants feel underrepresented and largely invisible in the European policy landscape. Many families report a lack of awareness about existing mechanisms for participation, and express doubts about the responsiveness of European institutions to their needs. At the same time, families show strong motivation to engage, and articulate a need for structured, accessible, and long-term channels for contributing to the design and evaluation of public policies. Families with higher vulnerability (such as those led by women in rural or low-income settings) report

more significant barriers to visibility and involvement. Common proposals include the creation of consultation platforms, recognition of unpaid care work in policy frameworks, and integration of family mental health into EU-level autism strategies. These findings reflect a strong demand for participatory governance and meaningful representation of caregiving families in European contexts.

Discussion: This study reveals a significant gap between the central role families play in autism care and their limited visibility in European policymaking. Despite assuming major caregiving responsibilities, families report feeling excluded from decision-making spaces that directly affect their lives. Their perspectives underline the need for more inclusive governance models that integrate caregiver knowledge into rights-based policies. The findings align with international frameworks such as the UN CRPD and the European Pillar of Social Rights, which call for stronger civil society participation. By centring family voices, the study contributes to strengthening both the legitimacy and relevance of autism-related policymaking. Expanding this approach to other European contexts may support the development of more equitable, responsive, and sustainable support systems for autistic individuals and their families.

P-12-007

Comparison of the Impact of COVID-19 Lockdown on the Stress, Burden and Psychological Well-Being of the Parents of the Different Groups of Children with Special Needs

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The COVID 19 pandemic struck the entire world suddenly, as a preventive measure there was an immediate lockdown in many parts of the world as well as in India. Due to which all the schools had to shut down for about two years. While regular schools migrated online, special schools could not do so, as the latter rely more on one-to-one teaching. This caused children with special needs to be at home, without formal intervention to decrease undesirable and increase desirable behaviors.

To explore the stress, burden and psychological well-being of the parents of children with special needs (Intellectual Disability, IDD; Autism Spectrum Disorder, ASD; Specific Learning Disability, SLD; and Sensory Impairments, SI) due to school closures as a result of the COVID-19 pandemic lockdown.

Methods: After obtaining ethics committee approval 87 various special/integrated schools, and non-governmental organizations (NGOS) that cater to the children of IDD, ASD, SLD and sensory (hearing and vision) impairments were contacted for data collection. Out of which only 22 schools/NGOs consented. Of these some allowed to conduct assessments in their premises and some discussed with the parents and shared their numbers. After obtaining written Informed Consent, 160 parents of children with special needs (IDD n = 44; ASD n = 45, SLD n = 40, SI = 31) were contacted through special/integrated schools and/or non-governmental institutions in southern India. After obtaining written informed consent, either of the parents were administered K-10 (Kessler, 2002), Parental Stress Scale (Berry & Jones, 1995), Psychological Well-being Scale (Ryff et al., 2007), and Burden Assessment Scale (Sell et al., 1998).

Results: In terms of gender, the sample consisted of more boys compared to girls in IDD, ASD and SLD group, except in SI group, where girls were more compared to boys. In terms of parents who were interviewed, significantly more mothers were interviewed. Though the general psychological distress assessed through K-10 (F value 2.524, Significance level $p = .06$), parental stress (F value = 1.295, Significance level $p = .27$) and psychological well-being (F value = 1.388, Significance level $p = .24$) varied among the groups, none of the differences reach statistically significant difference. Only in terms of the burden experienced, there was a significant group differences (F value = 2.680, Significance level $p = .04$), where parents of the children with sensory impairments showed significantly more burden.

Discussion: Following COVID-19 lockdown and subsequent closure of the special schools for several months, general psychological distress, parental stress and psychological well-being did not differ among the parents of the children with different special needs, except for parents of the children with SI. The results on the whole show that with respect to general psychological distress, parental stress and psychological well-being, parents' experiences are similar irrespective of the disability type of their children. This implies, parents of the children with ASD, IDD, SLD and SI face comparable psychological distress, stress and psychological well-being. However, with respect to burden experienced, parents of the children with SI experience more burden compared to parents of the children with IDD and ASD. Whereas parents of the ASD, IDD and SLD children do not differ with respect to their experience of the burden.

P-12-008

Critical Transitions for Adolescents with ASD and Evaluation of Virtual Reality as a Strategy: Results from the Parents' Perspective

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: TransiTEA-360 is a co-creative research project conducted at a public healthcare center in Catalonia, in collaboration with educational and mental health professionals, adolescents with autism spectrum disorder (ASD), and their families. The project aims to support adolescents with ASD in coping with common transitions, particularly in educational and community contexts, through the development of a virtual reality-based support tool using 360° videos.

Transitions such as changing schools or traveling independently using public transportation can generate high levels of anxiety and distress in adolescents with ASD (Wood et al. 2023), often leading to avoidance behaviors that negatively impact psychosocial development (Marsh et al. 2017). In this context, simulated environments through virtual reality allow safe, gradual, and guided practice of these situations. The tool is being developed using a participatory and co-creative approach, based on data collected through surveys and a series of meetings with adolescents and families.

Methods: Several meetings were held with local associations of families and individuals with ASD to present the project and collaboratively design a survey. The survey was subsequently distributed online to parents/caregivers and adolescents with ASD aged 11 to 17 years within the regional healthcare area.

A total of 193 individuals responded, including 166 parents/caregivers and 26 adolescents with ASD. The questionnaire included 21 items, excluding sociodemographic questions: 15 Likert-scale items, one multiple-choice question, two open-ended questions, and three dichotomous questions.

This poster presents an analysis of data obtained exclusively from parent/caregiver responses.

Results: The analyzed sample comprised 166 family members of adolescents with ASD. Of these, 23.5 % were parents of female adolescents with ASD, 74.5 % were parents of male adolescents, and 2 % selected other/no response. Regarding age, 65.7 % of adolescents were 11-14 years old and 34.3 % were 15-17 years old.

The three transitions perceived as most concerning by parents were: transition from primary to secondary school (60.2 %), changing school grade (48.6 %), traveling independently between school and home by public transportation (48.6 %).

The main difficulties identified as most negatively affecting transitions were lack of prior

explanation or preparation (73.9 %), crowded environments (68.7 %), and unfamiliarity with the setting (64.3 %).

Overall, 62.6 % of parents believed that practicing new situations would help their child cope. Additionally, 70.5 % perceived that their child would be willing to rehearse these situations using an interactive video.

Discussion: The findings indicate that educational and community transitions are a significant source of concern for families of adolescents with ASD, particularly those involving school-stage changes and increased autonomy. The difficulties identified are consistent with core characteristics of ASD and may trigger anxiety and avoidance behaviors.

The high perceived acceptability of advance rehearsal supports the use of virtual reality tools with 360° videos as a strategy to promote anticipation and familiarization with real-life environments in a safe and gradual manner. The co-creative approach of TransiTEA-360 enhances the relevance and acceptability of the intervention. Future phases should evaluate its clinical effectiveness and systematically incorporate the direct perspectives of adolescents.

P-12-009

Critical Transitions for Adolescents with ASD and Evaluation of Virtual Reality as a Strategy: Results from the Adolescents' Perspective

Submitter: Amparo Maeso Carbayo, Spain

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: TransiTEA-360 is a collaborative, co-creative research initiative carried out at Badalona Serveis Assistencials (a public healthcare center in Badalona, Catalonia), involving mental health professionals, adolescents with autism spectrum disorder (ASD), and their families. The project seeks to assist adolescents with ASD in managing common transitions, particularly in educational and community settings, through the development of a virtual reality support tool utilizing 360° videos.

transitions, such as moving to a new school or traveling independently via public transportation (Wood et al. 2023), can provoke significant anxiety and stress in adolescents with ASD, often triggering avoidance behaviors that negatively affect psychosocial development (Marsh et al. 2017). Virtual reality-based simulated environments provide a safe, structured, and guided way to practice these scenarios.

The development of this tool follows a participatory, co-creative approach, informed by survey responses and a series of meetings with professionals, adolescents, and families.

Methods: Multiple meetings were conducted with local ASD associations to present the project and co-design a survey. The survey was then distributed online to parents/caregivers and adolescents with ASD aged 11-17 in the regional healthcare area. A total of 193 individuals responded, including 166 parents/caregivers and 26 adolescents with ASD. The questionnaire included 21 items, excluding sociodemographic questions: 15 Likert-scale items, one multiple-choice question, two open-ended questions, and three dichotomous questions.

This poster presents an analysis of data obtained exclusively from adolescents' responses.

Results: The adolescent sample comprised 26 participants (25 % female, 75 % male), aged 11-14 years (33 %) and 15-17 years (66.7 %).

The transitions that caused the most concern were: moving from primary to secondary school (35 % high concern, 40 % medium), taking the metro (35 % high concern, 15 % medium), changing school grade (30.4 % high, 43.5 % medium). Less concerning transitions included going to the cinema (50 %), visiting the library (47.4 %), and attending medical appointments (46.7 %).

The main difficulties identified were crowded environments (84.6 %), noise (61.5 %), lack of prior explanation (61.5 %), inexperience (53.8 %), and unfamiliarity with rules or environment (46.2 %).

Regarding the usefulness of practicing new situations beforehand, 41.7 % responded "it depends," 33 % "yes," and 25 % "no." Most adolescents (58.3%) indicated willingness to rehearse situations using interactive 360° videos, while 25 % would not, and 26.7 % were uncertain.

Discussion: Adolescents with ASD exhibit variable levels of concern regarding educational and community transitions. The most stressful situations were moving from primary to secondary school, traveling independently using public transportation, and meeting peers outside class, while activities such as going to the cinema, library, or medical visits generated less concern.

Key factors negatively affecting transitions included crowded environments, noise, lack of prior explanation, inexperience, and unfamiliarity with rules or settings. These findings highlight the need for structured support and gradual exposure to new situations.

Although opinions on the usefulness of prior practice were mixed, most adolescents expressed willingness to use interactive 360° videos to rehearse new situations.

These results support the potential of virtual reality tools as a safe and motivating strategy to familiarize adolescents with unfamiliar environments and promote coping skills, emphasizing the value of personalized approaches and future evaluations of clinical effectiveness.

P-12-010

Transitioning to University: Experiences, Challenges, and Support Needs of Autistic Adolescents and Emerging Adults in Switzerland

Submitter: Anaïs Masserey, Switzerland

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The transition from secondary school to university is a major developmental milestone requiring increased autonomy, new academic expectations, and adaptation to complex social and organizational environments. For autistic adolescents and emerging adults, this phase may be particularly challenging due to sensory sensitivities, executive-functioning demands, and inconsistent support systems. Despite a growing number of autistic students entering higher education, little is known about their lived experiences in Europe, and no qualitative study has been conducted in Switzerland. This study aims to 1) describe the experiences of autistic adolescents and emerging adults during the transition to university, including perceived challenges and strengths; 2) examine how academic, sensory, organizational, and mental-health factors shape this transition; 3) identify support needs and recommendations to facilitate successful adjustment to higher education.

Methods: This exploratory qualitative study involved semi-structured interviews with 12 autistic participants aged 17-51, including adolescents preparing to enter university and students currently enrolled at the University of Geneva. Interviews explored educational trajectories, academic expectations, sensory and organizational challenges, experiences with support systems, disclosure, and perception of accommodations. Data were analyzed inductively using a grounded-theory-informed approach (Strauss & Corbin; Charmaz). Line-by-line open coding and constant comparison were used to identify emerging categories across participants, supported by memo writing and iterative refinement. Self-reported questionnaires (self-esteem, perceived stress, sensory profiles, perceived social support, university/school self-efficacy) were also administered to contextualize participant's narratives and describe psychological and functional characteristics.

Results: Participants described the transition to university as draining and overwhelming, largely due to organizational demands, fluctuating expectations, and difficulties managing sensory and cognitive load. Many reported high levels of anxiety, stress, and exhaustion linked to academic pressure, planning demands, and adapting to new environments. Sensory overload, inconsistent routines, and difficulties navigating course organization frequently disrupted learning. Diagnosis disclosure was perceived ambivalently: necessary to access accommodations but associated with fears of misunderstanding or stigma. Accessing institutional support was often confusing or insufficient, leading students to depend on peers, family, or former professionals. Preferences for online or mixed modalities reflected the need to manage sensory input and cognitive fatigue. Despite these

challenges, participants emphasized strengths such as perseverance, focused interest, precision, and motivation, which supported their engagement and academic success when adequate support and predictability were present.

Discussion: Findings highlights the complexity of the school-to-university transition for autistic adolescents and emerging adults, underscoring the need for more structured, accessible, and clearly communicated support. Difficulties related to executive functioning, sensory sensitivities, and inconsistent institutional guidance significantly affect well-being and academic adjustment. The emotional and cognitive effort required to manage organizational demands, maintain masking strategies, and navigate disclosure contributes to increased stress and fatigue. Enhancing staff awareness, streamlining communication about available accommodations, and providing flexible teaching and assessment modalities may facilitate smoother transitions. Establishing sensory-friendly spaces, clear routines, and personalized guidance - such as designated support person - could further reduce barriers. The first qualitative study in Switzerland offers insights to inform inclusive policies and developmental support strategies for autistic youth entering higher education.

P-13

Psychosis: From Trajectories to Clinical Management

P-13-001

Treatment-resistant psychosis in adolescence: Autoimmune encephalitis, atypical DiGeorge Syndrome or something else?

Submitter: Hazal Aras, Germany

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Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: Psychotic disorders in adolescence represent a particular diagnostic and therapeutic challenge, especially in treatment-resistant cases. In addition to primary schizophrenia, secondary causes must be systematically considered, including post-traumatic, cerebral, and other organic etiologies. Organic causes include autoimmune mechanisms, metabolic and genetic disorders, or endocrinological abnormalities. Recent research highlights that immune-mediated and metabolic dysfunctions can initially manifest with psychiatric symptoms, sometimes indistinguishable from primary psychosis. This is particularly relevant in adolescence, when developmental vulnerabilities, trauma exposure, and neurobiological immaturity interact to shape clinical presentation. Careful differentiation between primary psychiatric disorders and secondary - often reversible causes - is crucial.

The present case report describes a 16-year-old patient with treatment-resistant psychosis who underwent multiple psychiatric interventions before receiving immunosuppressive therapy for suspected autoimmune encephalitis. She was eventually diagnosed with atypical DiGeorge syndrome.

Methods: This case report systematically documents the clinical presentation, symptomatology, therapeutic interventions, and outcomes for a 16-year-old adolescent with therapy-resistant psychosis. The symptomatology was characterized by mutism, disorientation, catatonia-like episodes, aggression, and disordered eating with hyperphagia followed by vomiting. Diagnostic procedures included detailed psychiatric examination, comprehensive history taking, and an extensive somatic work-up by neuropsychiatry, comprising MRI, EEG, lumbar puncture, autoimmune serology, and metabolic laboratory screening. Initial somatic investigations revealed no significant abnormalities, and the psychiatric assessment did not support a typical course of primary schizophrenia although the overall representation could be most likely be described as a psychotic illness. Pharmacological interventions were undertaken in accordance with child and adolescent psychiatric guidelines, including adequate trials of olanzapine, risperidone, and aripiprazole.

Results: Standard antipsychotic therapy and psychosocial interventions produced only partial improvement, with persistent severe cognitive impairment, disorientation, and limited social interaction.

Due to insufficient improvement and the atypical presentation, an interdisciplinary team initiated a second extensive workup including experimental immunotherapy with three

courses of high-dose intravenous methylprednisolone (1 g/day for 3 days). The cerebrospinal fluid tests were normal, especially regarding known antibodies, but an intracellular staining pattern was observed in the immunofluorescence on unfixed mouse brain. The genetic workup showed a microdeletion 22q11.2. Following immunotherapy, the patient demonstrated more robust clinical improvement. Gains included improved orientation, enhanced verbal and nonverbal communication, reduced aggression, and greater participation in daily routines. Despite these improvements, relevant side effects were observed, including hyperglycemia, weight gain, and sleep disturbances, consistent with known complications of corticosteroids. Given the possibility of autoimmune encephalitis, immunoglobulin and rituximab therapy was conducted resulting in further symptomatic improvement.

Discussion: Standard diagnostic procedure showed no abnormalities and biographical details suggested a psychiatric disorder. The lack of response to multiple antipsychotics, with the atypical symptom constellation, raised suspicion of non-primary psychiatric disorder. Prior studies show that autoimmune encephalitis can manifest predominantly with psychiatric symptoms, including psychosis, and that timely immunotherapy may improve prognosis. Apart from an intracellular pattern observed on immunofluorescence examination, the autoimmune examination was unremarkable. The pathogenic microdeletion 22q11.2 indicated a genetic cause. This microdeletion resembles those observed in patients with DiGeorge syndrome. As the clinical appearance differs strongly from typical manifestations, this is referred to as atypical DiGeorge syndrome. Nevertheless significant improvement with corticosteroids, immunoglobulin and rituximab therapy underlines a possible immunopsychiatric contribution.

In summary we presented a patient with the clinical manifestation of treatment-resistant psychosis, diagnostic findings suggesting atypical DiGeorge syndrome and the pharmacological response suggesting an autoimmune encephalitis. This case underscores interdisciplinary collaboration.

P-13-002

Clinical trajectories among adolescents at Ultra High Risk for Psychosis: a three-year longitudinal study

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Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: The Ultra-High Risk (UHR) status has been defined as a condition for transitioning to full-blown psychosis and developed from the recognition that psychotic disorders are preceded by attenuated positive psychotic symptoms. Most individuals identified as UHR exhibit at least one non-psychotic comorbid diagnosis at initial assessment and this complexity becomes even more pronounced when examined through a longitudinal lens. There is increasing evidence suggesting that the UHR state may not represent a purely prodromal phase of psychosis, but reflect a broader transdiagnostic vulnerability to a range of severe psychiatric conditions, positioning UHR within a neurodevelopmental and psychopathological continuum rather than as a specific predictor of psychotic transition. The present longitudinal study aimed to investigate clinical trajectories over a three-year follow-up in a cohort of 140 adolescents, examining the broader spectrum of diagnostic outcomes, including affective trajectories.

Methods: The sample consisted of 140 UHR children and adolescents (56.4% females) aged between 7 and 18 years, admitted to the Day Hospital for At-Risk Mental States and Mood Disorders of the Child and Adolescent Neuropsychiatry Unit at the Bambino Gesù Children's Hospital. Assessments were scheduled at baseline and repeated at 12, 24, and 36 months. All participants at each follow-up underwent a comprehensive diagnostic assessment.

Results: At baseline, almost all participants met criteria for at least one comorbid psychiatric disorder in addition to UHR. Across the cohort, four mutually exclusive longitudinal outcomes were identified: persistence of UHR status, remission from UHR, and transition to affective or non-affective psychotic disorders. Subsequently, we examined longitudinal diagnostic outcomes within each subgroup (stable UHR vs. remitted UHR), focusing on whether individuals maintained their baseline diagnostic profile or developed new psychopathological trajectories over time. None fully remitted from psychopathology, even if UHR status was not maintained.

Discussion: To our knowledge, the present study is the first longitudinal investigation conducted in a clinical pediatric population that combines a large sample, an extended follow-up period, and a comprehensive evaluation of the full spectrum of psychiatric comorbidities, examined both at baseline and as longitudinal outcomes. Taken together, these findings highlight the heterogeneity of longitudinal clinical outcomes within the UHR population, emphasizing the need to replace the traditional conversion/non-conversion

conceptualization with a broader psychopathological continuum, where multiple symptom dimensions dynamically interact and influence one another over time.

P-13-003

Acute Psychosis Associated with a Frontotemporal Arachnoid Cyst in an Adolescent: Clinical Improvement Following Surgical Intervention

Submitter: Aysenur Ozer Guvenc, Türkiye

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Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: Acute psychotic symptoms in child and adolescent psychiatry represent a critical clinical challenge requiring differentiation between primary psychotic disorders and neurological or other organic etiologies. Although arachnoid cysts (ACs) are often considered asymptomatic and incidental findings, large lesions causing significant mass effect may contribute to the clinical presentation and complicate diagnostic and therapeutic decision-making. The aim of this case report is to discuss the diagnostic process, autonomic side effects observed during antipsychotic treatment, and the clinical course following surgical intervention in an adolescent with a giant AC in whom neurological and psychiatric symptoms emerged concurrently.

Methods: The clinical course of a 17-year-old male patient, who was hospitalized in the Department of Pediatrics due to disorganized behavior, delusions, personality changes, and acute refusal of oral intake accompanied by neurological complaints such as headache and nausea, is described. Clinical assessment included the Positive and Negative Syndrome Scale (PANSS), the Insight Assessment Scale, and the parent-reported Child Behavior Checklist (CBCL). The diagnostic workup comprised cranial magnetic resonance imaging (MRI), computed tomography (CT), and electroencephalography (EEG). The patient was evaluated using a multidisciplinary approach involving Child and Adolescent Psychiatry, Neurology, and Neurosurgery.

Results: The patient presented with a six-month history of headache and nausea, accompanied by acute personality changes, increased religious preoccupation, and marked suspiciousness. In the week preceding hospitalization, he completely refused oral intake, resulting in deterioration of his general condition. Clinical evaluation revealed elevated PANSS scores and markedly impaired insight. Cranial MRI demonstrated an arachnoid cyst in the right frontotemporal region measuring approximately 95 × 75 mm on axial sections, causing significant mass effect, while EEG findings were normal. Due to the absence of oral intake, intramuscular haloperidol was initiated, after which bradycardia was observed. Although oral olanzapine was later administered with substantial family support, recurrent bradycardia limited dose escalation. Given the pronounced mass effect of the cyst and poor tolerability of pharmacological treatment, surgical intervention was performed. In the early postoperative period, PANSS scores decreased markedly, neurological symptoms resolved completely, and psychotic symptoms showed clinically significant improvement.

Discussion: This case highlights that the concurrent and acute onset of neurological symptoms (headache, nausea) and psychiatric manifestations (delusions, behavioral disorganization) in children and adolescents represents an important "red flag" for an underlying organic etiology. The mechanical impact of a large right frontotemporal arachnoid cyst with significant mass effect on frontal and subcortical structures may have contributed to the clinical course of psychotic symptoms and created a context potentially associated with increased autonomic sensitivity to antipsychotic medications. The significant clinical improvement observed following surgical intervention suggests that structural brain lesions may influence the course of psychotic symptoms. Therefore, atypical and acute-onset psychotic presentations in children and adolescents should be evaluated through a multidisciplinary approach, including neuroimaging, to ensure diagnostic accuracy and treatment safety.

P-13-005

Early-Onset Paranoid Schizophrenia in a 16-Year-Old Male: Acute Stabilization, Metabolic Complications, and Cross-Country Differences Between Germany and Denmark

Submitter: Emine Nural Öztürk, Germany

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Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: Early-onset schizophrenia in adolescents is uncommon and often presents with acute deterioration, marked functional impairment, and significant family strain. This case aims to describe the clinical course of a 16-year-old male with first-episode paranoid schizophrenia requiring compulsory admission under German legal measures (§1631b BGB). Additionally, the abstract provides a comparative reflection on youth schizophrenia management in Germany and Denmark, focusing on differences in legal frameworks, treatment settings, and approaches to early intervention. A particular emphasis is placed on metabolic complications emerging during antipsychotic treatment and on how systemic structures influence monitoring, adherence, and continuity of care. The objective is to highlight clinical and structural factors relevant for optimizing outcomes in adolescent first-episode psychosis.

Methods: A descriptive single-case analysis was conducted, integrating clinical observations, somatic findings, treatment decisions, and family dynamics across two treatment phases: acute inpatient stabilization and subsequent day-clinic care. Pharmacological management included Haloperidol, Lorazepam, Biperiden, and later cross-titration to Olanzapine. Somatic assessment comprised MRI, CSF analysis, abdominal ultrasound, and laboratory monitoring due to suspected Vitamin D intoxication and later metabolic changes. Legal considerations related to compulsory treatment were reviewed within the German child-protection context (§1631b BGB). A narrative comparison of Germany's and Denmark's adolescent psychosis care systems was performed, focusing on inpatient versus community-based approaches, early family involvement, and metabolic monitoring standards in youth treated with second-generation antipsychotics.

Results: The patient presented with severe paranoid delusions, multimodal hallucinations, anxiety, mistrust, and both positive and negative symptoms. Acute stabilization required compulsory admission and high-potency antipsychotics, complicated by extrapyramidal symptoms successfully managed with Biperiden. Olanzapine treatment led to progressive improvement in thought organization, affective responsiveness, and behavioral control. Vitamin D intoxication secondary to delusional self-medication showed no structural abnormalities. During day-clinic treatment, the patient developed significant metabolic side effects, including rapid weight gain, hyperprolactinemia, elevated liver enzymes, and hepatic steatosis. Somatic monitoring and medication adjustments were initiated. By

discharge, he demonstrated stabilized psychopathology, improved insight, and readiness for outpatient care.

Discussion: This case illustrates the multifaceted challenges of managing early-onset schizophrenia, including acute risk management, family dynamics, and treatment-emergent metabolic complications. Germany's legal framework allows temporary compulsory treatment in minors, enabling rapid inpatient stabilization and structured psychoeducation. Denmark, by contrast, prioritizes community-based early intervention, shorter compulsory admission periods, and intensive multidisciplinary outpatient support, such as OPUS programs. The comparison highlights how national systems shape pathways to care, adherence, and monitoring practices, particularly regarding metabolic risks associated with second-generation antipsychotics in adolescents. Integrating Germany's safety-focused inpatient stabilization with Denmark's community-oriented, family-integrated early intervention models may enhance outcomes in youth experiencing first-episode psychosis.

P-13-006

Long-Term Clinical, Cognitive, and Functional Outcomes in Early-Onset Schizophrenia: Evidence from an Indian Follow-Up Study

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Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: Early-onset schizophrenia (EOS), defined by the onset of psychotic symptoms before 18 years of age, represents a rare but particularly severe neurodevelopmental form of schizophrenia. Compared with adult-onset schizophrenia, EOS is associated with earlier neurocognitive disruption, greater symptom severity, poorer functional outcomes, and higher rates of treatment resistance. While longitudinal outcome data from high-income countries have accumulated over the past two decades, evidence from low- and middle-income countries (LMICs), including India, remains limited. Understanding long-term clinical, cognitive, and functional outcomes of EOS in such settings is essential for service planning and early intervention strategies.

This study aimed to evaluate long-term outcomes in individuals diagnosed with EOS, focusing on (1) diagnostic stability, (2) persistence of psychopathology, (3) cognitive and functional outcomes, and (4) clinical and demographic predictors of outcome.

Methods: This naturalistic follow-up study was conducted at a tertiary care center in North India. Case records (between 2014-2019) of patients diagnosed with schizophrenia-spectrum disorders with onset before age 18 years were reviewed. Of 67 eligible individuals, 25 participants consented to follow-up assessment conducted either in person or via video conferencing. Clinical outcomes were assessed using the Scale for the Assessment of Positive Symptoms (SAPS) and the Scale for the Assessment of Negative Symptoms (SANS). Functional status and quality of life were evaluated using the Global Assessment of Functioning (GAF) and the EuroQol-5D (EQ-5D). Cognitive functioning (intelligence, attention, executive functioning, processing speed) was assessed using Verbal Adult Intelligence Scale, Wisconsin Card Sorting Test, Trail Making Test, and Stroop Test. Diagnostic status was re-evaluated at follow-up using ICD-10 criteria. Descriptive statistics and comparative analyses used to explore associations between outcomes and clinical predictors.

Results: The mean age at onset of illness was 12.2 years, and the mean age at follow-up was 21.2 years. Diagnostic stability was high, with 92% of participants retaining a schizophrenia-spectrum diagnosis at follow-up. Nearly half of the cohort continued to experience residual psychotic symptoms, with negative symptoms being particularly persistent. Treatment-resistant schizophrenia was identified in approximately one-third of participants, and nearly one-quarter were receiving clozapine at follow-up. Functional outcomes were poor overall: 44% of participants were neither employed nor engaged in education, and more than half required assistance with daily activities. Mean GAF scores

indicated moderate functional impairment. Cognitive assessment revealed significant deficits across multiple domains, particularly executive functioning, attention, and verbal working memory. Earlier age at onset, longer duration of untreated psychosis, and lower educational attainment were significantly associated with poorer clinical and functional outcomes.

Discussion: EOS is associated with substantial long-term morbidity, characterized by persistent psychopathology, marked cognitive deficits, and poor functional recovery in early adulthood. High rates of treatment resistance and ongoing disability highlight the need for early detection, reduction of treatment delays, and development of specialized services for children and adolescents with psychosis. Interventions targeting cognitive remediation, educational continuity, and timely use of clozapine may improve long-term outcomes. This study adds to the limited longitudinal evidence on EOS from India and underscores the urgent need for larger, multicenter follow-up studies in LMIC settings.

P-13-007

Deliberate Simulation of Psychosis in Childhood: A Diagnostic Challenge With Clinical Implications

Submitter: Teuta Haxhiu, Kosovo

Co-Authors: L. Shabani

Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: To present a pediatric case of deliberate psychosis simulation and to highlight key clinical markers differentiating intentional symptom production from early-onset psychotic disorders, with implications for diagnosis and intervention.

Methods: interviews, behavioral monitoring across settings, collateral information from family and school, and psychological testing. Neurological examination and toxicological screening were conducted to exclude organic and substance-related causes. Symptom consistency, affective authenticity, and reality testing were evaluated longitudinally.

Results: Despite highly organized psychotic-like behavior, the patient demonstrated preserved cognition, intact reality testing, and absence of distress or thought disorganization. Behavioral presentation alternated predictably between a structured "demonic" persona and a calm baseline state. The patient later disclosed intentional fabrication of symptoms for interpersonal gain. Psychological testing was invalid due to deliberate distortion but suggested elevated aggression and limited prosocial emotions. Medical investigations were unremarkable.

Discussion: The findings illustrate a rare presentation of deliberate psychosis simulation in childhood, combining elements of factitious behavior and instrumental malingering. The child's capacity for sustained role enactment, emotional control, and narrative manipulation exceeded typical developmental expectations and co-occurred with early aggressive behavior and callous-unemotional traits. Such presentations pose significant diagnostic risk and underscore the importance of assessing symptom organization, motivation, and emotional authenticity to prevent misdiagnosis and inappropriate treatment.

P-13-008

First episode psychosis - can we manage it better?

Submitter: John Kasinathan, Australia

Co-Authors: J. Kasinathan

Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: First episode psychosis (FEP), particularly first episode schizophrenia may not be managed as effectively as can be. The usual mental health treatment approach may be a disservice to young people, their families and communities.

Methods: This presentation overviews lessons learnt from the life course of psychotic disorders, studies on medication adherence, relapse rates and psychosocial functioning over time. Recent large epidemiological studies breakdown premature mortality in psychosis, particularly whether treatment type makes a significant difference. Violence risk and outcomes for FEP are also examined.

Results: The natural course of schizophrenia is one of sequential deterioration with every psychosis relapse, and treatment resistance with repetitive relapses after FEP. Relapse rates are significant after stopping continuous treatment. Conversely, antipsychotic non-adherence for oral treatment in FEP is up to 60%. Long-acting injectable (LAI) antipsychotics offers certain adherence, yet adoption rates are relatively low. Second generation antipsychotic (SGA) LAIs offer marked improvements over first generation LAIs. All-cause mortality is markedly increased in FEP. Antipsychotics are protective against all-cause mortality, with largest effects for SGA-LAIs and clozapine. Considering violence risk factors, antipsychotic adherence has been shown to reduce violence risk.

Discussion: Medicines only work if they are taken. LAIs are advisable in any FEP patient; not using an intervention in FEP that improves adherence and reduces relapse rates is contrary to the goal of effective care and better long-term outcomes. SGA-LAIs reduce relapse, reduce mortality, reduce violence and improve outcomes. If we are not treating FEP with LAIs, then we are doing our patients, their families and communities, a disservice.

P-13-009

Early Use of Clozapine in Treatment-Resistant Adolescent Psychosis : Case report

Submitter: Oumayma Baali, Morocco

Co-Authors: O. Baali, N. Boukhalfa

Topic: Specific CAP Conditions / h. Psychotic Disorders

Objective: Early-onset psychotic disorders are associated with a high risk of treatment resistance and poor functional outcomes. Clozapine remains the gold-standard treatment for treatment-resistant schizophrenia in adults; however, its use in adolescents is often delayed due to safety concerns and monitoring requirements. We report a case illustrating the effectiveness of clozapine in an adolescent with a severe and resistant first-episode psychosis.

Methods: Case Presentation: A 16-year-old male with no personal or family history of psychiatric disorders and a previously normal neurodevelopmental, academic, and social trajectory was admitted for an acute-onset psychotic episode. Clinical presentation included abrupt total insomnia, severe thought disorganization, tachypsychia, affective lability, auditory and visual hallucinations, and persecutory and erotomanic delusions. Rapid social withdrawal and academic decline were observed a few weeks before.

Results: An extensive etiological workup excluded organic, toxic, and inflammatory causes. Brain MRI revealed multiple non-specific T2/FLAIR hypersignals in the bilateral fronto-parietal and right temporal deep and periventricular white matter, consistent with neurodevelopmental abnormalities described in early-onset psychosis.

Two successive antipsychotic trials at therapeutic doses (aripiprazole followed by haloperidol) failed to produce clinical improvement. Based on treatment resistance, clozapine was initiated with gradual titration under strict hematological and cardiac monitoring.

Clozapine treatment led to a marked and progressive clinical improvement. Insight gradually emerged, allowing the implementation of a comprehensive long-term care plan and preparation for school reintegration.

Discussion: This case highlights the efficacy of clozapine in treatment-resistant early-onset psychosis. Despite safety concerns and monitoring constraints, timely initiation of clozapine may significantly improve symptomatic, cognitive, and functional outcomes, potentially reducing the risk of chronicity.

Recent European recommendations, including those from the European Medicines Agency (EMA), emphasize that clozapine remains the treatment of choice for treatment-resistant psychotic disorders, including in younger populations, provided that prescribing is appropriately supervised and monitoring is adapted. Updates to hematological monitoring requirements, based on improved understanding of the actual risk of agranulocytosis, aim

to reduce barriers to clozapine use while maintaining a high level of safety.

P-14

Feeding and Eating Disorders

P-14-001

Eating Disorder Risk Among Young Adults in Albania: National Prevalence Estimates Using EAT-26 and SCOFF Screening Tools

Submitter: Malvina Hoxha, Albania

Co-Authors: M. Hoxha, B. Elezi, S. Kaleci

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Eating disorders (EDs) are serious mental health conditions associated with physical, psychological, and social consequences. In Albania population-level data on eating disorders are lacking. The aim of this study is to estimate the prevalence of eating disorders risk among young adults in Albania and to examine their distribution across the country's 12 administrative districts.

Methods: A national cross-sectional study was conducted among 500 participants residing in 12 districts of Albania. Eating disorder risk was assessed using the Eating Attitudes Test (EAT-26) and an adapted SCOFF questionnaire. An EAT-26 score of 20 or higher indicated increased ED risk, while SCOFF positivity was defined as 2 or more affirmative responses, with frequency-based items dichotomized as symptom present if occurring at any frequency greater than "never". Descriptive statistics and prevalence estimates with 95% confidence intervals (CIs) were calculated, and associations with sociodemographic and clinical factors were explored.

Results: The mean age of participants was 22.2 ± 6.8 years, and the mean body mass index (BMI) was $22.2 \pm 3.5 \text{ kg/m}^2$. Most participants were female (426; 85.2%), while 66 (13.2%) were male and 8 (1.6%) preferred not to disclose their gender. Overall, 21.4% of participants screened positive for eating disorder risk using the EAT-26 (95% CI 17.7-25.0), while 42.4% screened positive on the SCOFF-adapted tool (95% CI 38.0-46.7). EAT-26 scores showed a right-skewed distribution, with a subgroup of participants reporting markedly elevated symptom levels. Eating disorder risk was significantly associated with sex, district of residence, and SCOFF positivity, while substantial regional variability was observed across the country. Agreement between the EAT-26 and SCOFF was fair. The overall observed agreement was 69.0%, exceeding the agreement expected by chance (54.4%).

Discussion: This study provides the first national estimates of eating disorder risk among young adults in Albania, showing a high prevalence of disordered eating behaviours. The findings highlight the need for early detection and accessible mental health support for young adults.

P-14-002

Eating Disorders and Body Esteem: How Body Image Shapes Risk in Adolescents

Submitter: Ichrak Jebali, Tunisia

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Body image perceptions play a key role in shaping adolescents' attitudes towards food and weight, potentially increasing vulnerability to eating disorders. The objective of our study was to evaluate body esteem among adolescents and examine its association with the risk of eating disorders (EDs) in a school-based population.

Methods: This cross-sectional, descriptive, and analytical study was conducted between February and April 2025 in public secondary schools (four high schools and two middle schools) in Sousse, Tunisia. Our study included adolescents aged 13 to 18 years, enrolled in these schools during the 2024-2025 academic year. Data were collected using a pre-established questionnaire to gather demographic characteristics. Body esteem was measured using the Body-Esteem Scale for Adolescents and Adults (BESAA), eating disorders risk was evaluated using the Arabic version of EAT 26.

Results: 400 adolescents were included, with a mean age of 16.1 ± 1.5 years. 25.5% of adolescents reported their appearance never helped them find a job, 13.75% strongly disliked their weight, and 35.5% felt their appearance never facilitated romantic relationships. Additionally, 17.5% reported always wanting to change many aspects of their appearance, and 12.5% wished their appearance were better. BESAA scores ranged from 3 to 84, with a mean of 40.96 ± 10.67 , indicating overall moderate body esteem. Mean subscale scores were 18.53 ± 4.94 (appearance), 9.06 ± 3.86 (attribution), and 13.38 ± 5.44 (weight). Overall, 92.5% of students had high body esteem, while 7.5% had low body esteem. According to the EAT-26, 18% of participants were classified as at risk for developing eating disorders. A significant association was found between ED risk and body esteem ($p < 0.001$).

Discussion: These findings in our study according to the BESAA are consistent with previous studies demonstrating a strong association between body image dissatisfaction and eating disorders. Utschig et al. (2010) identified fear of negative evaluation as a key predictor of body dissatisfaction and thin-ideal internalization, particularly in bulimia nervosa, linking body esteem disturbances to social anxiety processes. Leal et al. (2014) reported that adolescents perceiving themselves as overweight had a twofold increased risk of unhealthy eating behaviors. Additionally, Makded et al. (2019) demonstrated significant associations between BMI, weight perception, body image, depressive symptoms, and bulimic behaviors. Bruch (1973) emphasized that recovery from eating

disorders is unlikely without modification of distorted body perception. These findings emphasize the importance of fostering healthy body esteem in adolescents, both as a preventive measure against eating disorders and as a way to support overall psychosocial and emotional well-being.

P-14-003

From meals to disorders: Prevalence and patterns of eating behaviors among adolescents in Sousse, Tunisia

Submitter: Ichrak Jebali, Tunisia

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Adolescence is a critical period for the development of eating behaviors, which can significantly impact physical and psychological health. The aim of our study was to assess the prevalence of eating disorders (ED) and associated psychosocial factors among school-attending adolescents in the Sousse region of Tunisia.

Methods: This cross-sectional, descriptive, and analytical study was conducted in public secondary schools (four high schools and two middle schools) in the Sousse region, Tunisia, between February and April 2025. The study included adolescents aged 13 to 18 years who were enrolled in the selected schools during the 2024-2025 academic year. Data were collected using a pre-established form to gather demographic and eating behavior information. The risk of eating disorders was assessed using the self-administered Arabic version of the Eating Attitudes Test-26 (EAT-26).

Results: Our study included a population of 400 adolescents, of whom 244 were girls (61%) and with a mean age of 16.1 ± 1.5 years. Item-level analysis showed that 9.25% of students were always afraid of gaining weight, 16.25% consistently thought about burning calories during physical activity, 14.25% took longer than others to eat, and 9.5% always consumed diet foods. Additionally, 13% consistently avoided trying high-calorie foods. The total EAT-26 score ranged from 0 to 51, with a mean score of 11.86 ± 9.21 , indicating generally low weight-related concern. Overall, 18% of participants were classified as at risk for developing eating disorders, with a prevalence of 17.2% among girls and 19.2% among boys. Significant associations were found between ED risk and birth order ($p = 0.009$), leisure-time activity ($p = 0.042$), and personal medical history ($p = 0.026$).

Discussion: 18% of adolescents were identified as at risk for ED, based on the EAT-26, highlighting the significant burden of ED attitudes in this age group. Prevalence rates reported in the literature vary widely across regions and periods. International data from a study of 10123 adolescents (13-18years) estimated prevalence rates of 0.3% for anorexia nervosa, 0.9% for bulimia nervosa, and 1.6% for binge eating disorder. In the Arabworld, higher prevalences have been reported, ranging from 16.2% to 42.8%, with particularly elevated rates in Kuwait (Musaiger et al., 2013). Regional studies reported a prevalence of 22.6% among Moroccan adolescents (2016) and 24.3% among Tunisian university students (Jaweher et al., 2019), while a Tunisian study among female health sciences students

reported 14.9% (2008). These findings underscore regional variability of eating disorder risk and the need for early screening, awareness campaigns, and preventive interventions in schools.

P-14-004

Accuracy of Food Portion Size Estimation in Adolescents: Associations with Social Desirability and Fear of Negative Evaluation

Submitter: Anna Katerina Dimas, Germany

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Adolescence is a vulnerable phase characterized by increasing independence in food preferences, which significantly shape long-term dietary choices. Concurrently, the need for social approval and conformity peaks during this period, significantly influencing decision-making processes. In line with this, research suggests that adolescents attune the quantity and type of food to perceived peer norms to secure social acceptance and avoid rejection. Thus, dietary choices are not only based on personal preferences and bodily cues, but are also considerably shaped by the need to conform and avoid disapproval. The current study aims to investigate these psychosocial influences on portion size estimation in adolescents and young adults.

Methods: In this cross-sectional online study, adolescents and young adults aged 14-21 years will answer demographic questions and complete questionnaires on social desirability and fear of negative evaluation. This is followed by the Portion-O-Mat paradigm, a digital task for assessing portion size estimation. In this task, participants will be asked to adjust the size of different meals to choose a portion that they deem age-appropriate to meet dietary needs. Beforehand, participants will be randomly assigned to one of two groups that receive different written information. In the anonymity group, the text will emphasize that their task performance cannot be linked back to them and that there is no "right or wrong" answer. In the evaluation group, participants are explicitly told that trained peers will review and judge their choices for "healthiness" and "correctness".

Results: Based on previous research, we expect smaller portion sizes in the evaluation group compared to the anonymity group due to the pressure to comply with injunctive norms. Furthermore, we expect higher scores on social desirability and fear of negative evaluation scales to correlate positively with smaller estimated portion sizes. Lastly, we hypothesize that the effect of the "evaluation" condition will be stronger for individuals who already report a high need for social approval and fear of negative evaluation.

Discussion: This study will augment existing research on psychosocial influences on dietary choices by investigating whether social-evaluative pressures can distort portion size estimation in a digital task. Since peer effects are major drivers in food-related behaviors in adolescents and young adults, which in turn significantly influence long-term health outcomes, advancing research on the underlying mechanisms is crucial. The results of this study will inform future research on portion size estimation by investigating the

potential presence of "social noise" that needs to be accounted for in order to develop robust assessment methodologies.

A Humanized Multidisciplinary Approach for Pediatric Feeding Difficulties: The NHAC Model

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Feeding disorders affect approximately 30% of typically developing children and up to 80% of those with developmental disabilities. These multifactorial conditions require differentiation between organic etiologies and selectivity stemming from behavioral or sensory issues. This study aims to describe the clinical structure and outcomes of the Humanized Child Feeding Center (NHAC), an intervention model integrating Nutrition, Speech Therapy, Occupational Therapy, and Psychology based on Applied Behavior Analysis (ABA).

Methods: The program serves children aged 4 to 12 years with food refusal or selectivity (ARFID/PFD). The assessment protocol follows a decision flowchart starting with the exclusion of organic causes (e.g., dysphagia, lingual frenulum issues), followed by specific profiling: nutritional anamnesis, oral-motor assessment (MBGR), sensory processing analysis, and functional behavioral assessment. Interventions occur individually or in groups (G-NHAC) with specialists tailored to the child's needs. The methodology employs ABA strategies specifically High and Low Probability sequences (High-P Low-P), exposure, and fading combined with a hierarchical exposure curriculum progressing through six stages: tolerate, interact, smell, touch, taste, and eat. Concurrent parent training focuses on reducing coercive practices.

Results: Clinical observations indicate that High-P/Low-P sequences and gradual exposure significantly reduce feeding-related anxiety and refusal behaviors. The group environment (G-NHAC) facilitated peer modeling, while sensory-motor integration prepared children for oral intake. Data records (Food Maps) showed quantitative expansion in food repertoire and qualitative improvements in mealtime dynamics. Parents reported greater confidence in managing mealtime behaviors and better adherence to home goals after receiving psychoeducation on sensory regulation and behavioral modeling.

Discussion: The NHAC model demonstrates that a structured, interdisciplinary approach combining sensory integration with behavioral strategies effectively addresses pediatric feeding difficulties. The exclusion of organic barriers followed by hierarchical behavioral intervention promotes sustainable changes in food acceptance and family quality of life.

This model reinforces the importance of interdisciplinary care and parental involvement, serving as a reference for implementing similar programs in diverse clinical contexts.

P-14-007

Selective eating in autism spectrum disorders. A pilot group

Submitter: Ana Blázquez, Spain

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Selective eating is highly prevalent in children with autism spectrum disorders (ASD), with problem feeding behaviours reported in 46-89% of cases. Selective eating refers to a markedly limited diet, often with food refusal based on texture, food group, colour, or brand (1). Despite its frequency and negative impact, few empirically supported interventions exist. We developed and piloted a multi-family group intervention for children (aged 3-17 years) with ASD and selective eating, delivered in a highly specialized autism unit. The program integrated evidence-based components from the BUFFET program (2), the Sequential Oral sensory (SOS) Approach (3) and the Autism Meal Plan (4).

Objectives:

Provide psychoeducation for families about selective eating in ASD

Increase cognitive and food flexibility in children

Expand the dietary repertory of selective eaters.

Reduce mealtime anxiety for children and families

Methods: This pilot group ran in 2025. The intervention comprised 3 modules:

Module 1: Parent training(4 sessions, 150 min each)

Module 2: Child-only sessions (6 sessions, 90 min each)

Module 3: Parent-Child sessions (4 sessions, 90 min each)

Nonverbal children did not attend Module 2, but participated with their families in Modules 1 and 3. Two follow-up control visits were conducted post-intervention. The outcome measures were: Food inventory at baseline and completion; Developmental Disabilities Children's Global Assessment Scale (DD-CGAS); Clinical Global Impression - Global Improvement (CGI-I) and the Clinical Global Impression - Severity (CGI-S).

Descriptive statistics (percentages, means, SDs) were calculated using IBM SPSS Statistics for Windows. Two-tailed p-values < 0.05 were considered statistically significant.

Results: 6 patients were included in the group (66.7% females, 33.4% males). Mean age was 7.50 years (SD=1.76). The 6 patients ate fewer than 10 different foods (mean 6.67 foods, SD=1.51). All patients included have strong aversions to specific food textures, smells, tastes, or appearances and 50% of the sample has a nutritional deficiencies treated with supplements. At the end of the group the mean of different foods added to diet was 6.17 foods (SD=2.48). Selective eating improved with the intervention (CGI-I=2.5, SD=1.05 moderately better). DD-CGAS mean at visit 1 was 50.0% and at visit 14 was 74.17 (t=- 8.91, p=0.000) and CGI-S scale mean at visit 1 was 6 and at visit 4 was 3.67 (t=3.19, p=0.001).

Discussion: This pilot multi-family group intervention increased children's cognitive and food flexibility, broadened dietary repertoires, and reduced mealtime anxiety in children with ASD

Further research with larger samples and controlled designs is warranted.

P-14-008

Hospitalization Risk and One-Year Readmission Risk After Discharge in Children and Adolescents with Feeding and Eating Disorders: A Retrospective Study

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Feeding and Eating Disorders (FEDs) are classified in DSM-5-TR and include Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Avoidant/Restrictive Food Intake Disorder (ARFID). AN, a core eating disorder, is characterized by preoccupation with body weight and shape, extreme dietary restriction, and binge-purge behaviors, and it can lead to serious outcomes including medical complications and suicide. Clinically, many patients require inpatient treatment due to malnutrition and low body weight, and a certain proportion are readmission after discharge; however, factors associated with hospitalization and readmission, particularly in children and adolescents, have not been sufficiently characterized.

This study aimed to examine patient characteristics as well as risk factors for hospitalization and readmission within one-year after discharge in children and adolescents with FEDs treated at a single tertiary care center.

Methods: This retrospective observational study included patients under 18 years of age who visited or were first admitted to the Department of Psychiatry at Nara Medical University Hospital between April 2020 and March 2025 and were diagnosed with FEDs according to DSM-5 or DSM-5-TR criteria. Patients with BN were excluded due to differences in clinical course and characteristics.

A total of 95 outpatients and 22 inpatients were identified. For outpatients, sex, age, BMI at first visit, and age at onset were reviewed. For inpatients, additional variables, including time from first visit to admission, BMI at admission and discharge, length of hospital stay, caloric intake at discharge, and readmission within one year after discharge, were collected retrospectively from medical records.

Results: Among 95 outpatients, 91 were female (95.8%) and 4 were male (4.2%) with diagnoses of AN (85.3%) and ARFID (14.7%). The mean age at initial visit was 14.03 years. Thirty-five patients required hospitalization. Compared with those who were not hospitalized, the hospitalized group had a significantly higher age at onset (14.1 vs 13.2 years, $p = 0.021$) and a greater degree of underweight at the initial visit (-30.0% vs -24.9% , $p = 0.012$).

Among 22 hospitalized patients, 7 were readmitted within one year after discharge and 15 were not. No significant differences were found between readmission and non-readmission groups in clinical variables. The cumulative readmission rate at one-year was 31.3%.

No deaths occurred among either outpatient or inpatient.

Discussion: In this study, 85.3% of outpatients were diagnosed with AN, consistent with previous reports.

We evaluated undernutrition using BMI percentiles, but many patients had extremely low percentiles, limiting discrimination of severity. In contrast, the degree of underweight, commonly used in Japan's school health statistics system, may be a useful indicator of hospitalization risk.

No significant predictors of readmission were identified, possibly reflecting the multifactorial etiology of AN, including genetic and environmental influences not fully captured by inpatient clinical variables alone.

The cumulative one-year readmission rate after discharge was 31.3%, comparable to prior studies; however, the small sample size, warrants larger cohorts to validate this rate and identify risk factors.

No deaths occurred, suggesting the safety and some effectiveness of our treatment. Continued efforts to refine and improve treatment strategies remain important.

P-14-009

Cognitive Function in Adolescents with Anorexia Nervosa Assessed Using Event-Related Potentials

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Anorexia nervosa (AN) is associated with cognitive dysfunction, including attentional bias and impaired inhibitory control. In adults with AN, reduced P300 amplitude has been reported; however, little is known about event-related potential (ERP) components in adolescents with AN. This study aimed to investigate P300 and mismatch negativity (MMN) components in adolescents with AN compared with healthy controls using ERP measurements.

Methods: Nine adolescents diagnosed with AN according to DSM-5 criteria and nine age-, sex-, and IQ-matched healthy controls were enrolled. Eating attitudes in the AN group were assessed using the Eating Attitudes Test (EAT). ERPs were recorded using an auditory oddball task in accordance with standard guidelines. For P300, frequent non-target stimuli (1,000 Hz, probability 0.8) and infrequent target stimuli (2,000 Hz, probability 0.2) were presented, and 30 target responses were averaged. For MMN, standard stimuli (1,000 Hz, probability 0.9) and deviant stimuli (1,100 Hz, probability 0.1) were presented, and 50 deviant responses were averaged.

Results: The AN group showed significantly prolonged P300 latency compared with healthy controls. P300 amplitude was also significantly reduced in adolescents with AN. In contrast, no significant between-group differences were observed in MMN. Additionally, no significant correlations were found between EAT scores and P300 measures.

Discussion: These findings suggest that adolescents with AN exhibit altered cognitive processing at the level of conscious stimulus evaluation, as reflected by delayed and attenuated P300 responses, while pre-attentive processing indexed by MMN appears to be preserved. P300 may serve as an objective neurophysiological marker of cognitive dysfunction in adolescent AN. This study was approved by the Institutional Review Board of Nara Medical University.

P-14-010

Cerebellar Transcranial Direct Current Stimulation (ctDCS), Alexithymia and Executive Functioning in Adolescents With Anorexia Nervosa: A Randomized Double-Blind Pilot Study

Submitter: Maria Stellato, Italy

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Emerging evidence suggests cerebellar involvement in Anorexia Nervosa (AN), particularly in Crus I and II, regions associated with emotional regulation and executive control. While transcranial direct current stimulation (tDCS) represents a promising neuromodulation approach, data on cerebellar cathodal tDCS (ctDCS) in youth with AN are scarce. This pilot study aimed to evaluate the effects of cerebellar tDCS on clinical symptoms, alexithymia, and executive functioning in adolescents with AN.

Methods: Twelve adolescents aged 11-17 years with a diagnosis of Anorexia Nervosa have been enrolled so far in a randomized, double-blind, within-subjects study. Participants received real ctDCS and sham stimulation (2 mA, 20 minutes) in a randomized order in two 5-day blocks separated by a 4-week wash-out period. Both conditions were combined with cognitive-behavioral training (CBT). Child neuropsychiatric assessments were conducted before and after each condition to evaluate emotional awareness (TAS-20), executive functions (BRIEF-2, Leiter-3, EpiTrack), and depressive symptoms (BDI-II). Ten participants completed the full protocol and were included in the analyses.

Results: At baseline, participants showed moderate depressive symptoms ($BDI-II_{T0} = 24.45 \pm 12.08$) and alexithymia ($TAS-20_{T0} = 62.9 \pm 12.9$), along with mild executive dysfunction ($EpiTrack_{T0} = 29.5 \pm 4.35$ and $BRIEF-2_{GEC_{T0}} = 59.2 \pm 14.34$). Following completion of the protocol, a general improvement in executive functioning was observed ($EpiTrack_{T2} = 31.6 \pm 3.6$; $p = 0.013$; $BRIEF-2_{BRI_{T2}} = 53.9 \pm 11.6$; $p = 0.05$). No significant changes emerged in alexithymia or depressive symptoms ($TAS-20_{T2} = 58.9 \pm 13.9$; $p = 0.177$ and $BDI-II_{T2} = 22.7 \pm 14.9$; $p = 0.300$). Executive improvements appeared to be mainly associated with CBT, with no clear additive effect of ctDCS. Higher baseline alexithymia predicted poorer post-treatment executive outcomes.

Discussion: These preliminary findings suggest that the cerebellum plays a complex and still poorly understood role in emotional and cognitive regulation in adolescents with Anorexia Nervosa. In this pilot sample, cerebellar ctDCS did not show a clear additive effect, while significant improvements in executive functions and a slight reduction in alexithymia followed the 10-session protocol, likely reflecting the impact of cognitive-behavioral training (CBT). CBT appears effective in rapidly enhancing executive functioning,

whereas emotional changes may require longer interventions. The reduction in alexithymia observed after sham, but not active ctDCS, may relate to the complex cerebellar involvement in emotional processing and to the use of a cathodal montage, which might have inhibited cerebellar networks. Higher baseline alexithymia predicted poorer post-treatment executive functions, highlighting the need for larger, adequately powered studies to clarify the clinical utility and potential synergistic role of cerebellar neuromodulation alongside psychological treatments.

P-15

Self-Harming Behavior and Suicidality I: Risk Factors and Predictors

P-15-001

Completed Suicide in Children and Adolescents: A Five-Year Retrospective Chart Review from a Tertiary Care Centre in Bengaluru

Submitter: Sowmyashree Chikkanayakanahall Narayan, India

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: To identify the sociodemographic characteristics of children and adolescents who died by suicide over a five-year period in a tertiary care setting.

To examine clinical and psychiatric risk factors, including mood disorders, neurodevelopmental conditions, and comorbid psychopathology.

To assess temperamental and emotional regulation vulnerabilities.

To explore gender-based patterns in suicidality.

To identify psychosocial stressors, including academic stress, unrealistic performance expectations, familial conflicts, and stigma.

To examine protective factors for suicide.

To interpret findings within a developmental psychopathology framework to inform early identification and suicide prevention strategies.

Methods: This retrospective chart review was conducted at a tertiary care child and adolescent psychiatry service in Bengaluru. Medical records of children and adolescents who died by suicide between 2019 and 2024 were identified through inpatient and departmental registers. The sample included ten cases (five girls and five boys), aged 9-18 years (median age = 15 years), all of whom required inpatient treatment due to illness severity at presentation. Data were extracted using a structured proforma capturing sociodemographic characteristics, psychiatric and neurodevelopmental diagnoses, temperamental traits, academic and familial stressors, stigma-related concerns, treatment history, and protective factors. Information was drawn from admission notes, clinical progress records, psychotherapy documentation, and follow-up summaries. Ethical approval was obtained from the institutional ethics committee, and parental consent was secured. Data were analysed descriptively within a biopsychosocial and developmental framework.

Results: The sample showed equal representation of girls and boys, with most suicides occurring in mid-adolescence. Four children had a diagnosable attention-deficit/hyperactivity disorder, predominantly boys, while others exhibited prominent traits of impulsivity and emotional dysregulation. Gender-based patterns were evident: girls more commonly demonstrated internalizing vulnerabilities, including perfectionism, high achievement orientation, high self-expectations, and depressive cognitions, whereas boys more frequently exhibited externalizing traits such as impulsivity and behavioural dysregulation. Academic stress, unrealistic performance expectations, and familial conflicts were prominent risk factors across cases. Stigma emerged as a significant

contributor, with several children expressing fear of returning to school following prolonged absenteeism due to anticipated peer scrutiny. Protective factors included consistent family support, secure attachment with parents, and targeted stress inoculation interventions that helped some children anticipate and cope with peer-related questioning during school reintegration.

Discussion: The findings point to suicidality in childhood and adolescence as a failure of containment at multiple levels: emotional, relational, and contextual. Individual vulnerabilities interacted with environmental demands in ways that overwhelmed available coping capacities, particularly during periods of transition and re-entry. Stigma, especially in academic settings, emerged as a silent accelerator of distress, intensifying anticipatory anxiety and social threat. Protective influences such as family support buffered risk but were insufficient when internal distress reached critical intensity. These observations argue for prevention strategies that prioritize early recognition of escalating vulnerability, address stigma within schools, and strengthen emotional coping capacities before crises emerge. Suicide prevention in young people must therefore move beyond reactive care toward proactive, developmentally informed systems that integrate mental health services with family and educational environments.

P-15-002

Factors associated with the prediction of suicide risk among young people

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Youth suicide has emerged as a growing public health concern and is currently the third leading cause of death among individuals aged 15-24 years worldwide, according to the World Health Organization. In Taiwan, it ranks as the second leading cause of death in this age group. Despite the substantial burden and serious consequences of youth suicide, there are currently no validated, specific scales capable of reliably predicting suicide risk. This critical gap underscores the need to identify factors associated with suicide risk, which was the primary aim of the present study.

Methods: We recruited young individuals aged 12 to 30 years who had been diagnosed with depressive disorders from a psychiatric outpatient clinic. In addition, a comparison group of participants from the general population with no history of depressive disorders was also recruited. People with history of autism, bipolar disorder, schizophrenia and intellectual disability were excluded. Participants completed questionnaires assessing demographic characteristics, including age, sex, social status, and medication adherence. Standardized self-report measures were administered, including the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7), and the Beck Suicide Scale (BSS). Trained research assistants conducted structured interviews to collect data using the Chinese version of the SADPERSONS scale. Child psychiatrists interviewed participants in the depressive disorder group and classified their suicide risk as none, low, moderate, or high. Linear regression analyses were performed to identify factors predictive of suicide risk.

Results: In 111 participants (70.3% female; mean age 18.91 ± 4.39 years), suicide risk was classified as none in 55 participants, low in 38, moderate in 12, and high in 6. Suicide risk was predicted by female gender ($B = -0.27$, 95% CI = -0.47 to -0.06), higher SADPERSONS ($B = 0.099$, 95% CI = 0.04 to 0.16), and higher BSS ($B = 0.04$, 95% CI = 0.03 to 0.06); in 57 participants <18 years, female gender ($B = -0.28$, 95% CI = -0.52 to -0.03), higher GAD-7 ($B = -0.05$, 95% CI = -0.09 to -0.01), and higher SADPERSONS ($B = 0.21$, 95% CI = 0.13 to 0.28) were predictive. In 62 participants who had depression, suicide risk was predicted by higher BSS ($B=0.04$, 95% CI= $0.02\sim0.06$).

Discussion: Our findings are consistent with previous studies and further suggest that anxiety symptoms in adolescents may play a critical role in suicide risk prediction, particularly among younger individuals. This age-specific pattern highlights the importance of incorporating anxiety assessments into routine suicide risk evaluations for adolescents. A major strength of this study is that suicide risk was assessed by child psychiatrists rather

than relying solely on self-report measures, enhancing the clinical validity of the findings. The integration of standardized scales with expert clinical judgment may provide a more comprehensive and clinically relevant approach to suicide risk assessment.

P-15-003

A network analysis of risk factors for suicidal thoughts in young people within an attachment theory framework

Submitter: Xingyu Wang, United Kingdom of Great Britain and Northern Ireland

Co-Authors: X. Wang, D. Pratt, K. Berry

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Youth suicide poses a major public health challenge worldwide, and suicidal ideation is an early marker of suicide risk. Suicidal thoughts are complex and may be shaped by attachment-related processes. Attachment insecurity is associated with low self-worth, emotion regulation difficulties, and interpersonal problems, which may contribute to suicidal thoughts. This study used network analysis to examine the structure of risk factors for suicidal thoughts in young people within an attachment theory framework.

Methods: A total of 445 young people aged 18-24 completed an online survey assessing attachment insecurity (avoidant, anxious, and disorganised), self-worth, emotion regulation, interpersonal difficulties, and suicidal thoughts. A Gaussian graphical model was estimated to identify partial associations among these variables.

Results: Suicidal thoughts were directly associated with higher attachment avoidance and attachment anxiety, lower self-worth, and greater difficulties with emotion regulation strategies. Self-worth showed the strongest direct association with suicidal thoughts. Disorganised attachment emerged as a central node in the network, indicating its potential relevance within the structure of attachment-related risk factors. Other factors showed indirect associations with suicidal thoughts.

Discussion: The findings suggest that attachment insecurity and related factors are associated with suicidal thoughts in young people. A network-informed perspective may help identify attachment-informed intervention targets, with self-worth emerging as a key treatment focus. Strengthening attachment security and supporting the development of emotion regulation strategies may also help address processes more directly related to suicidal thoughts. Strengthening attachment security and supporting the development of emotion regulation strategies may also help address proximal processes linked to suicidal thoughts. The centrality of disorganised attachment suggests that young people with disorganised attachment may represent a higher-risk subgroup, given its stronger links with other attachment-related factors associated with suicidal thoughts. Identifying young people with disorganised attachment within routine therapy and offering early support for this subgroup may be beneficial.

P-15-004

Patterns of trauma experiences and their association with suicidality among youth in a tertiary care facility in Kenya

Submitter: Charlene Gumbo, Kenya

Co-Authors: C. Gumbo, Z. Kimari

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective:

To examine the patterns of traumatic experiences and their association with suicidality among youth in Kenya.

Specific Objectives:

- 1.To describe the prevalence, types, and severity of traumatic experiences among youth aged 15-35 years receiving tertiary mental health care.
- 2.To determine the prevalence and characteristics of suicidality (ideation, plans, and attempts) within this population.
- 3.To analyze the association between specific trauma profiles and suicidality, controlling for key sociodemographic and clinical factors.
- 4.To explore qualitative accounts from clinical records that illuminate how trauma experiences influence suicidal behavior.

Methods:

This retrospective mixed-methods study will analyze clinical records of youth aged 13-35 years who participated in the NeuroGAP study at Moi Teaching and Referral Hospital between 2023 and 2025. Quantitative data from standardized tools (PCL-5, SBQ-R, BDI-II, BAI) will be analyzed using descriptive statistics, Chi-square tests, and multivariate logistic regression to identify predictors of suicidality. Qualitative data from clinical narratives will undergo thematic analysis to explore lived experiences and psychosocial contexts of trauma.

Results:

Preliminary analyses suggest high rates of emotional and physical abuse, with significant associations between trauma severity, depressive symptoms, and suicidal ideation. Low resilience and comorbid PTSD are expected mediators of suicide risk.

Discussion:

Understanding trauma-suicidality patterns among Kenyan youth will inform the development of trauma-informed care models and strengthen suicide prevention strategies in low-resource settings. Findings will support early detection, risk assessment, and evidence-based interventions tailored to African clinical contexts.

P-15-005

The Relationship Between Childhood Trauma Subtypes and Suicide Probability in Hospitalized Patients with Bipolar Disorder and Major Depressive Disorder: A Preliminary Study

Submitter: Sema Yildirim, Türkiye

Co-Authors: S. Yildirim, M. Sahin Can, A. Sunam

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Suicidal behavior is one of the leading causes of mortality in bipolar disorder and major depressive disorder, with a markedly increased risk during depressive episodes. Hospitalized patients constitute a particularly high-risk group for suicide due to greater illness severity and psychosocial stressors. In recent years, childhood trauma has been shown to be associated with depression severity and suicidal behavior in adulthood. The aim of this preliminary study is to examine the relationship between childhood trauma subtypes and suicide probability in clinically high-risk hospitalized patients with bipolar depression and major depressive disorder.

Methods: The study included 21 patients hospitalized in the psychiatric ward of a university hospital who were diagnosed with bipolar disorder, depressive episode, or major depressive disorder based on clinical interviews conducted according to DSM-5 diagnostic criteria, as well as 21 age- and sex-matched healthy control participants.

Participants were assessed using the Childhood Trauma Questionnaire (CTQ), Suicide Probability Scale (SPS), Beck Depression Inventory (BDI), and Hamilton Depression Rating Scale (HAM-D).

Group comparisons and correlational analyses were conducted using appropriate statistical methods with SPSS software, and statistical significance was set at $p < 0.05$.

Results: Childhood trauma subscale scores were higher in patients than controls, including emotional abuse ($p < 0.001$), emotional neglect ($p < 0.001$), physical neglect ($p < 0.001$), sexual abuse ($p = 0.002$), and overprotection/control ($p < 0.001$), with large effect sizes (Cohen's $d = 1.03-1.41$). No group difference was observed for physical abuse ($p = 0.086$).

In patients, total CTQ scores correlated with SPS scores ($r = 0.506$, $p = 0.019$). Suicide probability was also associated with emotional neglect, emotional abuse, sexual abuse, and overprotection/control (all $p < 0.01$).

Depression severity correlated with suicide probability (Beck Depression Inventory: $r = 0.595$, $p = 0.004$; Hamilton Depression Rating Scale: $r = 0.441$, $p = 0.045$). In regression analyses, depression severity was the strongest predictor ($p < 0.05$), explaining 40-45% of variance ($R^2 = 0.44-0.47$), while emotional abuse and emotional neglect weren't statistically significant.

Discussion: This study demonstrated that childhood trauma, particularly emotional

trauma subtypes, is associated with suicide probability in patients hospitalized with bipolar depression and major depressive disorder. Higher childhood trauma scores in patients compared to controls suggest that early traumatic experiences may be linked to more severe clinical presentations, indicating that trauma characteristics are clinically relevant. Sub-scale analyses showed that emotional neglect and emotional abuse were more strongly associated with suicide probability, whereas other trauma types showed weaker or selective relationships. This pattern supports the view that childhood trauma is not a homogeneous risk factor and highlights the prominent role of emotional trauma. Regression analyses identified depression severity as the strongest predictor of suicide probability, while the effects of childhood trauma appeared largely mediated by depressive symptoms. Given the preliminary nature of this study, findings should be interpreted cautiously, and further studies with larger samples are underway.

P-15-006

Beyond Diagnosis: Environmental and Lifestyle Profiles of Suicidality and NSSI in Korean Adolescents

Submitter: Hangnyoung Choi, Korea, Republic of

Co-Authors: H. Choi, D. Song, K. Cheon

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: To identify modifiable lifestyle and caregiver-environment profiles among Korean adolescents and evaluate their associations with suicidality and non-suicidal self-injury (NSSI) independent of psychiatric diagnoses. We further examined resilience within adolescents with DSM-5 psychiatric diagnoses and conducted sensitivity analyses for those without diagnoses

Methods: Data were drawn from the National Mental Health Survey of Korea - Child & Adolescent 2022 (NMHSK-CA 2022) (N=3,382 adolescents aged 12-17). Suicidality/NSSI (ideation, attempt, NSSI; current or past) and DSM-5 diagnoses were assessed via the K-SADS-COMP. Eleven modifiable indicators were included (sleep duration/latency/awakenings, physical activity days, non-educational screen time, smartphone addiction score, weekday gaming time, school/cyber victimization, caregiver PHQ-9 and GAD-7 scores, and adolescent externalizing behaviors). A weighted latent profile analysis (LPA) was fit for 2-6 classes; the optimal solution was selected using BIC and a minimum class size (> 3%). Profile-specific prevalences were estimated using posterior-probability weighting. Associations with suicidality/NSSI were tested using cluster-robust, survey-weighted logistic regression adjusting for sex, age, household income, and any psychiatric diagnosis.

Results: Among 3,382 adolescents, the weighted prevalence of suicidality/NSSI was 5.46%.

LPA identified five profiles: Adaptive (31.97%), Sleep-disturbance predominant (39.17%), High-activity with moderate caregiver distress (9.16%), Digital overuse and victimization high-risk (8.47%), and Caregiver distress and youth externalizing high-risk (11.24%). Suicidality/NSSI prevalence ranged from 2.47% in the Adaptive profile to 12.69% and 14.45% in the two high-risk profiles. In adjusted models, both high-risk profiles showed substantially higher odds of suicidality/NSSI relative to Adaptive profile (OR 3.17 and 3.79), and any psychiatric diagnosis was independently associated with suicidality/NSSI (OR 4.96). Notably, among adolescents with psychiatric diagnoses, suicidality/NSSI prevalence was 8.51% in the Adaptive profile compared with 23.75% and 29.14% in the two high-risk profiles. Study results are independent of the Ministry of Health and Welfare.

Discussion: Distinct risk patterns for suicidality/NSSI emerge beyond diagnostic status, aligning with two modifiable "risk phenotypes": (1) a Digital-peer stress phenotype (marked by digital overuse and victimization) and (2) a Family-behavioral strain phenotype

(characterized by caregiver distress and youth externalizing). Notably, an Adaptive profile appeared even among diagnosed adolescents; in this context, "Adaptive" serves as an outcome-based descriptor, which may imply that suicidality risk is not fixed by diagnosis but is associated with modifiable environmental factors.

These findings suggest that targeted screening of digital hygiene and caregiver mental health may help identify high-risk youth regardless of their clinical labels. Although the cross-sectional design precludes causal inference, these data identify specific phenotype-defining factors for future longitudinal research. Such a diagnosis-informed, environment-focused approach is essential for developing tailored prevention strategies and enhancing adolescent safety in both clinical and public health settings.

P-15-007

Psychosocial predictors of persistent non-suicidal self-injury in adolescents with major depressive disorder: A longitudinal study

Submitter: Haojie Fan, People's Republic of China

Co-Authors: H. Fan, L. Liu, Y. Tian, M. Hao, Y. Zhang, X. Zhang, L. Zhao, H. Liu

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Major depressive disorder (MDD) is a prevalent mental illness during adolescence, and non-suicidal self-injury (NSSI) is a frequent manifestation in this population. Research has shown that persistent NSSI has a more significant impact on the prognosis of MDD that begins during adolescence. The objective of this study was to explore the psychosocial predictors of persistent NSSI.

Methods: A total of 206 adolescents with MDD were finally included in the statistical analysis. Patients were assessed for NSSI at baseline and one year after enrollment. The Hamilton Depression Rating Scale (HAMD-24), the Center for Epidemiologic Studies of Depression Symptom Scale (CES-D), the Childhood Trauma Questionnaire (CTQ), the Epworth Sleepiness Scale (ESS), the Insomnia Severity Index (ISI), the Internet Addiction Test (IAT), the Interpersonal Reactivity Index (IRI), the Positive and Negative Suicide Ideation Inventory (PANSI), and the Toronto Alexithymia Scale (TAS-20) were utilised to assess patients' psychological states and life experiences at baseline. Multivariate logistic regression was used to identify risk factors for persistent NSSI. The predictive performance of the models was assessed using receiver operating characteristic (ROC) curve analysis.

Results: Among adolescents with MDD who engage in NSSI, the one-year prevalence rate of persistent NSSI was 32.23%. The TAS score was essential for predicting persistent NSSI (OR = 1.098, P = 0.016). Age (OR = 0.62, P = 0.019) can also be used to predict the occurrence of persistent NSSI. The combined predictive value of TAS score and age for persistent NSSI was higher, with an AUC of 0.792 (95% CI = 0.685~0.899, P < 0.001).

Discussion: This study found that Chinese adolescents with MDD who engage in NSSI are at increased risk for persistent NSSI. Specifically, age and alexithymia are predictive of its occurrence. In clinical practice, healthcare professionals should pay particular attention to younger adolescents with MDD who engage in NSSI and screen them for alexithymia, in order to implement early intervention and prevent persistent NSSI.

P-15-009

Biological predictors of persistent non-suicidal self-injury in adolescents with major depressive disorder: the role of thyroid-stimulating hormone and low-density lipoprotein cholesterol

Submitter: Haojie Fan, People's Republic of China

Co-Authors: H. Fan, L. Liu, Y. Tian, M. Hao, Y. Zhang, X. Zhang, L. Zhao, H. Liu

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Non-suicidal self-injury (NSSI) is a characteristic of adolescents with major depressive disorder. Persistent NSSI is significantly associated with more severe clinical symptoms and a poorer prognosis. This study aimed to explore the biological predictors of persistent NSSI.

Methods: A total of 558 adolescents with MDD were recruited. They were assessed for NSSI at baseline and one year after enrollment. Following the exclusion of participants lost to follow-up ($n = 320$) and those with missing biological information ($n = 147$), 91 participants were ultimately included in the final statistical analysis. Certain hematological parameters, such as triglycerides (TG), total cholesterol (TC), high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), thyroid-stimulating hormone (TSH) and 25-hydroxyvitamin D (25(OH)D) were measured. Additionally, plasma levels of interleukin (IL)-1, IL-6, IL-10, IL-17 A, and tumor necrosis factor (TNF) were measured. Multivariate logistic regression was used to identify risk factors for persistent NSSI. The predictive performance of the models was assessed using receiver operating characteristic (ROC) curve analysis.

Results: TSH ($OR = 2.421$, $P = 0.007$) and LDL-C ($OR = 5.249$, $P = 0.012$) were essential for predicting persistent NSSI. Age at onset ($OR = 0.61$, $P = 0.048$) can also be used to predict the occurrence of persistent NSSI. The combined predictive value of TSH, LDL-C and age at onset for persistent NSSI was higher, with an AUC of 0.892 (95% CI = 0.813 ~ 0.972, $P < 0.001$).

Discussion: The younger the age at which MDD begins, the greater the risk of persistent NSSI later in life. In clinical practice, adolescents experiencing depressive episodes should undergo screening for TSH and LDL-C to enable early identification and intervention, thereby reducing the risk of persistent NSSI.

P-15-010

Suicide and Psychosis in Youth and Young Adults from a Population-Based Cohort of Suicide Death

Submitter: Erina Horikawa, USA

Co-Authors: B. Keeshin

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Topics: suicide, psychosis

Objective: Approximately 5% of individuals with schizophrenia die from suicide. The rate of psychosis-spectrum disorders (PSD) was significantly elevated in suicide deaths based on recent research through the Utah Suicide Genetics Research Study (USGRS). Additionally, atypical suicide rates were increased for those in the schizophrenia spectrum and those who have a genetic risk for schizophrenia, compared to depression or neuroticism. Restricted firearm access did not account for the high rates of atypical suicide. As the USGRS study focused on adults, currently, there is little investigation of specific risk factors of suicide for youth and young adults with PSD. Identifying risk factors for youth and young adults with PSD could lead to specific interventions for this high-risk population.

Methods: Compare potential risk factors for suicide (i.e., younger age, male gender, recent discharge, medication trials, adequate response to treatment, previous abuse, comorbid medical & psychiatric diagnosis, etc.) for those with PSD who died by suicide with those with PSD who are still alive. Electronic medical records from the two largest healthcare systems in the state of Utah and population-based data on suicide deaths through the Utah Office of Medical Examiner will be utilized to identify and analyze individuals with PSD. We will examine individuals aged 30 years or younger to identify unique risk factors in adolescents and young adults. Depending on sufficient power, a sub-analysis will be conducted based on the method of suicide.

Results: We hypothesize that a younger age, male gender, recent discharge from a psychiatric facility, inadequate response to treatment, along with more traditional factors such as access to firearms or stockpiled medications, would increase the risk of suicide.

Discussion: Identifying specific risk factors for suicide in those with psychosis spectrum disorders can lead to more robust suicide prevention interventions for both atypical and typical methods within pre-adolescents, adolescents, and young adult populations.

P-16

Risk and Resilience Factors I: Family
Relationships and Parenting

P-16-001

Associations between parental discord and child well-being in middle childhood, adolescence, and adulthood

Submitter: Ilona Luoma, Finland

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The aim of this study was to explore the associations between parental discord, separation/divorce, and psychosocial well-being of the child in middle childhood, adolescence, and adulthood.

Methods: The original longitudinal sample comprised first-time mothers and was gathered from maternity clinics in 1989-90 (T1). The sample in this study included 189 mother-child dyads at 8-9 years (T6), 174 mother-adolescent dyads at 16-17 years (T7) and 143 adult respondents at 27 years (T8). The information concerning parental separation/divorce and maternal dissatisfaction with pair relationship was gathered at T6 and T7 from the mothers. At T8, adult firstborns' reports concerning parental separation/divorce and discord in childhood family were used.

Offspring psychosocial problems were assessed at T6-T8 with ASEBA questionnaires. We used the problem scales of the CBCL at T6, YSR at T7, and ASR at T8. At T6 and T7, the problem scales included withdrawal, anxious/depressed, somatic, social, thought, attention, rule-breaking, and aggressive. At T8, six DSM-oriented problem scales were used (depressive, anxious, somatic, avoidant, ADHD, and antisocial).

Results: Of the mothers, 14% at T6 and 31% at T7 reported separation/divorce. Of the firstborns, 28% at T8 reported parental separation/divorce in childhood. Parental separation/divorce was not statistically significantly associated with child outcome at T6 or T8. At T7, parental separation/divorce was associated with adolescent's rule-breaking ($p = 0.007$).

Of the mothers, 8% at T6 and 6% at T7 reported dissatisfaction with pair relationship. Concurrent maternal dissatisfaction with pair relationship was associated with child's thought problems ($p < 0.001$) at T6, and, at T7, with adolescent's anxious/depressed problems ($p = 0.006$), withdrawal ($p < 0.001$), social problems ($p = 0.003$), and aggression ($p = 0.042$).

At T8, 13% of the firstborns reported parental discord in childhood family. Parental discord was associated with higher scores in somatic problems ($p = 0.047$), ADHD symptoms ($p = 0.001$), and antisocial problems ($p = 0.004$).

Discussion: Parental separation or divorce was associated only with child's increased rule-breaking in adolescence. However, maternal dissatisfaction with her pair relationship and adult offspring's experience of parental discord in his or her childhood family showed associations with increased child problems. The findings indicate that children may show

resilience at the face of difficult family transitions but are vulnerable to stress caused by relationship strain between the parents.

How Interparental Relationships Shape Children's Internalizing and Externalizing Problems

Submitter: Celine Schnellbacher, Germany

Co-Authors: C. Schnellbacher, K. Lindenberg

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Children's psychological development unfolds within the broader family system, with interparental relationships representing a key contextual influence. This study examines how longitudinal patterns of interparental relationship quality and stability jointly shape children's internalizing and externalizing problems. Using a person-centered, longitudinal approach, we aim to identify distinct relationship profiles characterized by variations in relationship quality (e.g., intimacy, conflict) and instability (e.g., separation-related thoughts and behaviors) within parent couples. We further investigate whether these profiles are differentially associated with children's internalizing and externalizing problems, and whether such associations primarily reflect differences in initial symptom levels, developmental trajectories over time, or both. Overall, the study seeks to advance understanding of how dynamic processes within interparental relationships contribute to children's mental health beyond average effects and static indicators of family structure.

Methods: Data were drawn from the German Family Panel (pairfam; Waves 2-7), including reports from parents and children in a nationally representative, population-based sample. Relationship quality (intimacy, admiration, dominance, conflict) and relationship instability (separation-related thoughts and behaviors) were modeled simultaneously using Growth Mixture Modeling to identify distinct interparental relationship profiles over time. Children reported internalizing and externalizing problems using the German version of the Strengths and Difficulties Questionnaire. Profile membership was used to predict children's symptom development in conditional latent growth curve models, controlling for child age, gender, household income, and couple separation experiences. Missing data were handled using full-information maximum likelihood estimation.

Results: Four distinct interparental relationship profiles emerged, differing in both initial levels and trajectories of relationship quality and stability. Children whose parents belonged to interparental relationship profiles characterized by lower relationship quality and higher instability showed elevated levels of internalizing and externalizing problems. These differences were evident primarily at baseline and remained significant after controlling for covariates. Changes in symptoms over time were small and largely parallel across profiles, indicating relatively stable developmental courses once baseline differences were taken into account. Child gender was the strongest individual predictor, with girls exhibiting higher levels of internalizing problems across all profiles, while child age showed no significant effects.

Discussion: The findings demonstrate that interparental relationships shape children's mental health not merely through separation or stability per se, but through distinct long-term patterns of relationship quality and instability. By adopting a person-centered perspective, this study reveals meaningful heterogeneity that is obscured in variable-centered approaches focusing on average effects. Children exposed to chronically strained or unstable interparental relationships appear to be at heightened risk for internalizing and externalizing problems. Clinically, these results underscore the importance of family-focused prevention and intervention strategies that target interparental relationship functioning as a key contextual determinant of child and adolescent mental health.

P-16-003

Associated Factors with maternal parenting styles among adolescents in a child psychiatry setting : A Cross-Sectional Study

Submitter: Mohamed Falfoul, Tunisia

Co-Authors: M. Falfoul, M. Ajmi, c. Abdallah, A. Randaline, H. Ben Abid, A. Guedria

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Parenting styles play a central role in adolescents' emotional and social development and may significantly influence mental health outcomes. In child psychiatry settings, parental educational practices may be shaped by chronic stress and adolescent psychopathology. This study aimed to assess maternal parenting styles among mothers of adolescents followed in child psychiatry and to identify the sociodemographic, clinical, and relational factors associated with these practices.

Methods: A cross-sectional descriptive study was conducted in the Child Psychiatry Department of Fattouma Bourguiba Hospital (Monastir, Tunisia) between September and December 2025. Parenting styles were assessed using the Arabic version of the Parental Authority Questionnaire (PAQ), which evaluated authoritarian, authoritative, and permissive styles from the adolescent's perspective. Sociodemographic data, maternal educational level, and family clinical and relational variables were collected using a structured questionnaire. Statistical analyses were performed using SPSS version 21, applying Chi-square or Fisher's exact tests. Statistical significance was set at $p=0.05$.

Results: The sample included 84 mother-adolescent dyads, with adolescents aged 12 to 18 years. The authoritarian parenting style was the most prevalent, adopted by 61.9% of mothers, followed by the permissive (23.8%) and authoritative (14.3%) styles. The authoritarian style was significantly associated with low socio-economic status ($p=0.042$), low maternal educational level ($p=0.045$), and the presence of marital conflicts or conjugopathies ($p=0.034$). Furthermore, this rigid style was significantly associated with adolescent academic failure, particularly grade repetition ($p=0.037$). Conversely, the authoritative style was associated with better maternal emotional competence, and showed a strong negative correlation with maternal alexithymia dimensions ($p=0.001$).

Discussion: The high prevalence of the authoritarian style suggests that mothers in psychiatric settings may resort to rigid control as a response to chronic stress and adolescent symptomatology. The association with low educational and socio-economic levels reinforces the role of parental educational capital; mothers with higher education may possess more reflexive resources to employ negotiation and emotional regulation. Additionally, marital instability acts as a major disruptor of parental sensitivity, often leading to coercive practices. These findings highlight the necessity of parenting support programs in child psychiatry to promote authoritative practices-characterized by rule explanation and emotional recognition-which are essential for fostering adolescent

resilience and healthy identity consolidation.

Perspectives on parents' use of nonphysical disciplinary approaches in child rearing: an exploration in the Dominican Republic

Submitter: John McLennan, Canada

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: There is an increasing number of reports on the nature and pattern of physical punishments used by parents for child discipline in low- and middle-income countries. These reports are often paired with appeals to promote parental use of nonphysical disciplinary approaches as an alternative to reliance on physical punishments. However, it appears that such appeals are frequently made with little to no exploration of the existing nature and pattern of use of nonphysical disciplinary approaches by parents in targeted populations. Erroneous assumptions of deficiencies in the use of nonphysical discipline by a targeted population could undermine the development of nuanced and locally informed health promotion efforts. This study explored the range of, and perspectives on, parental use of nonphysical child disciplinary approaches for child rearing in the Dominican Republic (DR).

Methods: Caregivers (n=32) and psychologists (n=17) were recruited to participate in semi-structured interviews on parenting practices in the DR. Caregivers, inclusive of parents and other adults in the home involved in rearing children 1-14 years of age, were purposively selected from a lower-income community served by a partnering primary health service in Santo Domingo. Psychologists who worked with children and family serving agencies were purposively sampled across public and private sectors in Santo Domingo. Interview questions included prompts to have participants describe their observations, experiences, and perspectives related to physical and nonphysical punishments, as well as nonpunitive approaches, for child rearing by parents in the DR. Interviews were audiotaped and transcribed verbatim. Analysis was informed by a qualitative descriptive approach as outlined by Sandelowski and included coding within NVIVO, use of memos for construct synthesis, and Parent Advisory Group input on early findings and interpretations.

Results: Identified practices were categorized into two groups. The first group included punishment practices that were nonphysical. "Taking away things" (often electronics) was the most common caregiver-identified strategy. The next was "prohibiting going out" (e.g., with friends), particularly for adolescents. Both were frequently identified as being some of the most appropriate and effective disciplinary practices. In contrast, participants criticized other observed practices, such as the use of harsh or offensive language directed at children. The second group included approaches that were nonpunitive in nature. "Talking to the child" was the most commonly identified approach in this category and could include explaining to the child what behaviour was inappropriate and giving feedback

when the child was behaving well. Others included teaching and demonstrating values. Although praising and giving rewards was rarely mentioned spontaneously, in response to probing, most caregiver participants identified this as an existing and desirable approach.

Discussion: This preliminary exploration identified multiple nonphysical disciplinary approaches which were reported to be actively used in this setting. Initiatives to support parents in implementing recommended child rearing strategies may benefit from attempting to build on existing practices that are already identified as effective and desirable approaches, rather than assuming knowledge and practice deficits. However, further investigation is required to determine the extent, pattern and quality of their use, as well as barriers to their expansion. It is proposed that systematic investigation of existing nonphysical disciplinary approaches should be routinely conducted to increase the likelihood that parent support initiatives are informed by understanding of local practices.

P-16-005

**To what extent are child and parental personality and parenting behaviour associated?
An investigation into the variance explained by personality functions of 6- to 12-year-old children and their parents in relation to parental upbringing behavior**

Submitter: Louisa Bartels, Germany

Co-Authors: L. Bartels, A. Bildstein, L. Sarrar

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Previous research points to interactional processes between the personality dimensions of parents and their adolescent children and parenting behavior. Such an interaction could play a central role in child development. An investigation in childhood, considering the current conception of personality (disorders) with Criterion A (personality functions) and Criterion B (personality traits), is obvious. The aim of this study is to provide an initial assessment of how personality functions (Criterion A) of parents and their children explain the variance in parenting behavior. This is expected to broaden current understanding of upbringing behavior, personality development and interactional processes. This study aims to derive developmental-theoretical conclusions (personality development, emergence of (dys)functional parental behaviors, identification of risk factors) as well as practical implications (working with parents e. g. in a psychotherapeutic context).

Methods: Personality functions and parenting behavior were assessed in a German sample of parents ($N = 54$, $N_{\text{fathers}} = 24$, $N_{\text{mothers}} = 30$, $M_{\text{age}} = 39.9$, $SD_{\text{age}} = 6.2$) and their children aged 6-12 years ($N = 53$, $N_{\text{girls}} = 25$, $N_{\text{boys}} = 26$, $M_{\text{age}} = 8.8$, $SD_{\text{age}} = 1.8$). Further recruitment is ongoing.

Parental personality functions are operationalized using the Level of Personality Functioning-Questionnaire Adult (LoPF-Q A), parenting behavior using the Parent-Parenting-Inventory (EEI), and children's personality functions through proxy ratings using the Level of Personality Functioning-Questionnaire 6-18 PR (LoPF-Q 6-18 PR). The statistical examination of the research question is planned using multiple regressions. A sample size estimate using g^* power yielded 190 parent-child pairs with 13 predictors considered: child and parental personality functions, as well as control variables age, gender, and socioeconomic status ($f^2 = 0.1$, $\alpha = .05$, type II error = .80).

Results: Based on the data collected so far, preliminary regression analyses were conducted using the predictors total score of parental personality functioning impairments and total score of child personality functioning impairments for the dependent variables parenting dimension warmth, strictness, and independence. The parent-child personality functioning impairment model explained approximately 24% of the variance in the parenting dimension warmth ($R^2 = .236$, $p = .002$) and about 17% of the variance in independence ($R^2 = .167$, $p = .014$). The individual predictors parental and child personality functioning impairments did not reach statistical significance in either model. For the

parenting dimension strictness, the regression model did not yield any significant explained variance. This may be due to the insufficient sample size at the present stage.

Discussion: The reported findings should be regarded as preliminary and exploratory, as they are limited by the current sample size, the provisional data status, and incomplete data cleansing.

Data collection is ongoing.

P-16-007

Associated Factors with maternal alexithymia in a child psychiatry setting

Submitter: Mohamed Falfoul, Tunisia

Co-Authors: M. Falfoul, M. Ajmi, c. Abdallah, A. Randaline, H. Ben Abid, A. Guedria

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: This study aimed to assess the prevalence of maternal alexithymia among mothers of adolescents followed in child psychiatry and to identify the sociodemographic and relational factors associated with this condition.

Methods: A cross-sectional descriptive study was conducted in the Child Psychiatry Department of Fattouma Bourguiba Hospital (Monastir, Tunisia) between September and December 2025. Maternal alexithymia was assessed using the validated Arabic version of the Toronto Alexithymia Scale (TAS-20), which evaluated difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. Sociodemographic, marital, and relational data were collected using a structured questionnaire. Statistical analyses were performed using SPSS version 21, applying Chi-square or Fisher's exact tests. Statistical significance was set at $p=0.05$.

Results: The study included 84 mother-adolescent dyads. Maternal alexithymia was present in 78.6% of the sample. Alexithymia was significantly associated with marital status ($p = 0.022$) and with the presence of marital conflicts or conjugopathies ($p = 0.009$). No significant association was found between alexithymia and socio-economic level ($p = 0.750$) or maternal educational level ($p = 0.816$). Furthermore, maternal age was inversely associated with the difficulty in describing feelings (Factor II of the TAS-20), suggesting that older mothers possess a better capacity for emotional verbalization ($p = 0.03$). Alexithymia was significantly correlated with the adoption of an authoritarian parenting style ($p = 0.046$).

Discussion: The high prevalence of alexithymia (78.6%) in this clinical sample, compared to approximately 10% in the general population, suggests that the psychological burden of raising an adolescent with psychiatric disorders may trigger emotional avoidance mechanisms. The strong association with marital instability and conjugopathies confirms that the family climate is a major determinant of emotional functioning; marital dissatisfaction often leads to emotional withdrawal and limited affective disclosure. Unlike findings in the general population, socio-economic factors were less influential here, indicating that relational and psychiatric stressors are more dominant drivers of alexithymia in this setting. The negative correlation with age highlights a potential for emotional maturation over time. These results underscore the need for integrative care that includes parental emotional support to break the cycle of dysfunctional interactions.

Self-Reported Family Quality of Life of Caregivers in Kenya

Submitter: Wamuyu Owotoki, Germany

Co-Authors: W. Owotoki, A. Enseroth, R. Muthui, J. N'gan'ga, W. Okoth, P. Owotoki

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The well-being of families caring for children with neurodevelopmental or behavioural disorders such as autism spectrum disorder, intellectual disabilities, or related medical needs extends far beyond the child's individual outcomes. Family quality of life (FQOL) represents a critical yet often understudied dimension of the caregiving experience. This study reports baseline FQOL data from caregivers in Kenya whose children receive non-medical therapies via the iZola platform. Understanding these baseline characteristics is a crucial first step toward more holistic, family-responsive service delivery.

Methods: Eight caregivers completed the Beach Center Family Quality of Life Scale (with culturally adapted wording; item 25 omitted) within the iZola platform. The survey used a Likert scale ranging from one to five ("Very dissatisfied" to "Very satisfied") across five subscales: Family Interaction, Parenting, Emotional Well-being, Physical/ Material Well-being, and Disability-related support. Descriptive analyses were conducted on item and subscale scores.

Results: Caregivers reported highest satisfaction on the parenting (4.35 ± 0.49) and family interaction (4.33 ± 0.37) subscales, and lowest on disability-related support (3.54 ± 1.14), which also showed great variability (range: 1.67-5.00). Top-rated items included family members helping with schoolwork and activities, teaching children social skills, and showing love and care (all mean = 4.62 ± 0.52). The lowest-rated item was availability of outside help for children's special needs (mean = 3.00 ± 1.20), followed by the three items of the disability support subscale: support to accomplish goals at school or in the workplace (3.25 ± 1.49), to accomplish goals at home (3.75 ± 1.16), and to make friends (3.62 ± 1.06). Parenting correlated positively with family interaction ($r = 0.67$), while disability-related support correlated negatively with emotional wellbeing ($r = -0.62$).

Discussion: These preliminary results highlight strengths in parenting and family interaction among caregivers, but indicate variability and lower satisfaction with disability-related support. This study represents one of the first attempts to quantify FQOL among caregivers in Kenya using a digital platform, highlighting both resilience and unmet needs in disability-related support. However, the small sample size limits generalizability and interpretation of results is preliminary. Additional information on participant demographics and caregiver mental health is needed. Ongoing data collection, including pre- and post-treatment measures and demographic comparisons, aims to inform tailored caregiver support strategies in this context. Future research will seek to validate these findings in

larger and more diverse samples and may incorporate qualitative interviews to further explore caregiver experiences.

P-16-009

Kidstime workshops: the evaluation of a multi-family intervention for children of parents with mental illness

Submitter: Esther Strittmatter, Germany

Co-Authors: E. Strittmatter, E. Möhler, K. Spierling

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Kidstime workshops were conceptualized as a low-threshold intervention for children of parents with mental illness (COPMI).

Methods: With the funding of the German Ministry of Health (BMG) Kidstime workshops were set up at eleven locations throughout Germany. The multi-center eligibility study employed a pre-post-design. In addition to selected capability items, clinical scales (SDQ, BSCL, GAF, CGI) were analyzed.

Results: The results demonstrated significant improvements in the children's distress and impairment as well as improvements in parental psychopathology and psychosocial functioning. There were also improvements in capability based measures of psychological integrity and resilience, participation, life motivation and satisfaction in both children and parents. Our analysis suggests that Kidstime workshops can be more effective at improving capabilities, with better resource benefit ratio compared with nationwide data of general child support interventions.

Discussion: The preliminary results suggest that Kidstime workshops show therapeutic potential by improving wellbeing and participation for both COPMI and their parents. The Kidstime workshops address an important gap in support for COPMI by implementing a multi-family-based approach in the families' social environment and providing cross-system delivery with low costs and few hours of investment.

P-16-010

You know my mom does not like you?! - Navigating Retaliation and Revenge in Treating Children of Personality Disordered Parents

Submitter: Fiona Schulte, South Africa

Co-Authors: F. Schulte

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The success of a multidisciplinary team (MDT) intervention in the treatment of children is inherently contingent upon the ability of the MDT to build a therapeutic alliance with the caregivers. This collaborative framework becomes profoundly compromised when a caregiver suffers from a personality disorder (PD).

This presentation explores the complex clinical landscape encountered when treating children whose parents exhibit Cluster B traits - specifically borderline, narcissistic and antisocial patterns - which frequently manifest as systemic disruptions of retaliation and revenge rather than support. Case examples and practical strategies are explored on the background of a resource constraint setting in a lower-middle income country affected by historical economic and social disparities on both patient's and clinician's sides.

Methods: This presentation is using Christopher John's Model of structured reflection (1995), which allows to use an internal focus (describing one's own emotions and thoughts) and an external focus (considering factual situation/incidents/case examples) by answering five cue questions. This method of critical structured reflection allows to analyze what was learnt and how through the encounter of therapeutic disruptions by caregivers with personality disorders.

Results: Case examples are used to describe disruptions of the therapeutic space. Parents with personality disorders may perceive the therapist as a rival for the child's affection or as an existential threat to the family's homeostasis. This results on "splitting" dynamics, where the caregiver oscillates between idealizing the clinician and devaluing them. Blaming members of the MDT (projection), denial and extreme acting out behavior is seen when the child begins to show autonomy or symptom improvement. The parent may sabotage the process by missing appointments, criticizing the therapist to the child or terminating treatment - a process often referred to as "malignant withdrawal". Clinicians become the target of the parent's internalized rage - threatening litigation, laying formal complaints or becoming verbally abusive. This hostility is often a repetition of the parent's own developmental trauma but creates a high-stress environment that can lead to clinician burnout and vicarious traumatization.

Discussion: This session proposes clinical strategies for maintaining professional boundaries and systemic integrity. Emphasis is placed on the necessity of frequent supervision, the use of triangular clinical structures to dilute dyadic tension and the critical importance of clear conceptual frameworks. Presenting the caregiver with choices,

motivating for self-empowerment and mental health care, using an agnostic stance and circular interviewing are helpful strategies.

By understanding "parental attacks" not as personal failures, but as symptomatic expressions of the caregiver's personality structure, the treating team can mobilize additional therapeutic tools to protect the child's therapeutic space from external interference and form an alternative therapeutic alliance with the caregiver.

P-17

Risk and Resilience Factors II: Adversity and Development

P-17-001

Invisible Wounds: Adverse Childhood Experiences (ACEs) and their impact on Kindergarten Children

Submitter: Padmini Yeleswarapu, Singapore

Co-Authors: P. Yeleswarapu, W. Chow, J. Pakiam, K. Thiruselvan, P. Agarwal, L. Ong, R. Vera, J. Oh

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Adverse childhood experiences (ACEs) can occur in the form of abuse (physical, emotional, sexual), neglect (physical, emotional) and household dysfunction. There is significant evidence showing association between ACEs exposure and multiple risk factors of mortality in adulthood. The greater the number of ACEs exposure, the higher the odds of having negative psychosocial or behavioural outcomes in adulthood, such as tobacco use, alcohol problem and mental health problems. Given the significant impact of ACEs in the long term, early identification and intervention are essential to mitigate these difficulties. Anchor-Start is a Ministry of Health-funded programme implemented at Singapore's largest tertiary children's hospital to screen and support preschool children (0-6 years old) exposed to ACEs and refer them to appropriate services. This study aimed to evaluate developmental and behavioural outcomes of kindergarten-aged children enrolled in Anchor-Start and evaluate for associated risk factors.

Methods: Between January 2023 and October 2025, 103 kindergarten children were screened. Language and academic domains were screened using Brigance Early Childhood Screener III as well as in-house developed screening tools, with impairment on either tool being defined as delay. The screening was conducted through direct administration of the screening tools by the Anchor-Start home visitor. Social emotional competence and behavioural profiles were assessed using the Strengths and Difficulties Questionnaire (SDQ) completed by the caregivers. Sociodemographic data collected included ethnicity, gender, parental educational and socioeconomic status (SES). Lower parental education and lower SES were defined as less than or equal to 12 years of education and per-capita income less than or equal to \$1000 respectively. Statistical analysis used SPSSv28 with significance set at $p < 0.05$.

Results: The mean age of the study cohort was 64 ± 8 months, with a higher proportion (58%) of ethnic minority children but comparable proportions of males (53.4%) and females. Low SES was noted in [55/74(74%)] families. Lower educational levels were seen in [45/71(63%)] mothers and [37/61(60%)] fathers. Commonly reported forms of abuse were physical abuse (63%); physical neglect (13.6%) and sexual abuse (9.7%). Academic and language delays were identified in 61 (60%) and 63 (62%) of children respectively. Emotional-behavioural difficulties were reported in 56%, including internalizing (21%) and externalizing (42%) behaviours. Only 20% of the children had no developmental or behavioural concerns. On univariate analyses, language delays were significantly

associated with lower paternal education, lower SES, poor prosocial skills, and higher SDQ impact scores. Academic delays were associated with male gender, ethnic minority, lower SES, lower paternal education and behavioural difficulties.

Discussion: Children exposed to ACEs are at a high risk of developmental delays including academic delay. They present with behaviour concerns, some of which could be trauma presentations. In this group, those coming from socially disadvantaged families such as lower SES and parental education are at a higher risk of developmental and behaviour concerns. Therefore, it is imperative that such families are identified early, a comprehensive evaluation of the needs of the child and family is conducted and referrals made to appropriate services. This will enable mitigating some of the impact of ACEs exposure.

Developing a Dimensional Approach for Assessing Adverse Childhood Experiences in Brazil

Submitter: Camila Fragoso Ribeiro, Brazil

Co-Authors: C. Fragoso Ribeiro, R. Defelipe, J. Maruyama, A. Serpa, M. Borges, A. Osório

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Adverse Childhood Experiences (ACEs) are associated with long-term mental, physical, and social health outcomes. Despite their relevance, ACE assessment remains methodologically limited, particularly in low- and middle-income countries. In Brazil, few instruments have been culturally adapted, and most rely on cumulative-risk models that oversimplify adversity by focusing solely on the presence or absence of experiences. This project aims to develop a culturally sensitive instrument for assessing ACEs in Brazil using a dimensional approach. Specifically, it seeks to capture not only the occurrence of adverse experiences but also their frequency, duration, developmental timing, and perceived impact, as well as contextual factors often overlooked in traditional measures.

Methods: The development of the instrument was guided by a dimensional framework of adversity. Items were designed to assess multiple characteristics of ACEs, including frequency, duration, timing across childhood and adolescence, and subjective impact. Contextual adversities relevant to the Brazilian sociocultural context, such as community violence, discrimination, and poverty, were also incorporated. The preliminary version of the instrument was reviewed by an expert panel to ensure content validity and cultural adequacy. Data collection is currently underway with clinical and non-clinical Brazilian sample, allowing for the evaluation of the instrument's psychometric properties, including reliability and validity.

Results: Data collection is currently ongoing. By the time of the conference, all data will be fully collected, analyzed, and systematically presented. Planned analyses include assessments of internal consistency, factor structure, and convergent validity of the proposed instrument. The results are expected to provide empirical support for the reliability and validity of a dimensional approach to the assessment of Adverse Childhood Experiences in a Brazilian sample. These findings will constitute the first psychometric evaluation of an ACE measure in Brazil that explicitly incorporates frequency, duration, developmental timing, and perceived impact of adverse experiences.

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evaluation of an ACE measure in Brazil that explicitly incorporates frequency, duration, developmental timing, and perceived impact of adverse experiences.

P-17-003

Adverse Childhood Experiences Among Tunisian Medical Residents

Submitter: Samiha Laoures Meddouri, Tunisia

Co-Authors: S. Meddouri, A. Gharbia, M. Mziou, A. Ben Hamouda, F. Charfi, S. Bourgou

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: This study aims to explore adverse childhood experiences among Tunisian medical residents.

Methods: It is a cross-sectional study conducted among Tunisian medical residents between June and October 2025. The collection of anamnestic and clinical data was performed using a pre-established, self-administered questionnaire distributed via Google Forms. The Adverse Childhood Experiences scale was used to assess exposure to traumatic events during childhood. Respondents' ACE scores were computed by yes or no questions responses. The total ACE scores ranged from 0 (no exposure to any adverse experiences) to 10 (exposure to all 10 experiences). Data were processed anonymously, ensuring protection of personal information, and collected only after obtaining informed consent from all participants

Results: This study included 278 medical residents aged 24 to 40 years, mostly women (n = 197).

Regarding training year, 28% were in their first year, 15% in their second, 26% in their third, and 14% in their fourth year, while 15% had repeated at least one academic year.

The ACEs showed a mean total score of 1.94, ranging from 0 to 10. Childhood trauma was present in 77% of Tunisian medical residents, of whom 17.63% had a high ACE score, defined as four or more adverse childhood experiences.

Psychological abuse was reported by 42.81%, physical abuse by 34.96%, and sexual abuse by 11.15%. Emotional neglect was reported in 35.6%, physical neglect in 5.4%, and 12.59% had witnessed domestic violence. Risk behaviors included smoking (37.05%), alcohol use (25.54%), drug use (16.91%), and having multiple sexual partners (23.02%).

Discussion: According to the literature, ACEs are highly prevalent among medical trainees. In the study by Sciolla et al., about half of students reported at least one ACE, and 12% experienced four or more childhood traumas, mirroring our findings among Tunisian residents.

The high rates of psychological abuse and emotional neglect in our cohort are consistent with Majid et al., who reported psychological abuse (30.2%) and emotional neglect (29.2%) as the most frequent ACEs among health students.

In line with Smith et al., higher ACE scores in our sample were associated with increased health-risk behaviors, including smoking, alcohol use, and multiple sexual partners.

Our finding that 77% of residents experienced childhood adversity underscores that ACE exposure is a significant public health concern among medical trainees and highlights the

urgent need for trauma-informed mental health screening and supportive interventions in residency programs to mitigate long-term adverse outcomes.

P-17-004

Major life events from adolescence to young adulthood: A longitudinal natural language processing analysis of a large urban cohort

Submitter: David Bürgin, Switzerland

Co-Authors: D. Bürgin, C. Haag, L. Büeler, L. Bechtiger, C. Janousch, D. Ribeaud, M. Eisner, V. von Wyl, L. Shanahan

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Recent research shows an increase in mental health problems among young people oftentimes labelled 'youth mental health crisis'. Even though youth mental health is a growing area of concern, much of the research is based on predefined survey instruments. This limits the understanding of the subjective experiences and evolving priorities of youth. Our study addresses this gap by integrating youths' first-hand accounts using innovative Natural Language Processing (NLP) techniques to uncover risk and protective factors. Specifically, we aim to investigate openly assessed major life-events in youths and describe how key life-event topics change from mid adolescence to early adulthood.

Methods: Methods: In the Zurich Project on Social Development from Childhood to Adulthood (z-proso), 1,442 participants answered a single-item open-ended question on their most significant life-event in the previous years at four measurement occasions between the ages 15 to 24. We analyzed themes in N=5,708 text narratives using topic modelling with the Python library 'BERTopic', combining conventional techniques with large language models (LLMs) and analyzed shifts in life-event topics over time.

Results: Results display a diverse range of youths' life-events across multiple life domains (education & career development; social relationships, leisure activities & successes; mental health & well-being; and life-events related to other transitions & independence). Most life-events were of positive valence (83.2%). Major life-event topics showed distinct developmental shifts over time.

Discussion: Our work highlights salient life-event topics across different ages and illustrates how longitudinal population-based research can draw on text data through NLP techniques to assess lived experiences of youth.

P-17-005

Comparing facets of self-regulation as risk factors of school adjustment difficulties

Submitter: Anna Hessel, Germany

Co-Authors: A. Hessel, J. Kerner auch Koerner

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Self-regulation refers to the ongoing domain-general ability of directing one's thoughts, emotions and actions towards a predetermined goal (Karoly, 1993) and has been shown to be a significant predictor of academic achievement (Diamond, 2013), well-being and mental health (Zhou et al., 2009), and ADHD (Pauli-Pott & Becker, 2011).

According to the integrated model of self-regulation for preschool (Jones et al., 2016), self-regulation includes both cognitive aspects such as executive functions (inhibition, working memory) and emotional aspects such as effortful control (e.g. delay of gratification). While meta-analyses compare different facets of executive functions (Spiegel et al., 2021) or effortful control (Nasvytiene & Lazdauskas, 2021), there is a lack of research comparing the predictive validity of cognitive and emotional aspects of self-regulation. This study focuses this lack to shed a light on the development of learning difficulties and ADHD in children at risk.

Methods: The independent variables were various measures of self-regulation assessed prior to school entry, while the dependent variables comprised indicators of school adjustment in elementary school.

Using data from the birth cohort of the National Educational Panel Study (NEPS; N = 3481, 1706 girls), self-regulation was measured using a range of standardized instruments: Inhibition by a flanker task at 4 years, working memory by a number span at 3 years, delay of gratification by a wait task at 3 years, and the temperament trait effortful control was rated by parents at 3, 4 and 5 years using items of the child behavior questionnaire (Putnam & Rothbart, 2006). School adjustment difficulties were assessed using various measures: Academic adjustment difficulties measures included need for further support in math and language. Children and their parents rated emotional adjustment difficulties at 7 and 10 years using a questionnaire focusing on coping with everyday school life.

Results: This study was preregistered. We computed multiple linear regression models. Measures of Self-regulation were independent variables and coping with every day school life and need for support in math and language were dependent variables. The overall explained variance ranged from .02 to .09. We found significant, small effects of Inhibition (β ranging from .02 - .04) Working memory (β ranging from .02 - .31) and effortful control (β ranging from .05 - .13). Delay of gratification did not reach significance. We also computed regression analysis with self-regulation and school adjustment as independent variables and academic performance as dependent outcomes. With an overall R^2 of .23 for reading and .19 for math, the working memory, inhibition and coping with every day school life were significant predictors with small to moderate effects. We did not find any moderating or

mediating effect of self-regulation and coping with everyday school life on academic outcomes.

Discussion: We could show specific patterns for the different aspects of self-regulation, underlining the need to measure self-regulation as a multi-facet construct. However, the measure of delay of gratification did not reach significance in any model. We suspect methodological limitations of this measurement, as an adult was present during the delay of gratification task with only one trial. The overall explained variance was rather small. Both facets of self-regulation and coping with everyday school life appear to explain academic achievement as independent constructs. In practical implementation, our study suggests two different possible points to support children at risk because of their low executive functioning: Not only promoting self- Regulation through specific training, but also supporting coping with everyday school life as a possible compensation.

Attachment Insecurity, Alexithymia, and Impulsivity in Adolescents: Exploring Mediating Pathways in a Tunisian Clinical Sample

Submitter: Maha Ajmi, Tunisia

Co-Authors: M. Ajmi, C. Jammeli, H. Cherif, R. Ayoub, H. Ben Abid, A. Guedria

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: This study aims to examine the interrelations among attachment, alexithymia, and impulsivity in adolescents with mental health difficulties.

Methods: This cross-sectional study is conducted at the Child and Adolescent Psychiatry Department, Fattouma Bourguiba University Hospital, Monastir, Tunisia. Adolescents aged 12-18 years consulting between September and December 2025 are being consecutively recruited. Exclusion criteria include refusal, neurological disorders, intellectual disabilities, or acute psychiatric conditions. Data are collected using the Toronto Alexithymia Scale (TAS-20), the Kerns Security Scale (KSS), and the Barratt Impulsiveness Scale (BIS-11). Questionnaires are administered individually by trained clinicians after obtaining informed assent and parental consent.

Results: Our study included 64 adolescents aged 12 to 17 years (Mean age = 14.44 ± 1.08 years; sex ratio = 0.88). Alexithymia was present in 46.9% of cases, insecure attachment in 43.8%, and elevated impulsivity in 62.5%. Adolescents with alexithymia showed significantly higher impulsivity scores than those without alexithymia ($M = 75.20$ vs. 69.65 ; $p = 0.002$). Insecure attachment was associated with higher impulsivity scores compared to secure attachment, with a borderline significant difference ($p = 0.049$). Attachment security was negatively correlated with impulsivity ($r = -0.47$; $p < 0.001$) and alexithymia ($r = -0.41$; $p = 0.001$), indicating that higher attachment security was associated with lower impulsivity and lower alexithymia.

Discussion: This study underscores the interconnected roles of attachment security, alexithymia, and impulsivity in adolescents with mental health difficulties. The high rates of alexithymia and impulsivity highlight the clinical relevance of emotional regulation vulnerabilities in this population. Adolescents with insecure attachment and alexithymia exhibited higher impulsivity, supporting a relational-emotional pathway underlying behavioural dysregulation. The significant negative associations between attachment security, alexithymia, and impulsivity suggest that deficits in emotional identification and expression may contribute to impulsive behaviours among adolescents with insecure attachment patterns. Although causal inferences are limited by the cross-sectional design, findings indicate that alexithymia may act as an intermediary mechanism linking attachment insecurity to impulsivity. Clinically, these results emphasize the importance of integrating attachment- and emotion-focused assessments and interventions in adolescent mental health care.

P-17-007

Normative Modeling of Heart Rate Variability as a Population-Level Marker of Stress Regulation and Psychiatric Risk

Submitter: Nilakshi Vaidya, Germany

Co-Authors: N. Vaidya, T. Banaschewski, N. Holz

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Physiological regulation, commonly indexed by heart rate variability (HRV), reflects an individual's adaptive capacity to environmental and social demands. Higher HRV is associated with greater emotional flexibility and resilience, whereas lower HRV has been linked to heightened stress sensitivity and vulnerability to psychopathology, including depression, anxiety, and trauma-related disorders. Despite its growing use in psychiatric research, HRV interpretation is limited by the lack of robust normative reference models that account for developmental stage, sex, and psychosocial context. The aim of this project is to establish population-level normative models of HRV across the lifespan to identify deviations in autonomic regulation associated with stress vulnerability and psychiatric risk.

Methods: We will leverage large, well-characterized population-based and clinical cohorts with valid HRV recordings and relevant metadata. Openly available HRV datasets will be aggregated and harmonized across multiple cohorts of children and adolescents aged 6 months to 20 years. Resting-state electrocardiogram recordings ranging from 2 to 7 minutes and acquired at high-quality sampling rates of up to 1000 Hz, will be used. Standard time-domain HRV metrics, like Root Mean Square of Successive Differences and Standard Deviation of Normal-to-Normal intervals (RMSSD, SDNN), will be derived following standardized preprocessing, artifact correction, normalization, and harmonization across datasets, devices, and recording contexts. Normative modeling will be conducted using hierarchical Bayesian models to derive age- and sex-adjusted normative HRV trajectories. Models will incorporate demographic and psychosocial correlates, including socioeconomic status, medication use, and indices of adversity or chronic stress where available. Model performance will be evaluated using cross-validation.

Results: Preliminary results from the normative modeling analyses will be presented (work underway). These will include age- and sex-adjusted normative trajectories for key HRV indices, estimates of inter-individual variability, and individualized normative z-scores quantifying deviation from expected autonomic functioning. Exploratory analyses will examine the influence of psychosocial adversity and stress-related factors on normative HRV distributions.

Discussion: This project defines normative HRV trajectories across development, providing population-level benchmarks for typical autonomic regulation. By moving beyond

fixed cut-offs toward individualized normative scores, this approach supports more precise interpretation of HRV as a transdiagnostic marker of stress regulation, resilience, and vulnerability to psychopathology. Open-access normative reference tools derived from this work have the potential to enhance psychiatric research, improve risk stratification, and support early identification of stress-related vulnerability underlying mental health disorders.

P-17-008

Predicting Momentary Mood through Objective Smartphone Usage Data

Submitter: Markus Krech, Germany

Co-Authors: M. Krech, P. Aggensteiner, N. Holz, T. Banaschewski

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Smartphones have become an integral part of daily life, prompting growing research interest in how their use influences mood and psychological well-being. However, prior research shows mixed associations between smartphone use and well-being. Much of this research relies on retrospective self-reports, which are susceptible to recall bias. Furthermore, many studies focus on overall screen time, a measure criticized for being too imprecise to accurately capture smartphone usage behavior. The present study addresses these problems by combining ecological momentary assessment with mobile sensing in a naturalistic setting, examining how the use of different app categories (e.g., social media, communication) relate to momentary affect and mood. Additionally, the present study examines whether objective and subjective data on digital social contacts differ in their relationship to affect.

Methods: A total of one-hundred-and-sixteen participants took part in a one-week ecological momentary assessment, during which they reported their momentary mood, affect and engagement in digital social interactions eight times per day (N ~ 4800 observations) while mobile sensing software assessed their smartphone usage. Linear mixed-effects models were used to examine associations between different app categories, mood and affect.

Results: Results revealed a significant negative association between social media app use and positive affect. The use of communication apps showed a mood-uplifting effect. Objective and subjective measures of digital social interactions were moderately correlated. Notably, while subjective reports of digital social contacts were positively associated with positive and negative affect, objective usage data showed no significant relationships.

Discussion: Our findings support the idea that smartphone usage has to be viewed in a more nuanced manner and that not screen time itself, but specific app usage, such as the use of social media apps, is related to negative effects on mood and affect. Subjectively perceived digital social interactions are more strongly linked to positive affect than objectively measured app-based social activity, underscoring the relevance of user experience in understanding the impact of digital behavior on affect.

P-17-009

An Indian Validation Study of Bergen Facebook Addiction Scale

Submitter: Mohita Anant Junnarkar, India

Co-Authors: M. Anant Junnarkar

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Facebook is a common social networking website founded by Mark Zuckerberg in 2004. Facebook addiction can be considered as a part of internet addiction; since internet addiction entails using the internet excessively for gaming, online sexual preoccupation, emailing, texting, etc. Facebook addiction can be defined as a subtype of internet addiction (Andreassen & Pallesen, 2014). Blachnio et al. (2016) reported that both addictions have the same predictors. Kesici and Sahin (2009) reported that students classified as internet addicts used the internet for social functions. India is among the top 15 countries and has about 462 million internet users (Ramesh Masthi et al., 2018) while reported to have 366.85 million Facebook users as of January 2024. The present study aimed to validate the Bergen Facebook Addiction Scale (BFAS).

Methods: The sample size was determined by using the item: sample ratio for study 1 (120 participants with Mage = 19.80 years) and the test construction norms for study 2 (388 participants with Mage = 21.09 years) participated voluntarily.

Measures

Behavioural Inhibition System/Behavioural Activation System (BIS/BAS): 24 items were rated to by the subject to indicate the extent of agreement with the statement on a 4 point rating scale. In the current study 1, the reliability of BIS ($\alpha = .63$) and BAS ($\alpha = .70$) were found to be satisfactory to good.

NEO-Five Factor Inventory (NEO-FFI): A total of 60 items. The reliability of the scale dimensions varied from .69 to .76 in current study 1.

The Bergen Facebook Addiction Scale (BFAS): A total of 18 items measures six dimensions such as salience, mood modification, tolerance, withdrawal, conflict, and relapse. The authors established satisfactory convergent and discriminant validity.

Results: The EFA revealed a 12 items, three factor solution (Time, Withdrawal and Mood Modification) with 65.86% of variance. To validate correlations were examined between total BFAS score, BFAS dimensions, total NEO-FFI score, NEO-FFI dimensions, BIS and BAS. Hierarchical Regression indicated that age and gender had predictive efficiency of 15% whereas in step 2 Age, Gender, Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness, BIS, BAS Drive, BAS Fun Seeking and BAS Reward Responsiveness predicted Facebook Addiction to 12.3%. In study 2, good factor solution was revealed thus, confirming the three-factor solution from study 1.

Discussion: The EFA results suggested tripartite model with 12 items. The results are in contrast to the earlier validated studies. Phanasathit et al. (2015) validated the Thai version of the Bergen Facebook Addiction Scale wherein in Thai adolescents the scale confirmed the original factor structure and demonstrated good reliability and validity. The results of the Criterion validity align with the previous studies (Andreassen et al., 2013; Blachnio et al., 2016; Blachnio et al., 2017a; Hwang, 2017; Park et al., 2016). The results of ANOVA indicate that there is a highly significant difference between Gender, Age, Neuroticism, Conscientiousness, BAS Drive, BIS, BAS Fun Seeking, BAS Reward, Responsiveness, Openness, Extraversion, Agreeableness, and BFAS Total. Blachnio et al. (2017a, 2017b) researched the role of personality traits in Facebook and Internet addictions. They stated that Internet addiction was positively correlated with Facebook addiction, while Internet addiction was negatively correlated with emotional stability, conscientiousness, and extraversion.

Psychosocial Correlates of Paranoia in Indonesian Adolescents: Baseline Findings from a Prospective Longitudinal Study

Submitter: Dian Caesaria Widyasari, United Kingdom of Great Britain and Northern Ireland

Co-Authors: D. Widyasari, J. Kingston, T. Clark, B. Schlier, R. Bentall

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Paranoia in adolescence represents a critical mental health concern with complex psychosocial determinants. This prospective study examines baseline predictors and developmental trajectories of paranoia among Indonesian adolescents across 12 months. A baseline cross-sectional study investigated the unique contributions of social anxiety, self-esteem, intolerance of uncertainty, bullying victimisation, discrimination, school belonging, parent and peer attachment, and religiosity to paranoia ideation. The forthcoming longitudinal analyses will examine the trajectories of paranoia and their temporal directionality. Understanding these relationships is crucial for informing prevention and intervention strategies, especially in Indonesian contexts where paranoia research remains limited.

Methods: A prospective longitudinal study involved 1,272 Indonesian adolescents (57.2% female; mean age = 15.83 years; 93.5% Muslim) across four waves over 12 months. Participants completed validated measures assessing paranoia (R-GPTS), social anxiety (SPIN), self-esteem (RSES), intolerance of uncertainty (IUS-12), bullying (ZBBS), discrimination (EDS), school belonging (PSSM), parent and peer attachment (IPPA-Short form), and religiosity (CRS, MABS). Hierarchical regression analyses examined predictors of paranoia across three blocks: sociodemographic variables (age, gender), social factors (parent and peer attachment, bullying, discrimination, school belonging, religiosity), and psychological factors (social anxiety, self-esteem, intolerance of uncertainty). Multiple imputation addressed missing data in the baseline analysis. Planned longitudinal analyses will use latent growth curve modelling to identify trajectory classes and cross-lagged panel models to explore temporal associations between predictors and the development of paranoia. Full-information maximum likelihood estimation will be applied for longitudinal missing data.

Results: Bivariate correlations revealed significant positive associations between paranoia and social anxiety ($r = .44$), intolerance of uncertainty ($r = .39$), bullying ($r = .33$), discrimination ($r = .31$), with negative associations for school belonging ($r = -.28$) and father and mother attachment ($r = -.24$ for each). Hierarchical regression demonstrated that sociodemographic variables explained 3.4% of the variance of paranoia, social variables added 22%, and psychological variables contributed an additional 12.7%. The final model accounted for 38.2% of the variance in paranoia. Intolerance of uncertainty emerged as the strongest unique predictor ($\beta = .26$), followed by social anxiety and bullying ($\beta = .17$ for each), discrimination ($\beta = .16$), and self-esteem ($\beta = .09$). Meanwhile, school belonging ($\beta =$

-.10) and mother attachment ($\beta = -.07$) demonstrated protective effects. Female gender consistently predicted higher paranoia across all blocks ($\beta = .15$).

Discussion: Findings highlight intolerance of uncertainty as the primary psychological vulnerability for adolescent paranoia, alongside social anxiety, victimisation experiences, and compromised social connectedness. Results underscore the multifactorial nature of paranoid ideation, involving cognitive-emotional vulnerabilities and adverse social experiences. Protective factors, including school belonging and mother attachment, suggest intervention targets. The predominantly Muslim, collectivistic sample extends paranoia research beyond Western contexts. Longitudinal analyses examining temporal relationships and trajectory patterns across four waves are ongoing and will clarify directional pathways and developmental patterns of paranoia in adolescence.

P-18

Childhood Maltreatment and Sexual Abuse

P-18-001

Medical Child Abuse- A guideline to detecting this particular form of child maltreatment

Submitter: Gina-Melissa Semrau, Germany

Co-Authors: G. Semrau, S. Winter

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Medical Child Abuse (MCA), is defined as unnecessary and potentially harmful medical care of a child that is initiated, maintained, or exaggerated by a caregiver. This may occur through fabrication, exaggeration, misrepresentation, misinterpretation, or deliberate induction of symptoms. Although Medical Child Abuse has historically been underrecognized in Germany, awareness of this phenomenon has been increasing in recent years across clinical and child protection settings.

This presentation aims to define the construct of MCA, to outline predisposing factors, and to discuss its relationship to Munchausen Syndrome by Proxy. In addition, we present a structured checklist of clinical indicators that may raise suspicion of Medical Child Abuse and support early diagnostic decision-making

Methods: An interdisciplinary working group comprising professionals from pediatrics, child and adolescent psychiatry and psychotherapy, child protection services, and social work developed a clinical guideline for the management of suspected cases of Medical Child Abuse. The guideline was further refined through a collaborative working group involving healthcare professionals from multiple clinical sites across Germany. The guideline explicitly emphasizes structured interprofessional collaboration across pediatric, psychiatric, child protection, and social service settings.

Results: The guideline includes (1) key clinical indicators that may raise suspicion of MCA, (2) practical recommendations for in-depth assessment and exploration of the caregiving context, (3) a structured approach to interdisciplinary case management, and (4) an overview of possible interventions involving caregivers, the affected child, the healthcare system, and, when necessary, external institutions.

Discussion: Medical Child Abuse represents a child-centered form of maltreatment that requires timely recognition and coordinated clinical action. Early identification and prompt, structured intervention are essential to reduce potential physical and psychological harm to the affected child. The presented interdisciplinary guideline supports child-centered and professionally responsible management of suspected cases.

P-18-002

Risk and Protective Factors for Online Sexual Abuse in Adolescence: The Role of Sexting, Cyber Dating Abuse, and Digital Education

Submitter: Stefany Ibanez, Brazil

Co-Authors: S. Ibanez, B. Sanvicente-Vieira

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: This study aimed to investigate psychosocial risk and protective factors associated with online sexual abuse during childhood and adolescence. Specifically, it examined the role of sexting behaviors, cyber dating abuse, and prior exposure to digital education on online sexual abuse experiences. Using a retrospective design, the study sought to understand how individual and relational digital behaviors contribute to vulnerability and resilience in online contexts. Additionally, it explored whether digital education on topics such as sexting, cyber dating abuse, and online sexual violence functions as a protective factor against different forms of online sexual abuse, including insistence, threat, and non-consensual dissemination of intimate content.

Methods: This quantitative, retrospective, cross-sectional study included 123 Brazilian women aged 18 to 44. Participants completed an online survey assessing experiences during childhood and adolescence. Online sexual abuse was measured using the Online Sexual Victimization Scale, which evaluates insistence, threat, and non-consensual dissemination of intimate content. Sexting behaviors were assessed with the Sexting Behavior Scale, and cyber dating abuse was measured using the Cyber Dating Abuse Questionnaire. Prior exposure to digital education on sexting, cyber dating abuse, and online sexual abuse was evaluated through self-report questions. Data analyses included descriptive statistics, non-parametric group comparisons, and multiple linear regression models to examine psychosocial risk and protective factors associated with online sexual abuse.

Results: Most participants (70.7%) reported experiencing some form of online sexual abuse during childhood or adolescence, with insistence being the most frequent subtype. Higher sexting frequency and greater exposure to cyber dating abuse were consistently associated with online sexual abuse. Group comparisons showed that victims reported significantly higher sexting scores and more frequent cyber dating abuse than non-victims. Multiple regression analyses indicated that sexting behaviors and cyber dating abuse were significant predictors of overall online sexual abuse and abuse by insistence, explaining up to 19.6% of the variance. Digital education on sexting, cyber dating abuse, or online sexual abuse was not associated with lower levels of victimization and did not function as a protective factor in the regression models.

Discussion: The findings highlight sexting frequency and cyber dating abuse as key psychosocial risk factors for online sexual abuse during adolescence, particularly for

coercive forms such as insistence. These results reinforce previous evidence that digital behaviors and relational dynamics play a central role in shaping vulnerability in online contexts. Contrary to expectations, prior digital education was not associated with reduced victimization, suggesting that informational approaches alone may be insufficient or poorly aligned with adolescents' lived digital experiences. This underscores the need for preventive strategies that move beyond risk awareness and address emotional regulation, power dynamics, consent, and gender norms within digital interactions. The multifactorial nature of online sexual abuse observed in this study indicates that effective prevention should integrate behavioral monitoring, relational interventions, and critical digital literacy tailored to developmental stages.

P-18-003

Under coercion: understanding the children most likely to experience direct coercion in child psychiatry departments.

Submitter: Marcin Mikusek-Pham Van, Poland

Co-Authors: M. Mikusek-Pham Van, T. Wolanczyk

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Direct coercive measures (DCMs): isolation, restraint, holding a patient down and involuntary pharmacotherapy are used in child and adolescent psychiatric departments when immediate safety concerns arise. Despite their clinical relevance, there is limited empirical evidence describing which children are most likely to be subjected to these methods.

The objective of this study is to characterize children subjected to DCMs during inpatient psychiatric hospitalization, focusing on clinical presentations and contextual factors linked to the use of DCMs. This descriptive analysis aims to provide a foundation for further research on risk factors and to support the development of evidence-based interventions aimed at reducing the use of direct coercion.

Methods: We have analyzed 150 patient-hospitalization episodes in which DCMs were applied between 1 January 2020 and 4 August 2025 in a child psychiatric inpatient department. Patients hospitalized in this ward are children up to 14 years of age, most commonly admitted on an emergency basis due to a direct threat to their lives or the lives of others (suicidal behavior, severe aggression). All coercive measures were inspected by the national judicial institution, without pointing out any type of misapplication. Patients' data were extracted from the hospital's integrated information system.

Results: The most common ICD-10 psychiatric diagnoses in the analysed group were pervasive developmental disorders (n = 93) and hyperkinetic disorders (n = 63), while intellectual disability as comorbidity was present in 39 patients. Conduct disorders were diagnosed in 17, tic disorders in 15, affective disorders in 12.

Emergency pharmacotherapy administered on an as-needed basis involved H1 receptor antagonists (n = 77) and benzodiazepines (n = 43). Antipsychotics - including first-generation (n = 70), third-generation (n = 60) and second-generation agents (n = 51) were administered as scheduled rather than on an as-needed basis.

Self-harm was reported in 101 patients, while 21 had attempted suicide. Prior psychiatric and psychological care was documented in 133 and 105 patients, respectively. Aggression was present in 129 patients, frequently in household (n = 113) and school settings (n = 83), followed by peer aggression (n = 82). Experiences of violence were reported by 69 patients.

Discussion: These findings indicate that DCMs are predominantly applied to children with complex neurodevelopmental and behavioral profiles, particularly ASD, ADHD and intellectual disability. The high prevalence of conduct disorders, aggression across

multiple settings and extensive prior engagement with mental health services suggests that coercion is associated with chronic emotional dysregulation rather than acute crises. The frequent use of antipsychotics, benzodiazepines and sedating H1 antagonists reflects the severity of agitation and behavioral instability within this population. The pharmacological profile may serve as an indirect marker of increased risk of coercion. High rates of self-harm, suicidality and trauma exposure further suggest that patient-related factors including emotional dysregulation and adverse childhood experiences are key contributors to coercion risk. These results support future risk-factor analyses focusing on the interaction between diagnoses, behavioral phenotypes, trauma history and pharmacotherapy intensity to create targeted interventions aimed at reducing reliance on coercion in child psychiatric care.

P-18-004

Mental health problems and suicidal behaviors among young prisoners in Cambodia

Submitter: Puthy Pat, Cambodia

Co-Authors: P. Pat, B. Jegannathan

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Background: Young prisoners are at high risk of developing psychological distress and suicidal behaviors due to multiple life stressors, social isolation, and substance use. Understanding their mental health status is essential for developing targeted interventions in correctional facilities.

Objective: This study aimed to examine the prevalence of psychological distress and suicidality among incarcerated youths and explore the associations between sociodemographic factors, psychological well-being, and suicidal behaviors.

Methods: A total of 657 prisoners aged 15-24 years participated in this cross-sectional study. Data on demographics, crime types, substance use, psychological distress, and suicidal behaviors were collected. General Health Questionnaires - 28 (GHQ-28) was used to assess psychological difficulties and Attitude Toward Suicide (ATTS) was applied to determine suicidal behaviors. Logistic regression analyses were performed to identify associations between variables.

Results: Most participants were aged 20-24 years (63.77%) and single (84.32%). Drug-related crimes (57.38%) and substance use (58.90%) were predominant. A high proportion (88.74%) scored above the GHQ-28 cut-off, indicating psychological difficulties. Suicidal expressions were notable: 15.98% had death thoughts, 6.09% had suicide ideation, and 3.11% had serious suicide behavior (plan and attempt). Higher education was associated with lower GHQ scores (OR=0.46, 95% CI: 0.28-0.79) and reduced suicide ideation (OR=0.50, 95% CI: 0.26-0.98). Drug users had higher odds of death thoughts (OR=2.08, 95% CI: 1.12-3.87).

Discussion: Psychological distress and suicidality were highly prevalent among young prisoners, particularly those with substance use. These findings underscore the urgent need for mental health screening, counseling, and suicide prevention programs in correctional institutions.

P-18-005

Maternal exposure to childhood maltreatment is linked to alterations in the trajectories of steroid hormones during pregnancy

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Exposure to childhood maltreatment increases the risk of mental and behavioral disorders not only in the exposed, generation but also in their offspring. Evidence suggests that the effects of maternal childhood maltreatment may be transmitted to the next generation and that this transgenerational transmission may begin already during the fetal period when the brain undergoes rapid growth and remains highly plastic. Maternal exposure to maltreatment in her own childhood may alter normal prenatal physiological adaptations, e.g. endocrine function, in ways that disrupt fetal brain development and increase the risk of mental and behavioral disorders later in life. Earlier studies have focused on only a few endocrine biomarkers in a limited time window, not capturing the possible alterations in the changes over pregnancy or in broader endocrine functioning.

Methods: We investigated whether maternal exposure to childhood maltreatment, assessed using the Childhood Trauma Questionnaire, was associated with the levels and trajectories of 18 steroid hormones and their substrate-to-product ratios across pregnancy. Maternal morning plasma samples were collected once in mid pregnancy (median 20.57) from 563 mothers, and across early (median 13.0), mid (median 19.29), and late (median 27.0) pregnancy from 188 mothers. We quantified with LC-MS/MS a panel of 18 steroid hormones. The quantified steroid hormones included progestogens, mineralocorticoids, glucocorticoids, androgens, and estrogens. To study the association between childhood maltreatment exposure and mid-pregnancy steroid hormone levels, we used linear regression and bivariate linear mixed models. To study the association between childhood maltreatment exposure and the trajectories of steroid hormones and their substrate-to-product ratios from early to late pregnancy, we utilized linear mixed effects models and bivariate linear mixed models.

Results: Mothers exposed to moderate-to-severe childhood maltreatment had significantly higher mid-pregnancy levels of one mineralocorticoid, aldosterone, compared to mothers with exposure to none-to-low childhood maltreatment. They also had lower levels in early pregnancy and significantly higher increases in the levels of two mineralocorticoids (corticosterone, aldosterone), three glucocorticoids (11-deoxycortisol, cortisol, cortisone), and two androgens (androstenedione and testosterone), and in the corticosterone/11-dehydrocorticosterone ratio from early to late pregnancy. These associations were not explained by mother-, child-, nor study design-related covariates.

Discussion: Our findings suggest that in mothers exposed to childhood maltreatment, endocrine adaptations during pregnancy are broadly altered, encompassing the renin-angiotensin-aldosterone system (RAAS), the HPA axis, and the hypothalamic-pituitary-gonadal (HPG) axis functioning. Moreover, the findings show that the prenatal period may be among the critical periods of transgenerational transmission of maternal childhood maltreatment, and that alterations in maternal endocrine adaptations to pregnancy may play a role in this process. These findings may provide insight into potential targets for intervention to help break this cycle.

P-18-007

Dissociation and Emotional Functioning in Children with a History of Abuse: A Comparative Study

Submitter: Gabriela Marc, Romania

Co-Authors: G. Marc

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Child abuse is associated with complex alterations in emotional regulation and dissociative functioning. Dissociation has been conceptualized both as a defensive response to traumatic experiences and as a mechanism influencing emotional and behavioral expression. The present study aimed to examine the relationships between dissociation, emotional functioning, and aggressiveness in children, as well as to investigate differences between children with a history of abuse and a control group. Using standardized self-report and projective assessment tools, the study explored how dissociation and its subdimensions are associated with positive and negative emotions and whether dissociative profiles differentiate abused from non-abused children.

Methods: A quantitative, cross-sectional, correlational-comparative design was employed. The sample consisted of 160 children divided into two groups: a clinical group of children with a documented history of abuse who had participated in psychological intervention ($n = 80$) and a control group without abuse history ($n = 80$). Dissociation and trauma-related symptoms were assessed using the Trauma Symptom Checklist for Children (TSCC), which provided scores for total dissociation and dissociative subdimensions. Emotional functioning and emotional representations were evaluated using the Tell-Me-A-Story (TEMAS) projective technique, focusing on indicators of positive affect, negative emotions, and aggressiveness. Pearson correlation analyses were conducted to examine associations between dissociation, emotional variables, and aggressiveness. Group differences were tested using one-way ANOVA, with statistical significance set at $p < .05$ and effect sizes reported as eta squared.

Results: Total dissociation measured by the TSCC was significantly and negatively associated with aggressiveness ($r = -.26, p < .05$). Strong positive correlations were found between total dissociation and overt dissociation ($r = .73, p < .01$) and fantasy dissociation ($r = .70, p < .01$), supporting the internal coherence of the dissociation construct. TEMAS indicators showed that happiness and joy were negatively associated with fear ($r = -.32, p < .01$), while sadness correlated positively with anger ($r = .33, p < .01$); anger and fear were also positively intercorrelated ($r = .32, p < .01$). One-way ANOVA revealed significant group differences for total dissociation, $F(1, 78) = 36.37, p < .001$, eta squared = .32, overt dissociation, $F(1, 78) = 12.31, p = .001$, eta squared = .14, fantasy dissociation, $F(1, 78) = 12.50, p = .001$, eta squared = .14, as well as for sadness and aggressiveness. No significant group differences were found for anger or fear.

Discussion: The findings indicate that dissociation plays a central role in the emotional functioning of children with a history of abuse. Higher levels of dissociation were associated with reduced overt aggression and lower conscious negative affect, supporting its interpretation as a defensive strategy aimed at limiting emotional overload. The strong interrelations among negative emotions point to the presence of a common emotional distress core, while the absence of group differences in reactive emotions such as fear and anger suggests that dissociation may represent a more specific marker of trauma-related psychological functioning. These results underscore the importance of integrating standardized self-report measures and projective techniques in the assessment of abused children and have relevant implications for trauma-informed psychological evaluation and intervention.

P-18-008

Examination of Theory of Mind Skills, and Sensory Profile in Adolescents Who Are Victims of Sexual Abuse

Submitter: Büsra Alicier, Germany

Co-Authors: B. Alicier, Y. Caliskan, E. Demir

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: This study aimed to examine the theory of mind skills, and sensory profiles of adolescents who are victims of sexual abuse and to evaluate the impact of abuse on these cognitive and sensory processes. In this context, the study seeks to better understand the cognitive and social functioning levels of adolescents exposed to sexual abuse and to develop supportive interventions for these individuals.

Methods: Participants underwent psychiatric interviews based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children - Present and Lifetime Version (K-SADS-PL). In addition, a sociodemographic data form, and the self-report Adolescent/Adult Sensory Profile were administered. The Revised Child Anxiety and Depression Scale (RCADS), the Reading the Mind in the Eyes Test - Child Version, and the Faux Pas Test were also applied to the children.

Results: A total of 64 participants, including 32 patients and 32 controls, were enrolled in the study. Statistically significant differences were also found between the two groups in terms of assessment scales: GAF scores ($p=0.004$); the RCADS subscales of generalized anxiety ($p=0.010$), panic disorder ($p=0.004$), separation anxiety ($p=0.001$), and major depression ($p=0.046$). No significant differences were found between the two groups in terms of the Adolescent/Adult Sensory Profile (AASP) subscales ($p>0.05$).

Discussion: This study demonstrated that adolescents exposed to sexual abuse had significantly higher levels of generalized anxiety, panic disorder, separation anxiety, and major depression compared to the control group. These findings highlight the importance of early, comprehensive evaluation of sexually abused adolescents and the integration of psychiatric care, school-based follow-up, family-oriented social support, and cognitive-sensory rehabilitation programs. Future longitudinal studies with larger samples are needed to enhance the generalizability of these results and to guide the development of preventive and therapeutic interventions for this vulnerable population.

Mental Health Interventions for Adult Survivors of Childhood Institutional and Clerical Abuse: A Scoping Review

Submitter: Bailey Driscoll, United States of America

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Childhood institutional, clerical, and/or religious abuse (ICA) represents a severe form of chronic developmental trauma that has affected children globally. It is associated with elevated rates of trauma- and stress-related disorders, developmental difficulties, depression, anxiety, and psychosocial impairment that can persist into adulthood and may even affect future generations. Many adult survivors of ICA were unable to disclose abuse until later in life, limiting opportunities for early intervention. Despite growing recognition of the long-term psychiatric sequelae of such trauma, there is limited evidence regarding interventions for adult survivors of childhood ICA. The objective of this scoping review was therefore to identify and describe interventions that have been shown to improve mental health outcomes among adult survivors of childhood ICA, with relevance to care across the lifespan.

Methods: This scoping review follows the PRISMA-ScR guidelines. Six electronic databases and relevant grey literature sources were searched without restrictions on publication date or language. Search terms combined three core concepts: (1) institutional, religious, or other organized contexts of abuse; (2) childhood physical, sexual, or emotional maltreatment; and (3) delivery of an intervention. Eligible studies reported primary evaluations of interventions administered to adult survivors of childhood abuse perpetrated by individuals affiliated with a religious or secular institution. Studies were required to report mental health outcomes. Reviews, legal or policy interventions, editorials, and single-case studies were excluded. Screening was done using the Covidence platform, with each record independently screened by two reviewers.

Results: We are currently screening 11,476 records at the title and abstract stage and expect to finish full text review and extraction by April. Examples of potentially eligible studies suggest a limited but heterogeneous evidence base. Interventions identified to date include psychotherapeutic approaches, mind-body and arts-based therapies, and culture-specific interventions. Outcomes assessed include trauma-related symptomatology, depression, anxiety, broader psychosocial functioning, and qualitative reports of mental health changes.

Discussion: This scoping review synthesises emerging evidence on interventions for adult survivors of childhood ICA, a population with complex trauma histories rooted in early developmental experiences and substantial barriers in accessing care. Findings will inform service development within a partner Dublin-based organization providing mental health

care to survivors and may have broader relevance for similar services. Improved understanding of effective interventions for adult survivors of chronic childhood trauma could support the development of trauma-informed services across child and adult mental health systems.

P-18-010

Obstacles to the Disclosure of Child Sexual Abuse within the Church

Submitter: Theo Mouhoud, France

Co-Authors: T. Mouhoud, L. Benoit, N. Bergen, T. Baubet

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Child sexual abuse (CSA) is a major public health issue, yet disclosure is often delayed or absent, especially in parafamilial and institutional contexts where trust, authority, and secrecy intersect. This study examines the obstacles to disclosure among adult survivors of CSA within the French Catholic Church.

Methods: A thematic analysis was conducted on 23 anonymized testimonies collected by the Independent Commission on Sexual Abuse in the Church (CIASE), with coding and analysis performed in NVivo 14, inductively grouped into categories and higher-order themes

Results: Four main domains of barriers were identified: (1) institutional, cultural and clerical power, systemic silence, moral authority, and absence of safe reporting pathways; (2) psychological-individual shame, guilt, fear, confusion, and loyalty conflicts; (3) mnestic and fragmented memory, partial amnesia, and dissociation that hindered recognition and narration and (4) familial and parental trust in clergy, denial, minimization, or fear of family rupture, which silenced or delayed speech.

Discussion: Disclosure appeared not as a single act but as a gradual and relational process shaped by the interplay of individual defenses, memory processes, family dynamics, and institutional structures.

Obstacles to disclosure are multi-level and mutually reinforcing. Findings call for trauma-informed, culturally sensitive, and family-inclusive interventions, as well as institutional policies that ensure readiness to receive disclosures and protect children.

P-19

Epidemiology

P-19-001

Temporal Trends in Adolescent Mental Health: Gender Differences and Developmental Patterns in Northern Norway (2001-2024)

Submitter: Sabine Kaiser, Norway

Co-Authors: S. Kaiser, H. Kyrrestad, B. Handegård, S. Fossum

Topic: Epidemiology

Objective: This study aimed to explore the development of mental health among adolescents in Northern Norway over two decades. Specifically, it examined gender differences and temporal trends in emotional problems, conduct problems, hyperactivity, and peer problems across three time points: 2001 (T1), 2017 (T2), and 2024 (T3).

Methods: Adolescents from 8th, 9th, and 10th grades participated in the three cross-sectional studies. Data were collected using the Strengths and Difficulties Questionnaire, administered via pen-and-paper at T1 and electronically at T2 and T3. Regression analyses were conducted to assess the effects of time, gender, grade, and their interactions on mental health.

Results: A total of 4796 adolescents participated (T1 n = 2048; T2 n = 2048; T3 n = 700) of which 50% were boys. A significant interaction between gender and time was observed for emotional problems, with girls showing a marked increase in symptoms over time, while boys' scores remained stable. This resulted in a growing gender gap, particularly at T2 and T3, where girls reported twice the level of emotional symptoms compared to boys. For conduct problems, boys score higher at both T1 and T2 compared to girls, but the scores on T3 are similar. Hyperactivity scores increased by one point from T2 to T3 across all grades and genders. Peer problems increase for both sexes with about one-point from T1 to T2 to T3; however, girls have a more pronounced increase than boys over time.

Discussion: Overall, the results indicate a generally worse development of mental health for girls compared to boys. There are substantial gender differences in emotional problems, with girls experiencing a significant rise in symptoms over time. The relative stability of boys' scores contrasts sharply with the increasing emotional challenges faced by girls, emphasizing the need for gender-sensitive mental health interventions. On the other hand, conduct problems became more equal between boys and girls over time, mainly due to girls scoring higher, rather than boys scoring lower. The observed rise in hyperactivity and peer problems for both genders provides additional insights into adolescent mental health trends. These results underscore the importance of longitudinal research and targeted health promotion and prevention strategies.

P-19-002

Characteristics of children and adolescents exposed to coercion in Danish child and adolescent psychiatry: A register-based cohort study

Submitter: Christina Krogner Caspersen, Denmark

Co-Authors: C. Caspersen, L. Petersen, C. Rask, S. Lemcke

Topic: Epidemiology

Objective: Exposure to coercion during psychiatric admission has been associated with adverse emotional responses, including fear and anger, and may contribute to re-traumatization, particularly among patients with prior traumatic experiences. In Danish child and adolescent psychiatry (CAP), approximately 300 children and adolescents are subjected to coercive measures each year. Despite extensive national initiatives to reduce their use, coercion still affects about 22% of admitted patients. Similarly, international data report a persistently high median prevalence of 17.5%, with substantial heterogeneity across studies. These findings highlight the need for large-scale studies based on national data to examine characteristics across the entire population of children and adolescents admitted to psychiatric services. Therefore, the objective of this study is to systematically describe and analyze psychosocial, socioeconomic, and clinical characteristics of children and adolescents exposed to coercion during psychiatric hospitalization.

Methods: This nationwide register-based cohort study includes all children and adolescents under 18 years of age admitted to Danish CAP between 2015 and 2022 ($n \approx 8,000$). Data on patients and their families are obtained through linkage of comprehensive national health, social, and educational registers. Exposure variables include demographic characteristics; psychiatric diagnoses (ICD-10); planned versus acute admission; number and duration of admissions; living arrangements; family income; parental education; parental psychiatric diagnoses; and preventive interventions from social services. The primary outcome is any coercive event during admission, and the type of coercion measure used. Temporal trends in the number of psychiatric admissions, unique patients, and types of coercive measures per calendar year are also assessed. Descriptive statistics are used to describe characteristics of the study population, and Cox proportional hazards regression is applied to estimate the hazard of being subject to coercion.

Results: The study and statistical analyses are currently ongoing. Results will be presented at the conference.

Discussion: This study addresses a critical gap in the literature by providing comprehensive, population-based evidence on characteristics and risk factors associated with coercion in child and adolescent psychiatry. Improved identification of patients at increased risk may support earlier and more targeted preventive interventions. The findings

have the potential to inform clinical decision-making, guide policy initiatives, and contribute to ongoing efforts to reduce the use of coercion and its adverse consequences for children, adolescents, and their families.

P-19-003

The impact of Compulsory Relationships and Sex Education (RSHE) policy on the mental health of sexual minority students in England

Submitter: Ishrat Pabla, United Kingdom of Great Britain and Northern Ireland

Co-Authors: I. Pabla, R. Mendez Pineda

Topic: Epidemiology

Objective: To evaluate the impact of England's Compulsory Relationships and Sex Education (RSHE) policy (implemented September 2020) on mental health outcomes among sexual minority students aged 10-15. We will further assess changes in mental health inequalities between sexual minority (SM) and heterosexual students, school satisfaction, and bullying experiences. We will also evaluate the effects of the policy on heterosexual students' mental health, given evidence that inclusive curricula may benefit all students. To our knowledge, this is the first UK study to examine the mental health effects of a national education policy on the mental health of young people, particularly sexual minority adolescents.

Methods: Quasi-experimental difference-in-differences (DiD) analysis using data from the Understanding Society Youth Survey (2017-2025). The sample included those aged 10-15 in England (full sample: 5,100 individuals; 11,513 observations). Preliminary complete-case analyses included 2,579 participants. Exposure was defined by interview date relative to RSHE implementation.

The primary outcome was emotional symptoms measured using the Strengths and Difficulties Questionnaire. Secondary outcomes included school satisfaction and bullying experiences.

Primary analyses: DiD models comparing SM and heterosexual students, adjusting for child characteristics (age, sex, ethnicity, urban/rural status), wave fixed effects, and clustered standard errors. Final models will also control for other variables such as mother's education, household characteristics (e.g., social class), geographical location, and COVID-19.

We will also use Bayesian interrupted time series models; and within-person fixed effects models to estimate population-level effects. Findings will be triangulated across methodological approaches.

Results: Preliminary DiD analyses (controlling child characteristics only, N=2,579) indicate persistent mental health disparities prior to RSHE implementation, with SM students reporting higher SDQ emotional symptoms than heterosexual peers (mean difference 1.31 points; $p < 0.001$). Post-policy DiD estimates showed no significant relative improvement for SM students (DiD +0.34 points; $p = 0.244$). School satisfaction analyses showed similar patterns (DiD +0.25 points; $p = 0.157$). Analyses of bullying outcomes are ongoing. Important note: Current results are from basic DiD models controlling only for child-level characteristics. Final analyses will incorporate additional controls for family

socioeconomic factors (maternal education, occupational social class) which may account for some of the observed disparities and differential trends. Bullying outcomes are under analysis. Interrupted time series and within-person fixed effects analyses are currently in progress.

Discussion: So far, basic DiD models do not indicate any short-term impact of RSHE on mental health outcomes for sexual minority students. Further analyses using additional models are planned to assess whether RSHE reduces mental health inequalities between sexual minority and heterosexual students. Interpretation is complicated by several factors, including the COVID-19 pandemic, heterogeneity in school-level implementation, concurrent social changes, and the absence of family socioeconomic controls in current models. Final analyses will incorporate these factors.

We will also incorporate stakeholder perspectives, particularly from LGBTQ+ young people, to contextualise findings and better understand the perspectives on RSHE and the realities of educational policy implementation on the ground.

Overall, we aim to understand whether RSHE has altered trajectories of mental health difficulties and bullying among young people in England, and to identify implications for future policy and school-based mental health interventions.

P-19-004

Parental perceive need and mental health service among adolescents with mental health problems in Kenya, Indonesia, and Vietnam: Findings from the National Adolescent Mental Health Surveys

Submitter: Joemer Maravilla, Australia

Co-Authors: J. Maravilla, J. Scott, H. Erskine

Topic: Epidemiology

Objective: Parents are considered the gatekeepers for adolescents accessing mental health services; however, recognising mental illness is often challenging for them. This study examined the association between parental perception of the need for mental health services and the use of mental health services among adolescents with mental health problems in Kenya, Indonesia, and Vietnam.

Methods: We used data from the National Adolescent Mental Health Surveys, nationally representative cross-sectional surveys of 10-17-year-olds in Kenya, Indonesia, and Vietnam. This current study included adolescents who either met DSM-5 criteria for a mental disorder or subthreshold disorder in the past 12 months. Parental perceived need and service use in the past 12 months were reported by primary caregivers. Logistic regression tested the association between service use and parental perceived need, with separate models by disorder type (internalising, externalising, both) and impairment status.

Results: In Kenya, 27.5% of adolescents with any past-year diagnostic or subthreshold mental disorder had caregivers who perceived a need for mental health services in the past 12 months. Lower proportions were observed in Indonesia (8.1%) and Vietnam (11.3%). In Kenya and Vietnam, those with parental perceived need were at least four times more likely to access mental health services in the past 12 months, compared to those without parental perceived need. Stratified analyses in Kenya showed consistent positive associations across disorder types and impairment status. In Vietnam, associations were limited to adolescents with internalising disorders only and those with any disorder with functional impairment. No association was found in Indonesia.

Discussion: This study provides cross-national evidence on how parental perception of need influences service use among adolescents in low- and middle-income countries. Variations within and between countries highlight the importance of context-specific approaches in engaging and equipping parents to increase service use among adolescents with mental health problems.

P-19-005

Prevalence and help-seeking patterns of mental health problems among Children and Adolescents attending the Psychiatric Outpatient Department of a Pediatric Hospital in Cambodia

Submitter: Thida Soun, Cambodia

Co-Authors: T. Soun

Topic: Epidemiology

Objective: Mental disorders represent a major global public health concern, contributing substantially to morbidity and disability among children and adolescents. Despite increasing recognition of their impact, data on the mental health status of young populations remain limited in many low- and middle-income countries, including Cambodia. The availability of specialized child and adolescent mental health services in the country is limited, with only a few public facilities located in Takmao, Phnom Penh, Battambang, and Siem Reap. Understanding the burden and patterns of mental health problems among children and adolescents in clinical settings is essential for developing effective interventions and guiding resource allocation. This study aims to determine the prevalence and types of mental health problems among children and adolescents attending the psychiatric outpatient department (OPD) of a pediatric hospital. It also seeks to describe their sociodemographic characteristics, presenting symptoms, and reasons for seeking mental health care.

Methods: A descriptive cross-sectional study design will be employed. Data will be collected from all patients aged 1-17 years who attend psychiatric outpatient department consultations between January and December 2025. Records with incomplete or missing essential information will be excluded. Information on patients' age, gender, residence, education level, presenting symptoms, clinical diagnoses, and reasons for seeking mental health care will be extracted from hospital records. Descriptive statistical methods will be used to determine the prevalence and types of mental health problems and to summarize the sociodemographic, clinical, and helpseeking characteristics of the participants.

Results: The study is expected to identify the most common mental health disorders among children and adolescents attending psychiatric OPD services and provide insights into their demographic distribution and help-seeking behaviors. Findings will enhance understanding of the current mental health burden in Cambodian pediatric populations and support future policy development and service improvement in child and adolescent mental health care.

Discussion: Although the study has not yet been conducted, its findings are anticipated to provide a foundation for understanding the mental health needs of children and adolescents in Cambodia. This could guide the development of targeted interventions,

inform health policy, and highlight areas where mental health services and community awareness need strengthening.

P-19-006

Youth in the Psychiatric emergency service

Submitter: Ivan Lozina, Croatia

Co-Authors: I. Lozina, M. Rogulj, P. Budic

Topic: Epidemiology

Objective: The aim of this study was to examine the dynamics of attendance at the psychiatric emergency service of the University Hospital of Split and to analyse trends in the sociodemographic characteristics of patients and the clinical presentations observed.

Methods: A retrospective analysis was conducted over a five-year period from 2021 to 2025, including all visits to the Psychiatric emergency service of the Department of Psychiatry, University hospital of Split, with a particular focus on the underage population. The following parameters were analysed: age, sex, diagnosis established after psychiatric assessment, and date of visit. Data were obtained through a review of electronic medical records within the hospital information system.

Results: A total of 17,656 psychiatric emergency visits were recorded (minors 3.5%), 2,000 fewer than in the period 2011-2015. From 2021 to 2025, visits showed a steady annual increase, with the largest rise among minors in 2023 (28.16%). The proportion of male patients increased from 40.8% in 2022 to 55.15% in 2025. Psychiatric emergency visits among minors positively correlated with age, with 16 years being the most frequent age (16%). Age-group distribution remained largely stable, with a notable increase in the 9-11 years group (2021: 8, 2025: 27).

The most frequent diagnostic categories were F92 (20.4%), F40-F49 (17.3%), and Z codes (17.6%). The greatest increase in diagnostic frequency was observed for F91 (2021: 3; 2025: 13) and F80-F89 (2021: 4; 2025: 19), with F80-F89 diagnoses predominantly affecting males, while F91 showed a comparable sex distribution.

Discussion: The recent increase in the number of psychiatric emergency visits, the growing predominance of male patients, and the rising representation of specific neurodevelopmental disorders reflect the influence of multiple sociocultural factors. These findings prompt reconsideration of current epidemiological patterns in child and adolescent psychopathology and highlight the need for organizational adaptations of mental health services to better address emerging challenges. The lower overall number of psychiatric emergency visits compared with earlier periods may be attributed to improved organization and greater availability of outpatient psychiatric services, as well as increased utilization of day hospital care.

P-19-007

Mental Health Emergencies and Urgencies between 2019-2025 in Pediatric Population (0-17) in an University Private Hospital in Buenos Aires.

Submitter: Roberto Pallia, Argentina

Co-Authors: R. Pallia, Y. García, L. Fernández

Topic: Epidemiology

Objective: Actualize Child & Adolescent Psychiatric consultation in a Pediatric ER.
6 years review of the consultation and indications of internment.
Describe increased number of consultation and severity symptoms.

Methods: Descriptive retrospective review.

Results: Consultations increased 131/310 between 2019-2025 ($p < 0.005$) in all pediatric ages.

Were no difference by gender (female 66%/69%, male 33%/31 % (2019 vs 2025).

Consultations 2019 to 2025: death's ideas (26%), anxiety & anguish crisis (19.5%), hetero-aggressive behaviors (11%), suicidal attempt (10.10%), psychotic symptoms (2.8%).

In 2019 vs 2025: death's ideas varied, 32/76 ($p < 0.005$), Suicidal attempt, 8/33 ($p < 0.005$).

Were more frequent in females death ideas (30%) and anguish & anxiety crisis (22%).

In males, heteroaggressive behavior (22.4%) and death ideas (16.6%).

Most frequent provisional diagnosis was Mood Disorders (27%), Personality symptoms (20%), Psychotic Disorders (11%), Behavior Disorders (9.4%).

During the period, 46% required psychopharmacological medication: antipsychotics 56%; benzodiazepines 30%.

Were indicated 527 hospitalizations (31% of consultations), 61% accepted the recommendation; 20% refused.

In 2019 vs 2025 38/70 hospitalizations were indicated ($p > 0.005$).

Discussion: The Pediatric Mental Health Service operate within the Pediatric ER with child and adolescent psychiatrist and psychologist, coordinated by a staff psychiatrist.

The consultations between 2019-2025 demonstrated a dramatic increases (131 vs 310).

The suicide attempt increased (8 vs 33).

In 2020-2021, the SARS CoV 2 pandemic impact the society, low sociability, stressed parents working at home, the electronic device taking the control of the relationships.

Uncertainties, lack of relationships and in the mentalization process, imagination skills, crashed deep psychical development.

The families lost that holding and empathy capacity, could set clear limits?

The adolescents developed empathy, self care, tolerance to wait, expectation of future?

The answers provide a better understanding and therapeutic resources.

Were not changed in resources 2019 and 2025 only adjustments to improve effectiveness

We need to continue training interdisciplinary to qualified professionals for the

management of urgent and emergency situations in pediatric mental health.

P-19-008

Impact of a young patient's death on doctors working in paediatric, youth mental health and general practice settings

Submitter: Rebekah Aubry, Ireland

Co-Authors: R. Aubry, E. O'Leary, F. McNicholas, R. Shorr, M. Sood, R. Pender, I. Kakish, M. Solmi

Topic: Epidemiology

Objective: The death of a patient < 18 years is rare but can provoke intense emotional reactions in physicians. In settings with ongoing therapeutic relationships (child adolescent mental health services, primary care) the loss follows a sustained bond with the child and family, whereas in episodic settings (e.g., emergency departments) the abrupt termination can still generate profound grief, guilt and professional doubt. Unaddressed distress may diminish job satisfaction, increase absenteeism, alter clinical practice and raise medicolegal risk, threatening both clinician wellbeing and patient safety.

This review aims to systematically assess the literature on the impact of a child's death on doctors working in three distinct settings: paediatrics, child adolescent mental health, and primary care.

Methods: In line with our preregistered protocol (PROSPERO RD420251013474) we searched OVID MEDLINE, PubMed, Embase, CINAHL and PsycINFO from database inception to June 025. Inclusion followed a PEO framework: Population - physicians of any grade working in paediatric, child adolescent mental health, or primary care settings; Exposure - death of a patient < 18 years (any cause, any timing); Outcome - any reported impact on the physician, organised using the IFME domains (Individual/Psychological, Family, Medical, Environmental). Two reviewers independently screened, extracted and quality appraised studies using the Joanna Briggs Institute tools appropriate to each design. Quantitative data (validated scale scores, prevalence of exposure, etc.) were pooled when at least 2 studies reported comparable metrics, and qualitative findings were thematically mapped onto the IFME framework. All stages of the review process are reported in accordance with the PRISMA guidelines.

Results: 29 studies (N= 47; mean age= 38.2 ± 6.3 years; 46.2 % male) met inclusion, 26 focusing on paediatric settings and only one each on child adolescent mental health and primary care. Guilt or self blame was reported by a sizeable portion of physicians. Physical health effects were chiefly sleep disturbance and fatigue. Family impact was rarely quantified; patient death affected family life in 12% of emergency physicians, while qualitative studies repeatedly describe relational strain, helplessness, and difficulty reconciling professional duties with personal relationships. Occupational consequences included modest absenteeism, transient functional impairment during the shift, and only a few percent of clinicians taking time off; formal debriefing was attended by less than half of doctors and trainees (rates 7-48 %). Validated questionnaires (e.g., TRIG, IES-R, MBI) were

used in a minority of studies, yet those that employed them reported relatively high symptom scores, confirming substantial psychological burden.

Discussion: Across multiple paediatric settings, the death of a child creates a multifaceted burden for physicians. Roughly four in ten clinicians experience guilt or self blame, and many display sub-threshold post-traumatic stress symptoms. Sleep disturbance and acute shift impairment are common physical and occupational sequelae, while family disruption is infrequently quantified but clinically salient. Evidence is heavily weighted toward paediatric environments; data from child and adolescent mental health and primary care contexts remain scarce, highlighting a critical gap for future research. Formal debriefing is infrequent, underscoring the need for systematic post death support, accessible mental health resources, and training in coping and communication to protect clinician wellbeing and maintain patient safety.

P-19-009

More Children, More Lonely? Sex-specific Causal Effects of Family Size on Loneliness in Later Life

Submitter: Yanshang Wang, United Kingdom of Great Britain and Northern Ireland

Co-Authors: Y. Wang, F. Yang, S. Wayal, S. Bakht, S. Sujata, M. Kern, A. Singh, A. Singh, T. Baernighausen

Topic: Epidemiology

Objective: This study aims to estimate the causal effect of family size on loneliness among older parents in India. Specifically, we examine whether additional children reduce or exacerbate loneliness in later life, assess whether these effects differ between fathers and mothers, explore heterogeneity by rural-urban residence, and investigate potential mechanisms related to social engagement and proximity to offspring.

Methods: We used nationally representative data from Wave 1 of the Longitudinal Ageing Study in India (LASI). The analytical sample comprised 39,049 individuals aged 50 years and older who reported having at least one biological child. Loneliness was measured using a validated single item from the CES-D scale. To address confounding and reverse causality inherent in fertility decisions, we employed a two-stage least squares (2SLS) instrumental variable approach, using the sex of the firstborn child as an instrument for completed family size. This strategy exploits India's entrenched son preference, whereby parents whose first child is a daughter are more likely to continue childbearing, generating exogenous variation in family size. We conducted sex-stratified and residence-stratified analyses and examined potential mechanisms through indicators of social engagement and child-related proximity.

Results: The effects of each additional child significantly reduced loneliness among fathers ($B = -0.095$, 95% CI: $[-0.187, -0.003]$, $P = 0.043$) but increased loneliness among mothers ($B = 0.218$, 95% CI: $[0.137, 0.298]$, $P < 0.001$), which was primarily observed in the rural setting. In families with only sons, the adverse effect of family size on mother's loneliness was nearly tripled ($B = 0.650$, 95% CI: $[0.301, 0.999]$, $P < 0.001$). Having more children significantly increased probability of friend contact among mothers ($B = 0.046$, 95% CI $[0.009, 0.084]$, $P = 0.016$). Child proximity moderated these associations: co-residence and nearby residence attenuated adverse effects for mothers by 16.87% and 22.21%, respectively, while strengthening protective effects for fathers by 4.52% and 14.00%.

Discussion: Family size has causal, but highly sex- and context-specific, effects on loneliness in later life in India. Contrary to conventional assumptions, larger families do not uniformly protect against loneliness and may exacerbate loneliness among older women, particularly in rural settings and son-only

families. These findings highlight the importance of gendered family dynamics and social roles in shaping later-life wellbeing and underscore the need for sex-responsive mental health and ageing policies that prioritise the quality, rather than quantity, of social support in LMIC contexts.

P-19-010

Psychological Distress Among Parents or Caregivers of Children with Mental Illness in Chey Chumneas Referral Hospital, Kandal Province, Cambodia 2022

Submitter: Virak Nuth, Cambodia

Co-Authors: B. Pauv, C. Thida

Topic: Epidemiology

Introduction: Mental disorders in children are chronic conditions that create daily stress and challenges for families. In Cambodia, Chey Chumneas Referral Hospital (CCRH) is one of the few facilities offering specialized treatment for children with mental illness. However, parents and caregivers of these children often experience significant psychological, emotional, social, and economic burdens, and recent epidemiological studies on their mental health remain limited.

Objective: This study aimed to describe the characteristics of parents and caregivers attending CCRH, determine the prevalence of generalized anxiety disorder (GAD) and depression, and assess the severity of their psychological distress.

Method: A total of 84 respondents were recruited from the Center for Child and Adolescent Mental Health at CCRH during a three-month period (03 February–30 April 2022). New respondents were selected randomly (5 by 1) and interviewed individually for 50–60 minutes between 8:00 a.m. and 12:00 p.m., Monday to Friday. Standardized instruments were used, including the Perceived Stress Scale (PSS), Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7). Data were analyzed using Microsoft Word and Excel.

Result: Most respondents were Cambodian women aged 31–50 years, predominantly married, Buddhist, and with primary or secondary education. Many were housewives, farmers, sellers, or workers, and most lived in extended households of five to eight members. The majority reported good relationships with their children and a commitment to providing care and support. Despite this, more than 60% experienced psychological distress, ranging from mild to severe anxiety and depression.

Conclusion: psychological distress is highly prevalent among parents and caregivers of children with mental illness in CCRH. These findings underscore the urgent need for targeted psychosocial interventions, caregiver support programs, and policies that reduce caregiver burden and improve family well-being in Cambodia.

Keywords: Child mental health; Caregivers; Psychological distress; Anxiety; Depression; Cambodia; CCRH

P-20

From Bipolar Disorder to Sleep in Youth

P-20-001

Increase and regional differences in Prevalence of Bipolar Affective Disorders and Manic Episodes (F30-F31) in Poland in 2012-2022 based on National Health Fund Data

Submitter: Marcin Rzeszutek, Poland

Co-Authors: M. Rzeszutek, T. Wolanczyk

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: The aim of this study was to analyse the prevalence of manic episodes and bipolar affective disorders (ICD-10: F30, F31) in Poland between 2012 and 2022, taking into account differences by sex, age, and region. The study sought to assess temporal trends and identify potential regional disparities in diagnostic prevalence among both children and adolescents as well as adults, using nationwide administrative data from the National Health Fund, the sole public healthcare payer in Poland.

Methods: Data from the National Health Fund were used, including the number of unique patients who received healthcare services reported with ICD-10 diagnoses F30 and F31 between 2012 and 2022. The analysis was based on aggregated data by year, sex, age groups (children and adults), regional branches of the National Health Fund, and diagnoses. Prevalence was calculated as the number of unique patients per 1,000 inhabitants. Temporal trend analyses and between-group comparisons were conducted to assess demographic and regional differences.

Results: An increase in the prevalence of bipolar affective disorders was observed over the study period. For diagnosis of bipolar disorder (F31), prevalence increased from 1.04 per 1,000 inhabitants in 2012 to 1.35 in 2022. Prevalence was higher among women, rising from 1.27 in 2012 to 1.63 in 2022, compared with men, among whom prevalence increased from 0.79 to 1.04. Bipolar affective disorder and manic episodes were more frequently diagnosed in adults than in children. Marked regional disparities were identified: for example, in the Mazowieckie voivodeship, prevalence of F31 among individuals aged 15-17 years increased from 0.37 to 0.53 per 1,000 inhabitants, whereas in the Silesian voivodeship, a substantially larger increase was observed in the same age group, from 0.42 to 4.14 per 1,000 inhabitants.

Discussion: The results indicate a growing prevalence of bipolar affective disorders in Poland over the past decade, particularly among adults and women. Substantial regional differences may reflect variability in access to psychiatric care, diagnostic practices, or true differences in disease burden. The pronounced increase in prevalence among adolescents in selected regions warrants further investigation and in-depth analysis of underlying factors. These findings highlight the value of nationwide administrative healthcare data for monitoring epidemiological trends and informing mental health policy and service planning.

P-20-002

Predictors of Bipolar Disorder Onset and Diagnostic Conversion in Adolescents and Young Adults

Submitter: Magdalena Sikorski, Poland

Co-Authors: M. Sikorski, M. Tyszkiewicz-Nwafor

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Bipolar disorder (BD) in children and adolescents poses a significant diagnostic and therapeutic challenge. Epidemiological data suggest that BD affects between 0.1% and 6.7% of young patients. Early-onset bipolar disorder (BD) is associated with a severe course, frequent relapses, and increased risk of self-harm and suicidal behaviors. In adolescents and young adults, BD often presents with atypical symptoms and frequently begins with depressive episodes, making early differentiation from unipolar depression difficult. This study aims to identify clinical, psychometric, and biological predictors of BD development in individuals aged 14-24 years, with a particular focus on early markers of diagnostic conversion from depression to BD.

Methods: Approximately 120 participants aged 14-24 years will be recruited from inpatient and outpatient psychiatric units in Poznan, Poland. The sample will consist of three groups: individuals with bipolar disorder (BD; n = 30), those experiencing depressive episodes (first or recurrent; n = 60), and healthy controls matched for age and sex (n = 30). Diagnoses will be established according to ICD-10/DSM-5 criteria by two independent psychiatrists.

All participants will undergo structured psychiatric interviews and complete standardized questionnaires measuring mood symptoms, sleep and biological rhythms, temperament, early-life trauma, and self-harm/suicidal behaviors. Follow-up evaluations are planned at 3, 6, 12, 18, and 24 months.

In addition, blood and saliva samples will be collected to assess circadian-related and inflammatory biomarkers, as well as DNA methylation profiles (global and candidate-gene-based).

Results: Final results are not yet available, as the study is ongoing. The project will provide longitudinal characterization of symptom trajectories, functional outcomes, and diagnostic stability in adolescents and young adults with BD, depressive disorders, and healthy controls. Planned analyses will evaluate whether baseline clinical features, psychometric profiles, sleep and biological rhythm measures, and epigenetic markers are associated with illness course and subsequent diagnostic conversion from depression to BD. The study will also explore predictors of symptom recurrence, persistence of mood instability, and emergence of hypomanic or manic symptoms over time. Biomarker comparisons between blood and saliva will assess cross-material concordance and evaluate the feasibility of noninvasive sampling for future clinical monitoring and risk stratification in youth presenting with depressive symptoms.

Discussion: By combining longitudinal clinical assessment with biological and epigenetic data, this study may improve early identification of young individuals at risk of developing BD. Importantly, BD in youth has a multifactorial etiology involving genetic vulnerability, epigenetic mechanisms, and environmental influences, while prodromal symptoms are often nonspecific and overlap with depressive disorders, ADHD, and other conditions, contributing to both diagnostic delay and misclassification. A key contribution of this project is systematic monitoring of high-risk individuals across repeated follow-ups, with particular attention to sleep and circadian rhythm disturbances as dynamic markers. Ultimately, identifying predictors of diagnostic conversion could reduce diagnostic delay and support targeted monitoring and early intervention strategies. These findings may also inform future validation of multimodal predictive models and help optimize timing and intensity of clinical interventions while minimizing risks of underdiagnosis and overtreatment.

P-20-003

Family Developmental Dynamics and Structural Reorganisation: A Multigenerational Analysis in an Adolescent with Bipolar Disorder and Psychotic Features

Submitter: Suzy Yusna Dewi, Indonesia

Co-Authors: S. Dewi, A. Karamina, Y. Anindita, K. Deazara

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: This case report explores how culturally shaped family norms contribute to developmental vulnerability and structural dysfunction in an adolescent with bipolar disorder and psychotic features. Using Structural Family Therapy (SFT) as the main framework, it examines how patriarchal authority, the central role of the extended family, and multigenerational marital instability within particular cultures in Indonesia are reflected in rigid hierarchies, cross-generational coalitions, and triangulation. These patterns are linked to internal self-harm processes, such as suicidal ideation and self-directed hostility, and to external self-harm and suicidal attempts.

Methods: A single-case design was used with a 17-year-old girl with bipolar affective disorder, depressive episode with psychotic symptoms, and recurrent self-harm. Data were obtained from psychiatric assessment, detailed documentation of suicidal ideation and command hallucinations, history of self-injurious behaviours and suicidal attempts, a multigenerational genogram, and family interviews. Family organisation was examined using SFT concepts (subsystems, boundaries, hierarchies, detouring) and interpreted within local cultural expectations. Interventions included joining, boundary clarification, realignment of subsystems, de-triangulation, and gradual promotion of age-appropriate autonomy, alongside pharmacotherapy.

Results: Assessment revealed multigenerational patterns of serial marriages, repeated divorces, dominant grandparents, and tolerance of structurally fragile households. In this context, an authoritarian, emotionally distant father coexisted with enmeshed ties between the patient, her mother, and grandmother, creating chronic triangulation and detouring. Increases in family tension were followed by more intense suicidal ideation and self-loathing, progressing to self-harm (cutting, ingesting harmful substances) and suicidal attempts. After culturally informed, SFT-based restructuring, family boundaries became clearer, cross-generational coalitions softened, emotional responsibilities shifted back to the parental subsystem, and the patient showed mood stability, reduced suicidal ideation, cessation of self-harm and suicidal attempts, better role functioning, and no rehospitalisation during follow-up.

Discussion: The findings suggest that the patient's psychopathology is closely tied to culturally shaped developmental and structural family problems. Norms regarding obedience to elders, acceptance of repeated marital disruption, and strong extended-family control contributed to unstable hierarchies, insecure attachment, and chronic

triangulation, which intensified affective dysregulation and self-harm risk. SFT helped reframe symptoms as systemic responses in a specific cultural context rather than purely individual pathology. Culturally sensitive family restructuring reduced maladaptive detouring and supported age-appropriate autonomy while maintaining important family bonds. This case underlines the need to integrate cultural-developmental and structural family formulations into assessment and treatment of adolescents with bipolar disorder and psychotic features.

P-20-004

Effectiveness of home treatment of adolescents with Bipolar Disorder in a VSMMC CBS from January 2024 to December 2025: A non-randomized prospective single-blind time series analysis

Submitter: Nover Louie R. Arizobal, Philippines

Co-Authors: N. Arizobal, J. Lim

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Individuals diagnosed with psychiatric disorders especially those in crisis warrant in-patient admission. However, during the onset of the COVID-19 pandemic in 2020, efforts have been made to immediately de-escalate these patients to allow home treatment in lieu of hospital admission to further control the spread of the coronavirus. The study aims to identify whether home treatment is an effective and viable option in managing adolescent patients diagnosed with bipolar disorder, to open discussions in formulating specialized home and community treatment programs for management of such patients.

Methods: The study utilized a non-randomized, prospective, single-blind, analytical approach assessing changes in global functioning in adolescent patients aged 12-18 years old diagnosed with bipolar disorder subjected to emergency room treatment in a tertiary hospital using the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) rating scale. Patients were grouped into home treatment (HT) and treatment-as-usual (TAU) groups. Global functioning was assessed at different time points: T0: Initial Intake, T1: 2-month treatment period, T2: 4-month treatment period.

Results: A total of 18 respondents were analyzed (HT: 7, TAU: 11). There had been a significant relationship between the change in HoNOSCA scores and duration of treatment (p value < 0.001). No association between the different studied groups and change in score was seen (p value = 0.182). Interaction between the different time points and groups showed no significant relationship (p value = 0.911).

Discussion: The results of the study surmise that subjecting child and adolescent patients with bipolar disorder to home treatment is a viable treatment option versus treatment in the in-patient setting. Significant improvement in the global functioning domain is notable within 2 months of adequate standard dose of treatment of mood stabilizer and SDA combination therapy.

P-20-005

Efficacy of Precision Transcranial Electrical Stimulation as measured by Clinical Scales and Cortical Inhibition Paradigms in Young Onset Mania: A Comparative Study

Submitter: Srijan Das, India

Co-Authors: S. Das, A. Parial, N. Goyal, S. Khanra

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To compare efficacy of precision over conventional HD-tDCS in YOM, using clinical scales and cortical inhibition paradigms as outcome measures.

Methods: Ten participants with YOM were randomly assigned to precision (n=5) or conventional (n=5) group. Both groups received 20 sessions over 10 days targeting right ventromedial prefrontal cortex. Clinical outcome was measured by scales, namely, Young Mania Rating Scale (YMRS), Clinical Global Impressions (CGI), Brief Psychiatric Rating Scale (BPRS) and Barratt Impulsivity Scale (BIS-11). Electrophysiological measures included cortical silent period (CSP) assessed via TMS. Assessments were conducted at baseline, 2nd and 6th weeks.

Results: Both groups showed improvement on scales and inhibition paradigms. Precision HD-tDCS demonstrated greater mean reductions in YMRS (28.2 vs 22.2, $p=0.042$), CGI (3.8 vs 2.8, $p=0.008$), BPRS (29.0 vs 15.4, $p=0.026$) and BIS (51.2 vs 33.6, $p=0.018$). Increase in CSP was higher in precision ($+29.76 \pm 20.16$ ms) than conventional group ($+19.12 \pm 25.26$ ms)

Discussion: Both modalities were effective, but precision HD-tDCS produced superior benefits. The study also explores cortical inhibition paradigms as objective biomarkers for evaluating efficacy of neuromodulation.

P-20-006

Life-Course Risk Factors for Adolescent Sleep Disturbances: Implications for Developmental Trajectories

Submitter: Wanling Zhang, People's Republic of China

Co-Authors: W. Zhang, Y. Li, H. Xu, N. Hu, L. Liang

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Adolescent sleep disturbances (SD) significantly impair cognitive, emotional, and physical development. However, life-course risk factors and long-term SD patterns remain poorly understood, and their relationships are unclear. To identify life-course biopsychosocial factors associated with adolescent SD and its distinct trajectories, and to assess the associations between the key factors and the SD trajectories.

Methods: Based on the Adolescent Brain Cognitive Development Study (9,467 participants, aged 9-10, 5-year follow-up), life-course factors across seven dimensions and sleep disturbance (SD, Sleep Disturbance Scale for Children) were assessed. Key factors and SD trajectories were identified using LightGBM/SHAP and latent class growth models; their associations were examined via logistic regression.

Results: Four risk factors (thought problems, somatic complaints, attention problems, and body mass index), one protective factor (child opportunity index), and two biphasic factors (gross residential density and population density) were identified. Five SD trajectories emerged: no SD (55.35%), persistently low (30.04%), decreasing (6.25%), increasing (6.01%), and persistently high (2.36%). And the increasing and decreasing SD exhibit a pivotal convergence at age 12-13 years. Higher TP, SC, AP, and BMI were linked to a high risk of the other four SD trajectories, compared to no SD, while higher COI was protective. Extremely low PD and high GRD were associated with greater odds of persistently low and high SD trajectories, respectively.

Discussion: Life-course biopsychosocial risks and environmental protections might shape the onset and course of adolescent sleep disturbances, with middle adolescence (ages 12-13) potentially representing a critical window for intervention.

P-20-007

Prevalence and predictors of insomnia among secondary school students in Nigeria

Submitter: Diseyei Egbegi, Australia

Co-Authors: D. Egbegi, T. Bella-Awusah, O. Omigbodun, C. Ani

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Adolescence is a critical developmental period marked by heightened vulnerability to sleep disturbances. Globally, adolescents aged 12-17 years are among the most sleep-deprived populations, with insomnia prevalence increasing irrespective of gender. Poor sleep during adolescence has been associated with adverse mental health outcomes, including anxiety, depression, emotional dysregulation, and behavioural difficulties, as well as impaired academic performance and quality of life. While these associations are well documented in high-income countries, data on the burden of insomnia and the interplay with sociodemographic factors, and mental health outcomes are limited in African contexts. Given the unique social, economic, and cultural realities facing adolescents in sub-Saharan Africa, context-specific evidence is urgently needed. Thus, this study aimed to quantify the burden of insomnia and identify targets for prevention by examining the prevalence, severity, and predictors of insomnia among in-school adolescents in Bayelsa State, Nigeria.

Methods: This was a cross-sectional survey of 252 in-school adolescents from four secondary schools in Yenagoa Local Government Area (LGA) of Bayelsa State, Nigeria. Schools in the LGA were stratified into private and public schools, two schools were randomly selected from each stratum, and 100 students were randomly selected from each school. Consent and availability of complete data limited the total sample to 252 students. The study measures were pre-tested among 13 students within the same age group but from non-participating schools. Participants completed a socio-demographic questionnaire and validated self-report measures: the Insomnia Severity Index (ISI), Emotional sub-scale of the Strengths and Difficulties Questionnaire (SDQ), Sleep Hygiene Questionnaire (SHQ), and Psychological domain of the WHO Quality of Life-BREF (WHOQOL-BREF). Bivariate associations were explored using t-tests, ANOVA, chi-square tests, and correlations, while independent predictors of insomnia severity were identified using linear regression.

Results: Almost all participants (96.4%) reported at least sub-threshold insomnia symptoms while 22.6% met criteria for moderate to severe clinical insomnia. Difficulties with initiating sleep (64.3%), maintaining sleep (66.3%), and early morning awakenings (63.5%) were highly prevalent. Insomnia severity was statistically significantly associated with; attending a private school, parents being separated or one being deceased, living with a non-parent carer, higher scores on the emotional subscale of the SDQ, and lower scores on the psychological domain of the WHOQOL-BREF. Linear regression analysis identified independent predictors of insomnia severity as attending a private school ($B = -2.07$, $p <$

0.01), higher scores on the emotional subscale of the SDQ ($B = 0.60, p < 0.01$), and lower scores on the psychological domain of WHOQOL-BREF ($B = -0.19, p < 0.05$). The model accounted for 15.1% of the variance in insomnia severity.

Discussion: Insomnia is highly prevalent among in-school adolescents in Bayelsa State, Nigeria. It is linked to attending a private school and associated with emotional difficulties and reduced quality of life. The higher prevalence of insomnia among adolescents in private schools may reflect increased access to digital devices, greater academic demands, and heightened psychosocial pressures rather than school type per se. School type may therefore serve as a proxy for more proximal socioeconomic and behavioural factors influencing adolescent sleep, such as access to digital devices at bedtime. The plausibility of this study's finding that sleep difficulties predicted higher emotional difficulties and poorer quality of life is supported by intervention studies showing that improving sleep results in improved emotional wellbeing and better quality of life. Taken together, these findings highlight the need for psychoeducational programmes targeting well-known sleep-impairing factors, particularly adolescents' use of digital devices at bedtime.

P-20-008

Sleep quality in young people accessing rural community mental health services

Submitter: Vickie Plourde, Canada

Co-Authors: V. Plourde, H. Corriveau

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Sleep difficulties are common among young people and more frequent in those living in rural areas and experiencing mental health challenges. This study aimed to 1) document sleep quality in young people accessing community-based mental health services in rural settings, and 2) examine associations between sleep quality and psychosocial factors - resilience, social support, psychological distress - at two time points.

Methods: Young people accessing the Accès Santé Jeunesse Péninsule Acadienne (ASJPA) program were invited to participate in the study. At the first assessment (March-July 2022), participants had been receiving services on average for 19 months. Participants completed the second assessment approximately 3 months later (June-October 2022).

Sociodemographic information was collected at the first assessment, whereas sleep quality (over the past month; Pittsburgh Sleep Quality Index), resilience (10-item Connor-Davidson Resilience Scale), social support (Multidimensional Scale of Perceived Social Support), and psychological distress (K10) were assessed at both time points.

Results: Young people (N=34; 12- 26 years; M=17.9; SD=4.1; 56% girls) were recruited. At Time 1, poorer sleep quality was significantly associated with lower levels of resilience and perceived social support, and higher levels of psychological distress. At Time 2, poorer sleep quality remained significantly associated with lower resilience and higher distress. No significant associations were observed between sleep quality and age, number of mental health diagnoses, or duration of services. Two regression models (Time 1 and Time 2) revealed no significant unique contributions of psychological distress, resilience, or perceived social support to sleep quality. Using a clinical cutoff score of greater than 5, 50% of participants had low sleep quality at Time 1 and 54% at Time 2. In addition, those with poor sleep quality reported significantly higher levels of psychological distress at both time points and significantly lower levels of resilience at Time 2.

Discussion: These results underline 1) a high proportion of sleep quality difficulties among young people accessing community-based mental health services, and 2) associations between poor sleep and a range of psychosocial factors. These results reinforce the need to explore how to better assess and address sleep issues in young people living in rural settings and accessing mental health services.

P-20-009

The Effect of Problematic Internet Use on the Sleep Quality and Mental Health Status of Adolescents: A Cross-sectional Study

Submitter: Ej Smith, South Africa

Co-Authors: E. Smith, F. Schulte, S. Maharaj, A. Lachman

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Internet penetration along with problematics internet use among South African adolescents has been steadily increasing. Strong associations exist between PIU and multiple mental health disorders. In almost all developmental and psychiatric disorders there is significant sleep disturbance. Similarly, PIU has been linked to sleep disturbances, and it is suggested that there is a complex interplay between sleep disturbances and PIU. For these reasons, further exploration of the association between PIU, sleep disturbance and mental health in the South African context is needed. This study aimed to determine the prevalence of PIU, and any association between PIU, mental health status and sleep quality of adolescents attending a tertiary child and adolescent psychiatric unit in Cape Town.

Methods: This cross-sectional study involved 51 school-going adolescents between the ages of 11 and 17 years and made use of a self-designed sociodemographic questionnaire, the Patient and Parent Strength and Difficulty Questionnaires, the Problematic and Risky Internet Use Screening Scale, and the Pittsburgh Sleep Quality Index. Simple linear and multiple regression analyses were used to test for the associations between the subscales of the various instruments and PRIUSS scores, as well as to examine the relationship between mental health on sleep quality. For the latter, the association of the SDQ-patient and the SDQ-caregiver subscales with PSQI global scores were considered separately.

Results: At 41.2%, PIU rates in the South African study population were markedly higher than in international community or psychiatric samples. These findings demonstrated that increased emotional difficulties ($p = 0.017$) and conduct difficulties ($p = 0.043$), as reported by the patient on the SDQ, were significantly associated with increased PIU, with higher scores on the emotional and conduct subscales associated with being more at risk of PIU. Interestingly, no such associations were found for peer problems or hyperactivity. No statistically significant associations were observed between SDQ-caregiver scores and PIU. Poorer sleep quality was associated with more PIU ($p = 0.003$). Increased emotional difficulties ($p = 0.013$) on the SDQ-patient were associated with poorer sleep quality.

Discussion: Adolescents in this study showed high rates of emotional, behavioural and sleep difficulties. PIU was associated with greater emotional and conduct issues, as well as poorer sleep, based on self-reported (SDQ-patient) scores but not caregiver reports. Discrepancies between self and caregiver assessments need further study. Results suggest that a high index of suspicion be maintained for PIU and problems in sleep quality in children that present for mental health care, especially in those who present with conduct and/or emotional difficulties. Resistant or difficult-to-manage symptoms of

mental health conditions may potentially be more responsive to treatment if any co-existing symptoms of PIU are addressed. This study contributes to the South African literature by providing evidence of the links between PIU, emotional and conduct difficulties, and sleep quality in adolescents.

P-21

Complex Neuropsychiatric and Developmental Presentations

Beyond Motor Delay: Psychiatric Manifestations and Multidisciplinary Management in a Child with Joubert Syndrome

Submitter: Aygül Tikit, Türkiye

Co-Authors: A. Tikit, G. Ilcioglu Ekici

Topic: Transdiagnostic Symptomatology

Objective: This case report aims to present the psychiatric manifestations and longitudinal management of a child with Joubert syndrome (JS) who exhibited prominent anxiety, emotional dysregulation, and functional impairment. While JS is defined by neuroimaging findings and motor developmental delay, its psychiatric dimensions remain insufficiently characterized in child and adolescent psychiatry. By describing the patient's clinical presentation, diagnostic evaluation, pharmacological challenges, and response to treatment within a multidisciplinary framework, this report seeks to illustrate the complexity of psychiatric care in rare neurodevelopmental disorders. Particular emphasis is placed on treatment tolerability, individualized medication selection, and the role of psychosocial and educational interventions. The objective is to underscore the importance of integrating psychiatric assessment into routine follow-up of children with JS to support emotional regulation, adaptive functioning, and family dynamics.

Methods: We present a case report of an 11-year-old female patient diagnosed with JS at 18 months of age based on developmental delay and characteristic molar tooth sign on brain magnetic resonance imaging(MRI). She was referred to child and adolescent psychiatry with irritability, emotional lability, anxiety, and social withdrawal. Her developmental history revealed delayed motor and language milestones, borderline intellectual functioning, and specific learning difficulties. Despite being in the fifth grade, her academic performance remained below grade level, and peer relationships were limited. Anxiety symptoms included separation anxiety, specific fears, and heightened emotional reactivity, particularly within the family environment. Previous psychopharmacological treatments initiated at an outside center, including atomoxetine and risperidone, were discontinued due to adverse effects. Psychiatric assessment demonstrated internalizing symptoms, attention difficulties, and impaired social communication. Prior to psychiatric referral, the patient had received only physical rehabilitation-focused special education, without cognitive or academic educational support.

Results: During follow-up, it was noted that the patient had previously received multiple psychopharmacological treatments, which were discontinued due to adverse effects. In our clinic, a trial of Aripiprazole resulted in increased irritability and behavioral dysregulation and was therefore discontinued. Subsequent treatment with sertraline, titrated to 50 mg/day, was associated with a reduction in anxiety symptoms, emotional lability, and irritability-related outbursts, without significant adverse effects. In addition to

pharmacological management, the patient(had previously received only physical special education) was referred for cognitive and academic special education services, which she initiated. Structured family guidance focusing on consistent limit-setting, boundary maintenance, and supportive parenting strategies was also provided. Caregivers reported improved family interactions, reduced behavioral escalation at home, and better emotional regulation. Overall, a multidisciplinary and family-centered approach led to meaningful functional improvements despite persistent neurodevelopmental vulnerabilities.

Discussion: JS is a rare genetic ciliopathy characterized by the molar tooth sign on brain MRI and a heterogeneous neurodevelopmental profile. Beyond motor and cognitive delays, evidence shows that children with JS frequently exhibit psychiatric and behavioral difficulties, including anxiety, emotional dysregulation, irritability, and social withdrawal. Consistent with previous reports, the case demonstrated prominent internalizing symptoms, affective lability, and social communication difficulties, aligning with features of the cerebellar cognitive affective syndrome. Pharmacological management was complicated by poor tolerability of multiple agents, a challenge commonly observed in neurodevelopmental disorders. The clinical improvement observed with sertraline suggests that SSRIs(selective serotonin reuptake inhibitors) may represent a viable option for anxiety-related symptoms in carefully selected patients with JS. Moreover, functional gains were achieved through an integrated approach combining pharmacological treatment, cognitively focused special education, and structured family-based interventions. This case highlights the importance of multidisciplinary and family-centered psychiatric care in JS.

Phenotypic Expansion of Pitt-Hopkins-Like Syndrome Due to a Homozygous CNTNAP2 Mutation: An Adolescent Case Report

Submitter: Hande Çelik, Türkiye

Co-Authors: H. Çelik, B. Akin Sari, M. Yozgatli, M. Sengün

Topic: Transdiagnostic Symptomatology

Objective: CNTNAP2-related Pitt-Hopkins-like syndrome is a rare neurodevelopmental disorder that poses diagnostic and follow-up challenges in clinical practice due to its marked phenotypic variability. The aim of this case report is to present an adolescent patient with a homozygous CNTNAP2 mutation who exhibits early-onset epilepsy, severe expressive language impairment, pronounced motor developmental delay, and behavioral dysregulation accompanied by intellectual disability; to discuss the clinical features that distinguish this case from previously reported cases in the literature; and to contribute to the expanding phenotypic spectrum of CNTNAP2-related disorders.

Methods: The clinical features of a 17-year-old female patient who was evaluated in a child and adolescent psychiatry outpatient clinic due to severe speech impairment, stereotypic behaviors, and behavioral dysregulation including episodes of screaming and biting were examined. Developmental history, neurological and psychiatric assessment findings, detailed family history, and medical records were reviewed. Seizure history, antiepileptic treatment course, and electroencephalography (EEG) results were documented. During the psychiatric examination and evaluation process, cognitive functioning was found to be consistent with a moderate level of intellectual developmental disorder. Physical and neurological examination findings were recorded in detail. Genetic analysis was performed using molecular karyotyping (microarray comparative genomic hybridization, array-CGH). Clinical findings were interpreted within the context of the existing literature on CNTNAP2-related neurodevelopmental disorders.

Results: Clinical evaluation revealed marked neurodevelopmental delay with prominent psychiatric symptomatology. Family history indicated developmental delay and epileptic seizures beginning around two years of age in the patient's 16-year-old brother, as well as two stillbirths in the mother. Independent walking was achieved at four years, with an unsteady and clumsy gait observed. Language development plateaued at the single-word level around two years of age, with no subsequent progress; the patient currently uses only one to two meaningful words and is unable to form sentences. Psychiatric assessment demonstrated a moderate intellectual developmental disorder, autism spectrum features, and behavioral dysregulation characterized by screaming, biting, and stereotypic hand-rubbing movements. Seizures began at two years of age and are well controlled with topiramate and valproate; EEG findings were normal. Physical examination revealed microcephaly and dysmorphic facial features. Genetic analysis identified a homozygous CNTNAP2 mutation in the 7q35 chromosomal region.

Discussion: The present case is consistent with the CNTNAP2-related Pitt-Hopkins-like syndrome phenotype, characterized by severe speech impairment, early-onset epilepsy, autism spectrum features, intellectual developmental disorder, motor delay, and behavioral problems, in line with previous reports. While epilepsy severity and EEG findings vary across cases, early seizure onset appears to be a common feature. Although partial improvement in language abilities after seizure control has been described, no language progression was observed in this patient despite effective control with two antiepileptic medications. In contrast to reports of macrocephaly and respiratory abnormalities in some patients, this case was associated with microcephaly and no evidence of hyperventilation or breath-holding spells. The presence of strabismus, dysmorphic facial features, and hand-rubbing stereotypies further highlights the phenotypic heterogeneity of CNTNAP2-related disorders. As most cases are identified in early childhood, adolescent evaluation provides additional insight into long-term psychiatric and functional outcomes.

Different Phenotypes in the Same Chromosomal Region: Two Cases Illustrating the Neuropsychiatric Implications of 1q21.1 Copy Number Variations

Submitter: Aysegül Sariköse Özgüven, Türkiye

Co-Authors: A. Sariköse Özgüven, S. Kali, D. Ünal

Topic: Transdiagnostic Symptomatology

Objective: Copy number variations (CNVs) involving the chromosomal 1q21.1 region are associated with a broad and heterogeneous phenotypic spectrum, including autism spectrum disorder (ASD) and other neuropsychiatric conditions, epilepsy, and craniofacial anomalies. This study aims to present a comparative neurodevelopmental and neuropsychiatric evaluation of two male cases identified with 1q21.1 microduplication and 1q21.1-1q21.2 deletion, respectively. These cases are noteworthy in demonstrating how different CNV types affecting the same genomic region can markedly alter clinical presentation.

Methods: Case 1 was a 6-year-old male who, starting at four years of age, exhibited progressive developmental regression characterized by marked impairment in social interaction, loss of meaningful verbal communication, regression in toilet training, and stereotyped motor behaviors. He was diagnosed with autism spectrum disorder. Neurological examination was largely unremarkable; brain MRI, EEG, and metabolic investigations revealed no pathological findings. Chromosomal microarray analysis identified a pathogenic 1q21.1 microduplication.

Case 2 was a 10-year-old male born with intrauterine growth restriction and followed in the neonatal intensive care unit due to respiratory distress syndrome. Developmental milestones were mildly delayed. From the age of seven, he developed temper outbursts and self- and hetero-aggressive behaviors. After EEG abnormalities were detected, he was diagnosed with epilepsy. He underwent surgery due to scaphocephaly. Brain MRI revealed a millimetric nonspecific cyst. Chromosomal microarray analysis demonstrated a 1q21.1-1q21.2 deletion.

Results: CNVs involving 1q21.1 are characterized by variable expressivity and incomplete penetrance. While microdeletions have been associated with microcephaly and microduplications with a relative tendency toward macrocephaly, neuropsychiatric outcomes show considerable heterogeneity. The severe ASD phenotype and pronounced impairment in language and social communication observed in the first case are consistent with reports indicating frequent ASD, language involvement, and motor/articulation difficulties among duplication carriers. However, patterns such as developmental regression should not be attributed solely to the CNV; rather, the contribution of genetic background and environmental or neurodevelopmental modulators should be considered. In the second case, the presence of epilepsy and difficulties in behavioral regulation in association with the deletion aligns with existing literature. In contrast,

scaphocephaly/craniosynostosis has been less frequently reported within the 1q21.1 deletion spectrum; therefore, this association should be interpreted as "possible," and alternative syndromic etiologies should be carefully evaluated.

Discussion: These two cases demonstrate that, despite involving the same chromosomal region, 1q21.1 microduplication and 1q21.1-1q21.2 deletion can shape clinical presentation in divergent neurodevelopmental and neuropsychiatric directions. Microduplication was prominent for a severe ASD phenotype with developmental regression, whereas deletion was characterized by epilepsy, behavioral regulation difficulties, and craniofacial anomalies. These findings support the need to consider a wide neuropsychiatric and neurological spectrum in individuals carrying 1q21.1 CNVs, emphasizing the importance of early multidisciplinary assessment and long-term follow-up. In genetic counseling, it should be emphasized that the phenotype cannot be predicted with certainty, although an increased risk can be conveyed.

P-21-004

Use of Complementary and Alternative Medicine (CAM) in children with developmental disabilities in Singapore

Submitter: Kalyani Mulay, Singapore

Co-Authors: K. Mulay

Topic: Transdiagnostic Symptomatology

Objective: Recently the use of Complementary and Alternative Medicine (CAM) has become increasingly popular among parents of children with developmental disabilities including autism spectrum disorder (ASD)¹. The use of CAM in children has its own risks². CAM can either be harmful or not effective at all. In this context, it is important to explore CAM use in children with developmental disabilities in local population so that health professionals are aware of local CAM practices. We aimed to look at patterns of use of CAM in children with developmental disabilities seen in our tertiary neurodevelopmental paediatric clinic.

Methods: This cross-sectional study was conducted at a tertiary developmental paediatric centre in Singapore from September 2019 to October 2021. Parent-Child dyads (parents and their children <7 years old) who presented with developmental disabilities were recruited. Parents completed modified CAM questionnaire which was adapted from NAFKAM's (Norway's National Research Centre in Complementary and Alternative Medicine) International CAM Questionnaire (I-CAM-Q). the adaptation to questionnaire was made taking into consideration the local cultural practices. We also collected demographic data.

Results: Parents of children 527 children [66% male, mean age 41.6 months] participated in this study. Fifty-seven parents (10.8%) shared that their child has been following up with alternative medicine health provider in the last 12 months. The three most common professionals being nutritionist, Traditional Chinese Medicine (TCM) practitioner and chiropractor. 275 (52.2%) parents reported using either health supplement or alternative medicine in the past 3 months; majority (n=184) taking vitamins and minerals, while eighteen parents used music therapy, and nine parents reported giving their child special diets. Two third of the parents (60.7%) reported using at least one alternative medicine or health supplement for their child. Just over one third (31%) parents reported using two or more alternative medicines concurrently. Seventy parents (13.2%) practised self-help care, most common being mindfulness and yoga.

Discussion: This is the first study on use of complementary and alternative medicine in children with developmental disabilities in our local population. CAM use was common in our sample with more than 50% of parents using it despite local clinical practice guidelines not supporting its use³. Physicians need to be aware of this practice and routinely ask parents about use of CAM and its related details at each visit and guide parents of any

potential harmful effects from its use. This also emphasizes the need for physicians to be educated in guidelines pertaining to CAM to allow appropriate counselling to parents.

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Diagnostic Challenges in Pediatric Movement Disorders: A Case of Genetically Confirmed Dystonia Initially Misdiagnosed as Functional Neurological Disorder

Submitter: Ekin Yigit, Türkiye

Co-Authors: A. Yigit, C. Aslan

Topic: Transdiagnostic Symptomatology

Objective: Differentiating functional neurological disorder (FND) from organic movement disorders in pediatric patients can be particularly challenging due to overlapping clinical characteristics. Stress-related symptom fluctuation, partial suppressibility of movements, and apparent response to psychotropic medication may lead to diagnostic confusion. This case report presents a child initially suspected of having a tic disorder or functional neurological disorder who was later diagnosed with genetically confirmed dystonia, emphasizing the importance of longitudinal assessment and comprehensive neurological evaluation.

Methods: A 12-year-old male patient was evaluated through multidisciplinary collaboration between child neurology and child psychiatry departments. Clinical history, neurological examination, laboratory investigations, neuroimaging, electrophysiological studies, and genetic analyses were reviewed. Differential diagnoses included tic disorder, functional neurological disorder, Sydenham chorea, and primary dystonia.

Results: The patient was a previously healthy 12-year-old boy with normal neurodevelopment who presented with episodic involuntary movements characterized by irregular choreiform contractions of the upper extremities and intermittent gait instability. Symptoms fluctuated over time and worsened during school periods, particularly examination weeks. He reported a vague premonitory sensation and demonstrated partial suppressibility in social settings.

Neurological examination between episodes was unremarkable. Brain magnetic resonance imaging and electroencephalography were normal, and evaluation for acute rheumatic fever was negative. Based on stress-related exacerbation, premonitory sensation, and partial suppressibility, tic disorder or functional neurological disorder was initially suspected. Fluoxetine improved anxiety symptoms without sustained reduction of involuntary movements.

Persistent symptoms prompted neurological reassessment. Genetic testing identified a pathogenic PRRT2 mutation, confirming dystonia. Carbamazepine therapy resulted in complete symptom resolution with no recurrence during two months of follow-up.

Discussion: This case illustrates the diagnostic complexity of pediatric movement disorders, where functional, psychiatric, and organic etiologies frequently overlap. Features such as stress sensitivity, partial suppressibility, and subjective premonitory sensations (commonly associated with tic disorders and FND) may obscure underlying

neurological pathology. Normal neuroimaging and electrophysiological findings further contribute to diagnostic difficulty.

Genetic dystonia may present with heterogeneous phenomenology, including choreiform movements and task-related worsening, leading to misclassification. Partial improvement with selective serotonin reuptake inhibitors does not exclude organic disease and may delay definitive diagnosis.

Accurate differentiation between functional neurological disorder and organic movement disorders in children remains challenging. Psychiatric comorbidity and stress-related symptom modulation do not preclude neurological pathology. Failure to achieve expected therapeutic response should prompt diagnostic reconsideration. Ongoing multidisciplinary follow-up and timely genetic evaluation are essential to ensure accurate diagnosis and appropriate treatment in pediatric movement disorders.

P-21-007

Subacute Neuropsychiatric Regression in Childhood: The Importance of Parallel Diagnostic Reasoning and Longitudinal Follow-up

Submitter: Silvia Cunha, Brazil

Co-Authors: S. Cunha, D. Porto, J. Martins

Topic: Transdiagnostic Symptomatology

Objective: To describe a case of subacute neuropsychiatric regression in childhood, highlighting the relevance of parallel diagnostic reasoning and longitudinal follow-up in regressive presentations with initially negative neurological investigations. The clinical risks of both premature psychiatric attribution and delayed initiation of effective psychiatric interventions are discussed, emphasizing the need for interdisciplinary evaluation.

Methods: This is a case report of an 11-year-old previously healthy female patient with normal neurodevelopment and age-appropriate academic performance, who developed subacute functional and behavioral regression. Clinical data, neurological, psychiatric, and endocrinological assessments, laboratory investigations, brain computed tomography, brain magnetic resonance imaging, electroencephalography, and longitudinal clinical evolution following therapeutic interventions were reviewed in a multidisciplinary care setting.

Results: Following recurrent headaches beginning in October 2024, the patient developed abrupt neuropsychiatric regression between April and May 2025, characterized by executive and memory impairment, academic decline, loss of autonomy in daily activities, social withdrawal, and behavioral changes. Structural and electrophysiological investigations were unremarkable.

Escitalopram was prescribed, reducing anxious agitation without functional improvement and with worsening regressive behaviors. Specialized child and adolescent psychiatric evaluation revealed severity incompatible with isolated somatoform disorders. Mental status examination showed preserved appearance, psychomotor slowing, infantilized behavior, incongruent speech, blunted affect, impaired judgment, and marked regression. Risperidone was initiated for suspected psychotic syndrome with prominent negative symptoms and behavioral disorganization and titrated to 2 mg/night. Progressive improvement followed, including recovery of autonomy, social functioning, and school reintegration. At last evaluation, the patient was clinically stable on escitalopram 10 mg/day and risperidone 2 mg/night, without significant adverse effects.

Discussion: This case illustrates the diagnostic complexity of subacute neuropsychiatric regression in childhood when initial neurological investigations are negative. Elevated streptococcal markers suggest a possible prior inflammatory trigger, although without sufficient clinical criteria to support specific diagnoses such as PANDAS or autoimmune encephalitis. The case highlights a dual diagnostic risk: prolonged focus on neurological

investigation may delay effective psychiatric intervention, compromising functional recovery; conversely, premature psychiatric attribution may postpone recognition of underlying neurological or inflammatory conditions. Parallel diagnostic reasoning and longitudinal follow-up were essential in reframing clinical severity, guiding appropriate psychiatric intervention, and enabling meaningful functional recovery.

Psychotic Syndrome, Seizures, and Arachnoid Cyst: A Review of a Complex Clinical Case

Submitter: Ana Paula Fernandez, Argentina

Co-Authors: A. Fernandez, F. Santisteban Guerrini, N. Baglione

Topic: Transdiagnostic Symptomatology

Objective: To comprehensively analyze the clinical case of an adolescent presenting with psychotic symptomatology and the presence of a left temporal arachnoid cyst, with the aim of exploring the relationship between organic factors, psychosocial background, and clinical manifestations, assessing its diagnostic, therapeutic, and prognostic implications from an interdisciplinary perspective in child and adolescent psychiatry.

Methods: Descriptive and observational study based on the retrospective analysis of a clinical case of an adolescent with psychotic symptomatology, seizure episodes, and the finding of a temporal arachnoid cyst. A chronological reconstruction of the clinical course was carried out through a review of the medical records, interdisciplinary assessments, and complementary studies. The analysis was conducted from a comprehensive and interdisciplinary approach, complemented by a narrative review of the relevant literature. The study was carried out with confidentiality safeguards and did not require approval from an Ethics Committee.

Results: The reviewed literature describes adolescents or young adults, predominantly males, with temporal arachnoid cysts, insidious psychosis, and high psychiatric comorbidity.

Although an association between temporal arachnoid cysts and psychosis in adolescents is described, the etiology remains uncertain and a direct causal relationship cannot be established. In the case of our patient, the presence of comorbid psychotic symptoms cannot be ruled out due to heredofamilial background and the onset of behavioral disturbances since the beginning of puberty.

Discussion: This case allows for reflection on the importance of interdisciplinary collaboration in complex cases that transcend the boundaries between neurology and psychiatry.

The finding of a structural alteration necessitates reconsideration of the etiopathogenesis of the symptoms and the integration of contributions from different fields to achieve an effective therapeutic intervention.

The use of neuroimaging and thorough clinical history-taking is of fundamental importance in cases of atypical disruptive behavior or psychotic symptomatology, as well as the role of mental health care in understanding the subjective suffering of adolescents with neuropsychiatric symptoms, along with the need for long-term follow-up to assess clinical evolution.

P-21-009

Psychiatric morbidity and Behavioural Problems in Post-COVID children and adolescents

Submitter: Shraddha Verma, India

Co-Authors: S. Verma, R. Sagar

Topic: Transdiagnostic Symptomatology

Objective: Psychiatric morbidity and behavioural problems have been observed in Post-COVID children and adolescents, but have not well studied. Indian literature is scarce on Long term effect of COVID. The study aims to assess the psychological impact of Post-COVID on the paediatric population.

Methods: Cross-sectional study with a study group of thirty children and adolescents attending the paediatrics OPD at a tertiary care hospital in North India in the age group of 6-17 years, previously documented with COVID and a control group with matched healthy controls. Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime version (K-SADS PL) and Child Behaviour Check List (CBCL)

Results: 36.6% participants with post-COVID had sub- threshold evidence of Psychiatric illness, primarily depression (16.67%). Somatic complaints($p=0.013$) and Rule-breaking behaviour($p=0.032$) were higher in the study group than in controls, statistically significant. Impaired somatic and conduct behaviour with increased aggressive behaviour and lower anxiety level than a healthy individual.

Discussion: Post COVID children and adolescents demonstrated behavioural problems and subthreshold psychiatric morbidities.

P-22

Service Organization and Cross-Sectorial
Collaboration II: Access, Equity and Care
Pathways

P-22-001

Inequalities in pathways through Child and Adolescent Mental Healthcare for racially marginalised children and young people

Submitter: Shuo Zhang, United Kingdom of Great Britain and Northern Ireland

Co-Authors: S. Zhang, A. Wickersham, J. Downs, J. Das-Munshi

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Pathways to and through Child and Adolescent Mental Health Services (CAMHS) are often complex and can lead to inequities in access, experience and outcomes. There is increasing international evidence that Children and Young People from racially marginalised groups are more likely to access CAMHS via crisis and emergency services. As waiting times for routine CAMHS assessments continue to grow, it is increasingly important to understand whether sociodemographic, clinical, and health service factors are associated with increased presentation to crisis and emergency services during the waiting period. This study investigates whether children and young people from racially marginalised groups are more likely to present to a crisis and emergency service whilst waiting for CAMHS.

Methods: A longitudinal retrospective cohort was extracted of Children and Young People under the age of 16 who have an accepted referral to a community CAMHS team in South East London from the 1st of May 2021 to 1st of May 2024. Univariable and multivariable logistic regression analyses were conducted to assess the associations between ethnicity and subsequent referral to a CAMHS crisis team, taking into account sociodemographic, health service and baseline Strengths and Difficulties Questionnaire (SDQ) scores.

Results: 371 (3.5%) of the 10620 CYP accepted by community CAMHS subsequently presented to crisis and emergency services. 8693 (81.9%) had a baseline SDQ measure. 8191 CYP are included for complete case analysis. Initial univariable analysis found that Black African [1.40 (95%CI 1.04-1.89)] CYP had increased odds of presenting to crisis and emergency services compared with White British CYP. These estimates remained similar in the fully adjusted model but were not statistically significant: OR 1.43 (95%CI 0.95-2.15).

Other factors associated with presenting to crisis and emergency services are increasing age, referral from other healthcare settings, increasing emotional and conduct SDQ scores, and increasing CAMHS acceptances. Male gender and increasing hyperactivity SDQ scores were associated with reduced odds of presenting to crisis and emergency services.

Discussion: This study is unique in investigating inequalities in child and adolescent mental health service use pathways for CYP from an ethnically diverse urban clinical population. Our results support pre-existing evidence that Black African CYP disproportionately access CAMHS through crisis and emergency services. In addition, we

found this to extend to CYP during the waiting period, even after accounting for baseline clinical symptom severity, sociodemographic and other additional healthcare service factors. These findings have important implications for clinical services, as a better understanding of patterns of crisis and emergency service use can inform the development of early, targeted interventions to improve equity of access, experience, and outcomes to CAMHS for all children and young people.

P-22-002

Equity in Pediatric Psychiatry Access: Diagnostic and Referral Patterns for BIPOC Youth in a Statewide Consultation Program

Submitter: Qingxi Jia, United States of America

Co-Authors: Q. Jia

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Minority youth encounter systemic, structural, and socioeconomic barriers that contribute to disparities in pediatric mental health care. Prior research demonstrates underdiagnosis and undertreatment of attention-deficit/hyperactivity disorder (ADHD) in minority children, while African American youth are disproportionately diagnosed with disruptive behavior disorders, suggesting potential implicit bias in psychiatric assessment. These disparities are compounded by a limited supply of child psychiatrists and long waitlists for services, highlighting the need to evaluate psychiatry access programs for equity and quality improvement.

Methods: We conducted a descriptive analysis of consultation call data from the Vermont Child Psychiatry Access Program (VTCAP), a statewide service providing peer psychiatric consultation to pediatric primary care providers. Consultations were categorized by patient BIPOC status (BIPOC, Non-BIPOC, Unknown). Three outcomes were examined: (1) number of provider contacts required to resolve a consultation; (2) referral patterns to individual, family, and group therapy; and (3) diagnosis rates for common pediatric psychiatric conditions. Data were summarized using group-level proportions and distributions; statistical significance testing was not performed due to sample size considerations.

Results: A total of 1,273 consultations were analyzed, including Non-BIPOC (n = 1,025), BIPOC (n = 100), and Unknown (n = 148) youth. Across all groups, most consultations were resolved within two contacts, with limited variability and occasional higher outliers (range: 1-7 contacts). Individual therapy was the most frequent referral type across groups and occurred proportionally more often among BIPOC youth, while family and group therapy referrals were less frequent and similar across groups. ADHD was the most common diagnosis overall and appeared more frequently among Non-BIPOC youth. In contrast, BIPOC youth demonstrated proportionally higher rates of depression and social anxiety diagnoses. Disruptive behavior disorders were infrequent across all groups, while post-traumatic stress disorder and obsessive-compulsive disorder occurred at low but comparable rates.

Discussion: VTCAP consultation resolution was comparable across BIPOC and Non-BIPOC youth, suggesting equitable access to peer consultation support. However, observed differences in diagnostic and referral patterns highlight the importance of continued evaluation of psychiatry access programs to better understand potential

systemic and clinical influences on pediatric mental health care delivery. Ongoing equity-focused program assessment may inform strategies to promote culturally responsive and equitable care for minority youth.

P-22-003

Consent to treatment in community CAMHS

Submitter: Savva Pronin, United Kingdom of Great Britain and Northern Ireland

Co-Authors: S. Pronin, E. Szaniecki

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The Trust Information Governance and Data Protection Service regularly receives subject access request for the records and clinical notes we hold, at times long after the spell of care had been closed. The reasons are varied, but it ranges from complaints procedures to gaining further understanding of the assessments and treatment recommendations. Record reviews as part of such requests have highlighted that consent for treatment is rarely documented or addressed, and in turn it shows how little we know about the current practice of how and whether clinicians obtain consent for treatment from young people and/or their carers.

Methods: Retrospective cohort study. Electronic review of 20 randomly selected young people on NCCT caseload from records. Whole team survey via Microsoft Forms. Descriptive analysis.

Results: 20 young people (referred 15/11/2022 to 03/02/2025, age 4-17 medical 14, 14 male) assessed by 12 different clinicians across a range of disciplines. Further assessment recommended in 5/20. Parental consent was documented in 14/17 (82%) of those under 16. If those for 'further assessment' and 'not completed' are removed then there is a 12/13 (92%) consent rate across the electronic records. 13 clinicians responded to the survey across a range of disciplines. 8/13 had previous teaching on obtaining consent. Staff were less confident in documenting consent than obtaining it. 39% of staff replies omit either discussing alternatives or discussing risks/benefits. Written information on treatment was rarely provided. There was interest amongst staff in an education session on consent

Discussion:

- 'Further' assessment should be consented and documented in a similar way to treatment.
- Consent was spread around 3 different parts of the electronic record, simplifying it to a single section could improve documentation
- Attempt to document consent from the young person regardless of age
- Consider providing an education session or resource on consent-taking and documenting
- Consider standardising leaflets to provide written information for various types of treatment

P-22-004

Trends in Service Use Patterns and Case Profiles among Children and Adolescents in Bavaria (2018-2023): Findings from AmBado Outpatient Documentation Data

Submitter: Miriam Witte, Germany

Co-Authors: M. Witte, I. Jarvers, R. Brunner, S. Kandsperger

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The retrospective study analyses data from the Basic Documentation of Child- and Adolescent Psychiatric Outpatient Clinics in Bavaria (AmBADO) collected between 2018 and 2023. AmBADO is a standardised documentation system used across all Bavarian child and adolescent psychiatric outpatient clinics (CAPOC) to record information on statutory health insured patients. The study aims to identify temporal trends in patient sociodemographic and clinical profiles, treatment factors, and outcome measures over this period. Analyses will include changes in the frequency and distribution of psychiatric disorders among annual AmBADO cases, as well as predictors of key clinical outcomes, such as suicidality. Findings are expected to provide a comprehensive overview of evolving patient characteristics and care patterns in Bavarian CAPOC services.

Methods: Routinely collected case data (AmBado data) of all statutory insured CAPOC patients aged 0-21 years in Bavaria were collected from 2018-2023. The representative sample consists of approximately 165.000 recorded cases. Retrospective analyses will be conducted in R Statistics, covering seven main domains: sociodemographic profiles, childhood development, educational parameters, multi-axial classification system (MAS) axes, psychological testing, psychosocial outcome, measures taken, and recommendations. Descriptive statistics will summarise variables such as age, sex, place of residence (urban vs. rural vs. other), admission type (e.g., regular), and living situation (e.g., with family). Longitudinal trends in clinical parameters, such as suicidality, MAS axes, or psychopharmaceutical prescriptions, will be analysed using correlations and linear models. Analyses will compare two three-year periods (2018-2020 and 2021-2023) to account for major variable revisions implemented in 2021.

Results: Previous studies have reported increasing trends in key clinical variables, particularly during the COVID-19 pandemic, including suicidality and global outcome severity. Prevalence rates of depression, anxiety, and eating disorders have risen, differing by age and sex. Affected populations are predominantly urban children and adolescents (CA) with a family history of psychiatric disorders. ADHD is most common in elementary school-aged boys, while internalising disorders such as depression and anxiety predominate in adolescent girls. Rising self-referral rates have been observed, with psychotherapeutic interventions most frequently recommended, alongside increasing psychopharmaceutical prescriptions varying by disorder. The current study is expected to replicate these patterns while providing new insights into associations between MAS axis

factors, developmental trajectories in youth with psychiatric conditions, and trends in the frequency of implemented interventions in relation to sociodemographic and clinical characteristics.

Discussion: The results are expected to yield valuable insights into temporal trends in CAPOC case profiles, treatment patterns, and clinical outcomes among CA. Findings are anticipated to corroborate previously reported increases in internalising disorders among female adolescents, higher self-referral rates, and pandemic-related shifts, including changes in prescription rates. The study aims to enhance understanding of sociodemographic and clinical determinants of service utilisation and outcomes, thereby allowing for more precise resource allocation according to disorder type, referral, or admission type. Moreover, findings may identify high-risk factors for psychopathology or relapse, enhancing the development of targeted prevention strategies. Further, it allows for improved AmBado-data accuracy for tracking individual patient histories over time in future studies. Other future studies could explore additional variables in AmBado items, e.g. to address cultural factors or other emerging crises effecting mental health trajectories.

P-22-005

Characteristics of Children Receiving Special Education Services and Predictors of High Service Utilization in a Tertiary Care Center: A Retrospective Chart Review Study

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Special education services are a core component of multidisciplinary child and adolescent mental health care, yet determinants of high service utilization in tertiary care centres remain poorly characterized. This study aimed to describe the sociodemographic, clinical, and service characteristics of children and adolescents receiving special education services in a tertiary care setting, and to identify independent predictors of high service utilization, defined as receipt of five or more sessions, after adjustment for demographic, diagnostic, and care pathway variables.

Methods: This retrospective chart review study included 576 children and adolescents referred for special education services in a tertiary care centre. Sociodemographic characteristics, psychiatric and neurodevelopmental diagnoses, diagnostic comorbidity, psychiatric medication use, and referral patterns were extracted from clinical records. High special education service utilization was operationalized as receipt of five or more sessions. Descriptive statistics summarized sample characteristics, and chi-square tests examined unadjusted associations with high utilization. A multivariable logistic regression model was conducted to identify independent predictors of high utilization, adjusting for age, gender, diagnoses, diagnostic comorbidity, psychiatric medication use, and multidisciplinary referral. Model fit and collinearity diagnostics were assessed.

Results: 45.3% (n = 261) of participants met criteria for high special education service utilisation. In unadjusted analyses, high utilisation was significantly associated with female gender, ADHD, ASD, SLD, diagnostic comorbidity, psychiatric medication use, and referrals to psychiatry, neuropsychology, and psychomotor therapy. In multivariable logistic regression analyses, SLD emerged as the strongest independent predictor of high utilization (adjusted OR = 3.70, 95% CI: 2.10-6.52, $p < 0.001$), followed by ADHD (adjusted OR = 1.97, 95% CI: 1.31-2.97, $p = 0.001$). Female gender remained independently predicted higher utilisation, with males showing lower odds (adjusted OR = 0.63, 95% CI: 0.43-0.93, $p = 0.021$). Conversely, ASD was independently associated with lower odds of high utilization (adjusted OR = 0.55, 95% CI: 0.34-0.88, $p = 0.013$). Diagnostic comorbidity, psychiatric medication use, multidisciplinary referral, and age at first visit were not independently associated.

Discussion: High special education service utilization in a tertiary care centre appears to be primarily driven by core academic and attentional needs rather than overall diagnostic

burden or referral complexity. The strong independent effects of specific learning disorder and attention-deficit/hyperactivity disorder highlight the central role of learning and attentional difficulties in sustaining prolonged engagement with special education services. Conversely, the inverse association observed for autism spectrum disorder suggests that children with autism may be more frequently directed toward parallel or diagnosis-specific intervention pathways rather than extended special education engagement. These findings suggest that service planning should focus on children's actual learning and attentional needs, helping ensure that special education resources are directed where they are most needed within multidisciplinary child and adolescent mental health care.

P-22-006

Variation in Danish municipal services for children and young people with mental disorders: A nationwide cohort study

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children and young people (CYP) with mental disorders often require coordinated support from healthcare, educational and municipal social services. In Denmark, Child and Adolescent Mental Health Services (CAMHS) are primarily responsible for diagnostic assessment and specialist treatment, whereas municipalities are responsible for most social, family-oriented, and educational support. The provision of these services varies across municipalities, with some offering specialized and comprehensive support and others more limited options. Despite municipalities playing a central role in delivering these services, nationwide evidence on municipal variation in services remains limited and fragmented. This study aimed to quantify variations across Danish municipalities in type of incident mental disorder diagnosis, preventive and disability-compensation services, special education and special-school enrolment.

Methods: Using the Danish National Patient Registry and the Civil Registration System, we included all CYP in Denmark who were registered with a first mental disorder diagnosis between age 6 and 16 during 2015-2021. The participants were followed for up to two years after diagnosis. Using data from nationwide registries, we assessed receipt of municipal services by quantifying the proportions of CYP receiving preventive and disability compensation services, special education, and special-school enrolment. The distribution of incident mental disorder diagnoses within the cohort was described using proportions. Geographic variations were visualized as national maps of the 98 Danish municipalities. Estimates of municipality services were standardized by sex and age of the national CYP cohort to account for demographic differences across municipalities.

Results: The cohort included 46,187 CYP with an incident mental disorder diagnosis. The visualized maps showed substantial variations between the Danish municipalities. Within the cohort of CYP with an incident mental disorder diagnosis, the most frequent diagnoses were attention-deficit/hyperactivity disorder (ADHD) (39%), autism spectrum disorder (ASD) (24%), and anxiety disorder (31%). Between the 98 municipalities the age and sex standardized proportion of incident ADHD diagnoses among all diagnoses ranged from 3.0% to 55.4%, ASD from 0.0% to 42.5%, and anxiety from 8.2% to 50.3%. Substantial variations were observed between municipalities in the provision of services. The standardized proportion of CYP receiving prevention and disability compensating services ranged from 10.8% to 63.3%, and special education from 0.0% to 62.8%. The proportion of CYP being enrolled in special school ranged from 0.0% to 43.2%.

Discussion: This nationwide study identified substantial municipal variation in both diagnostic composition and the provision of municipal services, special education, and special-school enrolment following a mental disorder diagnosis among CYP in Denmark. Although some variation is expected given municipal autonomy in service delivery, the magnitude of the observed differences suggests potential inconsistency in support provision. Part of this variation may be attributable to differences in municipality diagnostic composition, reflecting differing support needs across disorders. The alignment of diagnostic patterns with mental health care catchment areas further indicates variation in clinical assessment practices. Together, these findings highlight the need for more standardized approaches to diagnostic assessment, and service allocation to promote more equitable support for CYP with mental disorders across municipalities.

P-22-007

Mapping journeys for children and young people with autism or depression and their families across mental health, schooling, and social services in Denmark

Submitter: Emilie Have Dahlgaard, Denmark

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children and young people (CYP) diagnosed with autism spectrum disorder (ASD) or depression often navigate complex care journeys in the Danish healthcare system, involving regional psychiatric services, municipal support systems, and educational institutions. Understanding CYP and their families' experiences across the entire care pathway, rather than isolated parts, provides an overview of a complex, multi-setting process from a patient-centered perspective, which is essential for improving care coordination and treatment outcomes. This study examines how CYP and their parents experience their care journey across sectors in Denmark, with a focus on transitions between sectors, variations in care, and the gap between the care journey described in the regional guidelines from Child and Adolescent Mental Health Services (CAMHS) and the CYP's and the families' actual experiences.

Methods: This study was designed as a qualitative study, drawing on the Patient Journey Method (Simonse, 2019; Bulto, 2024; Haltom & Kamdar, 2024). The study population consists of CYP, diagnosed with ASD (6-17 years) or depression (12-17 years) within the past five years, and their parents. Data were collected in four steps: 1. Collection of documents, guidelines and policies from the regional CAMHS. 2. Interviews with relevant professionals. 3. Family interviews with CYP and their parents. 4. Visualization of patient journeys from the perspective of both the families and the professionals and regional guidelines. The collected data were analyzed through a qualitative content analysis, which allows for a structured approach to large volumes of qualitative data and for analyzing the families' experiences within the context of the opportunities for support and how the services are organized.

Results: This abstract reports preliminary findings from the North Denmark Region. Data collection will be extended to the remaining four Danish regions, and nationwide data will be available ultimo May 2026. We conducted four family interviews (two with CYP diagnosed with ASD and two with depression), and six professional interviews. The families described barriers in accessing care for their children, despite guidelines emphasizing the importance of easy and timely access. Getting a diagnosis was experienced as crucial for accessing municipal services and educational support, but referral to psychiatric assessment was described as a long and complex process. Although several actors can refer CYP to psychiatric assessment, it is the municipal psychological-pedagogical service that conducts the test and observations often required for a referral to be approved. As a

result, the families sought help from different actors over a long period before accessing the "right door," often facing long waiting lists.

Discussion: By focusing on CYP's and their families' perspectives, this study provides evidence of cross-sectoral challenges that hinder timely access to mental health care for CYP with ASD or depression. Delays in accessing care worsen and complicate conditions, meaning that when support is finally received, it may no longer be sufficient. While waiting to enter the Child- and Adolescent psychiatry, formal child-protection notifications are used by the CYP's teachers, general practitioners and/or parents themselves to make the system respond to their concerns. Once admitted, the care journey within CAMHS appears to be more structured and coherent, offering the families a sense of relief, in contrast to their experiences with referral. Parents therefore emphasized the importance of finding a professional who can help them access and navigate the system. These findings indicate a need for clearer access routes and stronger cross-sectoral coordination to provide timely care.

P-22-008

Visualising ADHD Care Journeys: A Transition Progress Chart from CAMHS to Adult Services

Submitter: Fatma Swilem, United Kingdom of Great Britain and Northern Ireland

Co-Authors: F. Swilem

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Transitions from Child and Adolescent Mental Health Services (CAMHS) to Adult ADHD services are frequently associated with fragmentation of care, information loss and disengagement. Young people with ADHD often have long, complex care journeys involving medication changes, safeguarding concerns, educational input and physical health monitoring which are difficult to visualize across time. This project aimed to develop and pilot a visual Transition Progress Chart to provide an integrated, longitudinal overview of ADHD care with the goal of improving clinical communication, patient safety and continuity during transition from CAMHS to Adult ADHD services.

Methods: A structured visual Transition Progress Chart was designed using anonymized CAMHS ADHD pathway data. Key clinical milestones (diagnosis, medication titration, risk events, safeguarding concerns, education input and physical health monitoring) were mapped onto a longitudinal timeline. A one-page transition summary was also developed to accompany the chart. The tool was piloted within a neurodevelopmental CAMHS service with a small cohort of young people approaching transition. Informal qualitative feedback was sought from clinicians regarding usability, clarity and perceived impact on clinical decision-making and handover discussions.

Results: The Transition Progress Chart provided a clear, at-a-glance overview of complex ADHD care trajectories that were previously dispersed across multiple records. Clinicians reported improved ability to identify risk patterns, medication history and gaps in monitoring. The visual format supported more focused MDT discussions and facilitated clearer transition planning conversations. The accompanying transition summary was perceived as helpful for reducing duplication and supporting structured handover to Adult ADHD services. Early feedback suggested improved efficiency, enhanced shared understanding across teams and potential benefits for patient and family engagement.

Discussion: This project demonstrates the feasibility and clinical value of a visual approach to ADHD care pathways, particularly during transition from CAMHS to Adult services. By consolidating longitudinal information into a single, accessible format, the Transition Progress Chart supports safer decision-making, clearer communication, and more person-centred care. The tool aligns with integrated care and neurodevelopmental pathway priorities and has potential for wider application across services. Further work will involve formal stakeholder evaluation, refinement through co-production with young

people and families and exploration of scalability within digital health systems.

P-22-009

Beyond the Ward: Post-Discharge Trajectories Following Adolescent Psychiatric Hospitalization in the Czech Republic - a Study Protocol Presentation

Submitter: Kristýna Prosková, Czechia

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Adolescent psychiatric hospitalization is frequently followed by relapse and rehospitalization, with international studies reporting readmission rates of 30-50 % within one year. Despite this, the post-discharge period remains insufficiently studied as a longitudinal process shaped by clinical course, family context, and service continuity. Evidence on how adolescents' mental health and psychosocial functioning evolve after discharge, and which factors support sustained community functioning, is limited, particularly in Central and Eastern Europe. The primary aim is to describe post-discharge trajectories of mental health and psychosocial functioning among adolescents following inpatient psychiatric care. Secondary aims include identifying clinical, familial and system-related predictors of relapse and rehospitalization, exploring adolescents' and parents' experiences of care continuity and examining transitions across health, family, and educational settings. The overarching goal is to inform development of more structured, developmentally sensitive, and preventive post-discharge care pathways in child and adolescent mental health services.

Methods: This poster presents the design and methodological rationale of a prospective longitudinal cohort study. Adolescents aged 13-18 years consecutively admitted to child and adolescent psychiatric inpatient units in the Czech Republic, together with their parents, will be enrolled. Data will be collected at admission, discharge, and at 3-, 6-, and 12-month follow-ups. Clinical and demographic data will be extracted from medical records, while mental health status and psychosocial functioning will be assessed using the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), complemented by feedback questionnaires from adolescents and parents. The study integrates standardized outcome measures with lived-experience perspectives to capture both symptom change and functional recovery. In addition to outlining the study protocol, the poster addresses key methodological challenges of post-discharge research, including attrition, heterogeneity of aftercare, and system-level variability, and describes strategies to address them.

Results: Rather than reporting empirical outcomes, the poster presents a conceptual framework for understanding post-discharge trajectories in adolescent psychiatric care. Common models of post-hospitalization follow-up are briefly reviewed and contrasted with the proposed multi-wave design. The rationale for repeated assessments at clinically meaningful time points is illustrated in relation to relapse risk, recovery processes, and

service transitions. The framework demonstrates how longitudinal measurement may enhance identification of distinct post-discharge patterns, including early deterioration, delayed relapse, sustained recovery, and functional improvement despite persistent symptoms. It further highlights how clinical factors, family context, and service continuity may interact over time to influence rehospitalization risk and gaps in care.

Discussion: The post-discharge period represents a critical yet under-structured phase of adolescent psychiatric care. By conceptualizing post-hospitalization not as a single outcome but as a developmental trajectory, this poster emphasizes the need for longitudinal thinking in both research and clinical practice. The presented framework offers clinicians and service planners a structured approach to anticipating post-discharge vulnerability, strengthening protective factors, and improving coordination across mental health, family, and educational systems. Methodologically, it supports more transparent and clinically meaningful interpretation of post-discharge outcomes. Conceptually, it bridges research design and everyday practice, providing a transferable reference point for professionals seeking to improve continuity of care and relapse prevention in child and adolescent mental health services.

P-22-010

Implementation of guided online cognitive behavioural therapy (iCBT) for depression, generalised anxiety, and social anxiety disorders in adolescents and young adults (aged 12 to 25 years) in Latvia

Submitter: Liene Dambina, Latvia

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Mental disorders are among the leading causes of disability for adolescents and young people. Online guided cognitive behavioural therapy (iCBT) is effective and can improve access to care. However, the existing scientific evidence is mainly based on research on iCBT programs in the countries where they are developed, and data on their cross-cultural transferability, implementation, effectiveness, and efficiency in other languages and cultures are insufficient. This pilot study aims to evaluate the effectiveness and adherence of an iCBT service adapted from Helsinki University Hospital (HUS-iCBT) and applied in Finland, for the treatment of depressive disorders, generalised anxiety disorder, and social anxiety disorder in adolescents and young adults (aged 12 to 26 years) in Latvia.

Methods: The study is an ongoing retrospective, single-arm cohort study utilising pseudonymised secondary data from the pilot project database. All participants who have received iCBT within the pilot project from December 2024 to February 2026 are included. The primary outcome measures for depression, GAD and SAD were, correspondingly, Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7) and Social Phobia Inventory (SPIN), while secondary measures were, respectively, GAD-7, PHQ-9, and the Subtle Avoidance Frequency Examination (SAFE). The World Health Organisation Five Well-Being Index (WHO-5) was used for all protocols. Adherence was defined as the average number of completed sessions. The study included sociodemographic data such as age, gender, municipality class, education level, employment status, family situation, parental education level, and family affluence level.

Results: Patient enrolment in the Pilot project concluded in November 2025, but the treatment continues until March 2026. Study participants (n=1005) are clinician-referred patients (aged 12 to 26) enrolled in iCBT protocols for depression (n=537), GAD (n=281), or SAD (n=187). iCBT services are implemented nationwide by the three largest state-funded mental health care providers, who routinely deliver face-to-face treatment for adolescents and young adults. iCBT protocols delivered via an online platform consist of 8 to 13 therapy sessions and are free of charge for patients. Participants are assessed at baseline, at each session and at endpoint. The service encompasses minimal support from an iCBT therapist. Thirty-four local specialists were trained and supervised by the HUS. The results will include estimation of within-group effects and the influence of potential predictor

variables on treatment response and adherence using multilevel modelling.

Discussion: Historically, mental health care in Latvia has been institutionalised, with insufficient and fragmented outpatient services for children, adolescents and youth. Limited financial and human resources, and the centralisation of services in urban areas, restrict access to care. The implementation of iCBT services is the first attempt to overcome these shortcomings. The current pilot project will conclude in April 2026, but the results for participants who received iCBT by October 2025 (n=636) have now been assessed based on preliminary findings. It appears that all three protocols are effective, and the results are thus consistent with those from Finland. Based on these preliminary results, the iCBT service is planned to be included as a permanent state-funded service in Latvia in 2026. The results of the analysis of the complete pilot project database will be presented and discussed at the conference.

P-23

Service Organization and Cross-Sectorial
Collaboration III: Inpatient Care,
Consultation-Liaison Psychiatry and Service
Complexity

P-23-001

Psychiatric Consultation in a Pediatric Burn Unit: A 5-Year Retrospective Review of Inpatients Referred to Child and Adolescent Psychiatry

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Childhood burn trauma is highly distressing for both the child and family due to physiological stress, severe injury, functional and tissue loss, pain, and repeated painful procedures. In severe pediatric burns requiring hospitalization, burn-related stress combined with developmental vulnerability creates a high-risk context for behavioral dysregulation and treatment nonadherence, often necessitating psychiatric consultation. We retrospectively described child and adolescent psychiatry consultations requested over a five-year period for inpatients treated in a tertiary pediatric burn unit. We characterized sociodemographic and burn-related clinical features, consultation indications, prior psychiatric history/diagnoses, recommended psychosocial and pharmacological interventions, and reconsultation burden. We also examined whether consultation timing and reconsultation needs differed by burn severity (TBSA), burn localization, number of surgical procedures, and pre-existing psychiatric history to inform standardized, integrated mental health support models in pediatric burn care.

Methods: We conducted a retrospective chart review of all pediatric burn admissions for which a child and adolescent psychiatry consultation was requested between November 2020 and November 2025 in a tertiary pediatric burn unit. Recorded variables included demographics (age, sex), documentation of suspected neglect/abuse and any mandatory medico-legal notification, burn characteristics (etiology, TBSA, depth, localization), somatic treatment course (surgical procedures, length of stay), and consultation-liaison variables (hospital day of request, referral indication, prior psychiatric history, preliminary diagnoses/impressions, recommended psychosocial and/or pharmacological interventions, and reconsultations). Patient- and admission-level characteristics were summarized using descriptive statistics. Admission-level reconsultation burden was quantified, and group comparisons examined associations between somatic severity markers (TBSA, localization, number of operations, length of stay) and consultation timing, diagnostic patterns, and reconsultation requirements relevant to service organization.

Results: A total of 106 unique patients (59.4% male) accounted for 110 admissions and 174 psychiatry consultations. Mean age was 8.6 ± 5.0 years, and mean TBSA was $18.4\% \pm 15.1$ (median 13.5%, 1-70). The most common etiologies were scald injuries (47.2%) and flame-related burns (41.5%). Burn depth was mainly second-degree (68.9%) or mixed second/third-degree (26.4%). Surgery was performed in 61.3% (median 1 operation, 0-14). Length of stay averaged 29.9 ± 25.2 days (2-139), and consultations were requested at a

median hospital day of 6 (1-55). The leading indication was treatment nonadherence/behavioral difficulties (24.5%), and the most frequently coded diagnosis was adjustment/stress-related conditions (43.4%). Psychotropics were recommended in 56.6%; risperidone was most frequent (32.1%). Reconsultation occurred in 32.7% of admissions; mortality was 1.9%.

Discussion: This five-year retrospective review indicates a substantial need for psychiatric consultation among pediatric burn inpatients. Psychiatric needs arise in a medically complex context including prolonged hospitalization, risk of functional sequelae, burn-related stress, intensive treatments, family factors, and developmental vulnerability. The high reconsultation rate suggests that a single evaluation is often insufficient and supports integrating mental health care into routine burn management rather than ad hoc referral. Early psychiatric assessment and stepped interventions (brief behavioral strategies, family-centered psychoeducation, and short-term pharmacotherapy when indicated) may be embedded in unit workflows with clear criteria for reconsultation and follow-up. Multidisciplinary collaboration among burn surgery, nursing, rehabilitation, social work, and child psychiatry may improve treatment engagement, reduce escalation of behavioral crises, and support standardized care for children with somatic comorbidity and psychosocial vulnerability.

P-23-002

Length of Stay and Inpatient Cost Burden in Paediatric Consultation-Liaison Psychiatry: A Comparison of Acute Mental Health and Eating Disorder Admissions

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To compare admission patterns, length of stay (LOS) and associated inpatient costs among adolescents admitted to paediatric hospital with Acute Mental Health (AMH) presentations and Eating Disorders (ED) from 2018-2024.

Methods: A retrospective analysis of hospital activity from 2018-2024 examined admissions, LOS, cost per admission, and total annual inpatient costs for AMH (n=779) and ED (n=287). Group comparisons were performed using chi-square and t-tests, with LOS analysed as a continuous outcome. Yearly trends were evaluated.

Results: A total of 1,066 admissions were analysed within six years. ED admissions accounted for 26.9% of all admissions with significantly longer mean LOS (AMH 7.57 vs ED 21.24 days, $t = 8.32$, $p < 0.001$). ED patients were more often female and had lower rates of suicidal ideation and self harm than AMH admissions ($p < 0.001$). Presence of comorbidities including ADHD, ASD, MDD, anxiety disorders, and OCD was not significantly associated with LOS in either group. ED bed day and cost burden peaked in 2023 (68.7%). A hypothetical 2 day reduction in ED LOS would save 574 bed days and Euro1.48 million over seven years.

Discussion: ED presentations, though fewer, are the primary drivers of inpatient resource use. Modest reductions in LOS could substantially improve capacity and financial sustainability. The reduction in ED LOS observed in 2024 may reflect evolving clinical pathways and growing support from Ireland's developing Community Eating Disorder Services (CEDS). Strengthening integration between inpatient teams and CEDS may further optimise bed utilisation and reduce pressure on acute units.

P-23-003

Definition of the Concept of "Diagnostic-Therapeutic Complexity" in Child and Adolescent Neuropsychiatry: An Analysis of a Cohort of Hospitalized Adolescent Patients

Submitter: Francesca Sertori, Italy

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The concept of complexity in medicine is difficult to define, and it is even more challenging when applied to psychiatric disorders, particularly in children and adolescents. This study aims to determine whether the complexity of psychiatric cases admitted to the inpatient unit of Child and Adolescent Neuropsychiatry at a University Hospital has increased over the past four years.

Methods: Clinical data from hospital admissions to the Department's inpatient unit between January 2019 and December 2022 were analyzed. Information was gathered on clinical, anamnestic, and demographic characteristics, as well as features related to psychopathology, including reasons for admission, psychiatric family history, involvement of social services or judicial authorities, frequency and duration of hospitalizations, discharge diagnoses, prescribed pharmacological and psychological treatments, and community-based follow-up care. The WISC-IV, CGAS, CGI-S, and CGI-I scales were used to assess cognitive functioning, global functioning, and overall clinical impression at both time points (T0 and T1). Latent class analysis was applied to categorize patients, identifying levels of complexity based on the number of diagnoses, pharmacological treatments, and the potential involvement of social services. A MANOVA was conducted to determine whether complexity, as defined above, changed over the study period, also considering sex and age differences among patients.

Results: The sample consisted of 510 patients (391 females, 119 males; mean age 14 years). The total number of hospitalizations was 591, with the annual distribution as follows: 20% in 2019, 23% in 2020, 28% in 2021, and 27% in 2022. From the beginning of the observation period, there was an approximately 2% monthly increase in the probability of complex clinical presentations (CI 1.00-1.03, $p = 0.044$). Patient characteristics such as age and sex were not significantly associated with the onset of clinical-social complexity.

Discussion: These findings suggest that, during the study period (2019-2022), the clinical complexity of patients admitted to the Child and Adolescent Neuropsychiatry inpatient unit increased. This trend offers valuable insights into the evolution of adolescent psychopathology in recent years and may inform strategies for prevention and early intervention. Further research, incorporating additional variables and nationwide data, is

essential to deepen our understanding. From an organizational and management perspective, it is critical to allocate more economic and human resources to both treatment and, above all, the prevention of mental health issues in children and adolescents.

P-23-004

Current Status and Challenges in Operating a Small Pediatric Unit (4 Beds) within a Closed Psychiatric Ward at a University Hospital

Submitter: Tomoko Shimanouchi, Japan

Co-Authors: T. Shimanouchi, K. ONO

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: (Objective) In January 2023, the Department of Neuropsychiatry at St. Marianna University School of Medicine (hereinafter referred to as our hospital) established a 4-bed pediatric unit (two 2-bed rooms) within an independent section of the closed psychiatric ward as part of the new ward construction. This created an environment where children could receive treatment exclusively within a pediatric setting. Traditionally, Japanese child and adolescent psychiatric wards have primarily employed approaches promoting patient growth through relatively longer hospitalizations, typically lasting 3 to 6 months. Considering our hospital's status as a designated core hospital, we adopted a policy of shortening the hospitalization period to approximately one month, during which intensive assessment is conducted. We aim to review the operational status over the two-year period up to December 2024 and discuss future challenges.

Methods: (Methods) This study included patients under 18 years old admitted to the pediatric unit between January 2023 and December 2024. Medical records were retrospectively reviewed for gender, age, primary diagnosis, length/purpose of hospitalization, and history of school refusal, bullying, or abuse.

Results: (Results) The study included 71 subjects (12 males, 59 females) with a mean age of 13.3 years. The mean hospitalization duration was 28.3 days. The primary diagnoses were adjustment disorder (28%) and eating disorder (17%). School refusal was experienced by 90% of subjects, and abuse was experienced by 29%. Only 4 patients were admitted from temporary shelters or child psychological treatment facilities. Among the 4 cases requiring hospitalization for 60 days or longer, 3 were eating disorder patients, and the remaining 1 was an autism spectrum disorder case presenting with long-term social withdrawal.

Discussion: (Discussion) Conducting a multifaceted assessment over the relatively short period of one month proved valuable in supplementing subsequent outpatient treatment. The high proportion of eating disorder patients is considered characteristic of general hospitals with psychiatric beds. A future challenge is establishing bidirectional collaboration with child and adolescent psychiatry departments in single-specialty psychiatric hospitals.

P-23-005

Identifying Patterns of Restrictive Practices in Child and Adolescent Mental Health: Introducing the "Red Patients" Concept

Submitter: Signe Unmack Larsen, Denmark

Co-Authors: S. Unmack Larsen, J. Hansen

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Restrictive practices (RP) in Danish child and adolescent mental health care have declined overall; however, a subset of patients continues to experience repeated RP episodes. This study aims to identify patients at risk of RP repetition - defined as a high density and frequency of RP within a short time frame ("Red Patients") - to inform targeted reduction strategies.

Methods: Patients frequently exposed to RP were identified in the Danish National Patient Registry (TIP) based on clusters of RP events. Age and diagnosis were retrieved, and relevant records were screened using a REDCap questionnaire incorporating factors associated with RP use. Quantitative analyses were conducted in STATA, and selected complex cases underwent qualitative analysis for deeper insight.

Results: This approach introduces a novel way of conceptualizing RP risk in child and adolescent mental health. Preliminary findings suggest that identifying high-density RP clusters may enhance understanding of complex patient trajectories.

Discussion: Defining "Red Patients" provides a foundation for targeted interventions and may inform future RP reduction strategies.

P-23-006

Understanding Youth Critical Incidents in Psychiatric Inpatient Care: A Scoping Review of Frontline Staff Perspectives

Submitter: Leah Tackaberry-Giddens, Canada

Co-Authors: L. Tackaberry-Giddens, S. Craig

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Critical incidents of aggression, self-harm and suicide attempts are common among youth in psychiatric inpatient facilities. These incidents can be psychologically and physically distressing for both staff and youth. The emotionally taxing nature of these incidents can contribute to safety risks, burnout, and erosion of professional identity among staff, highlighting the importance of capturing their experiences. From a service delivery perspective, examining the situational and organizational factors that contribute to critical incidents is essential for effective risk management and the creation of safer inpatient environments. Frontline staff play a central role in responding to these events, yet their perspectives remain underrepresented. This study addresses this gap by exploring staff experiences with youth critical incidents in a youth psychiatric inpatient unit, focusing on risk and protective factors, risk management and de-escalation practices, as well as changes in youth behaviour across admission.

Methods: Participants include frontline staff employed at a psychiatric inpatient unit in Canada that serves youth at high risk of harm to themselves or others. Purposive sampling will aim to include at least 30% of individuals from equity-deserving groups (e.g., racialized, LGBTQ+), reflecting the diversity of the facility's workforce. Semi-structured qualitative interviews will explore staff experiences related to youth critical incidents, including perceptions of precipitating and resiliency factors, risk management and de-escalation strategies, organizational supports, and observed youth behavioural changes. Interviews will be audio-recorded, transcribed verbatim, and analyzed using reflexive thematic analysis. NVivo software will support systematic coding and theme development, with attention to patterns relevant to service organization and frontline staff experiences of youth critical incidents.

Results: In line with qualitative best practices, themes were not pre-specified prior to analysis in order to allow findings to emerge inductively from staff experiences. Finalized themes will be available for presentation and are anticipated to illuminate organizational practices and systemic factors that shape staff responses to youth critical incidents.

Discussion: This study has the potential to guide the development of service-level interventions aimed at improving safety, consistency, and effectiveness in youth psychiatric inpatient care. By centering frontline staff perspectives, findings may contribute to reducing staff burnout and promoting youth well-being. In addition to strengthening unit

policies, de-escalation and risk management procedures, as well as staff training initiatives. The results are intended to inform organizational practices to foster safer, more responsive youth inpatient environments, grounded in frontline staff experiences.

P-23-007

Trauma-Informed, Family-Centred Adolescent Inpatient Care: The Brolga Experience

Submitter: Yewande Olufunmilayo Oshodi, Australia

Co-Authors: Y. Oshodi, M. Zuccala, S. Webb, A. Morfoot, Q. Wang, J. Jeon, M. Saint, C. Yong

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Adolescents experiencing acute psychiatric crises require care that is safe, developmentally appropriate, and responsive to trauma. Inpatient settings risk iatrogenic harm if family exclusion or coercive approaches dominate. The Brolga unit was designed to ameliorate these risks through a model of care grounded in trauma-informed and family-centred practice. We aim to describe the Brolga model of care and illustrate how trauma-informed and family-engaged principles are embedded in service delivery for adolescents in crisis.

Methods: The Brolga 12-bed acute inpatient unit serves young people aged 12-17 years as a state-wide service. Care is delivered by a multidisciplinary team (MDT) and together the MDT collaborates, working within a therapeutic milieu. Core features include comprehensive psychiatric and risk assessment, medication management, psychoeducation, group-based interventions, attachment-based family therapy (ABFT), and structured daily routines. Families are engaged as partners in the care delivery process.

Results: In this model of care, appropriate referrals are accepted via the community-based Child and Youth Mental Health Services (CYMHS), Emergency Department, or private child and adolescent psychiatrists. The unit provides stabilisation and in-depth assessment, with discharge planning coordinated alongside families, and other relevant services. Early outcomes include strong family participation, reduced rates of adverse incidents/ self-harm on the ward and improved transition coordination and quality improvement indicators.

Discussion: The Brolga experience demonstrates that embedding trauma-informed, family-centred practice in adolescent inpatient care strengthens engagement, reduces service fragmentation, and fosters safer, more sustainable recovery pathways. This model offers a replicable framework for adolescent inpatient services.

P-23-008

Creating a culture of compassionate care in the development of a pediatric inpatient mental health service within a general hospital in Lviv, Ukraine

Submitter: Olabode Akintan, Canada

Co-Authors: O. Akintan, M. Hanson, R. Yurchyshyn, O. Berezyuk

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective:

To describe the development of a 12-bed pediatric psychiatric inpatient unit within a general hospital in Lviv, Ukraine

To identify key milestones and lessons learned

To share transferable insights from an international collaboration aimed at establishing trauma-informed, family-oriented, and safety-focused inpatient care in a conflict-affected setting.

Methods: In April 2025, child and adolescent psychiatrists from The Hospital for Sick Children in Toronto conducted an onsite consultation at St. Nicholas Hospital, Lviv, Ukraine as part of a grant-funded educational and collaboration project. Activities included an environmental scan, needs assessment, care pathway mapping, team structure planning, and program design. Ongoing collaboration was supported through follow-up webinars addressing trauma-informed care, safety as a foundational principle, family engagement, and implementation strategies. Additional activities included psychopharmacology supervision, journal clubs, and case-based consultations, enabling sustained bi-directional exchange between Canadian and Ukrainian teams.

Results: The collaboration led to improvements in staff confidence, safety practices, and clinical pathways for high-acuity pediatric patients. Modifications to the physical environment enhanced safety for patients and staff, while structured protocols reduced crisis-related incidents and staff anxiety. Clinical capacity increased, allowing patients previously transferred to other facilities to be treated locally. Collaboration between emergency services and inpatient psychiatry improved through the introduction of a structured coverage model. New staff roles, including medical aides, were introduced to support care delivery. Hospital leadership formally endorsed standardized pathways for patient flow, contributing to the development of a purpose-built pediatric inpatient unit serving the region.

Discussion: This initiative demonstrates how international partnerships can support the development of compassionate, trauma-informed pediatric inpatient mental health services in volatile and resource-constrained settings. Key enablers included hospital-wide leadership endorsement, attention to staff wellbeing and safety, and an emphasis on sustainable capacity building rather than short-term technical transfer. The experience

highlights the importance of adapting inpatient care models to historical, cultural, and systemic contexts, and offers transferable lessons for child and adolescent mental health service development in other conflict-affected or low-resource environments

P-23-009

Evaluating the staff perspectives and impact of Attachment based care for teams in a Child and adolescent Inpatient unit in Regional Australia

Submitter: Radha Srikanth, Australia

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Sixty percent of staff in Child and Adolescent Mental Health Service (CAMHS) teams face high stress and burnout rates. That level of stress affects teamwork and can impact the quality of care they provide. The Western NSW Local Health District (WNSWLHD) CAMHS Inpatient unit team completed the Attachment-Based Care for Teams (ABC4T) training program to strengthen their team and create an attachment based milieu of care for young people and families. This study explores the unit staff perceptions of the principles of ABC4T training and assesses the extent to which the program supports practice changes. Insights gained will inform future strategies for enhancing trauma-informed, attachment-based approaches within any CAMHS unit.

Methods: This project is the qualitative component of a larger evaluation of the ABC4T in the WNSWLHD CAMHS unit. Four semi-structured interviews were conducted face-to-face or online with staff and leadership members who had completed the training. Ethics approval was granted by Health research Ethics Committee. Participants were recruited through posters on the ward and email invitations. Participation was voluntary. Interviews explored perceptions of ABC4T and perceived changes in practice, team atmosphere, and organisational culture. All interviews were audio-recorded, transcribed, de-identified, and stored securely. A combination of deductive and inductive thematic analysis was conducted, with the deductive component guided by the Kirkpatrick Model. Analysis quickly found saturation of findings within and across the interviews.

Results: This project identified several positive outcomes from the ABC4T training. Staff described clearer communication, stronger shared responsibility and a more positive unit atmosphere. The training also deepened their understanding of each other's roles, strengthening trust and supporting more consistent attachment based and trauma-informed practice. Staff felt more connected as a team and were able to be a reliable support and provide compassionate care for the young people in the unit. Practitioner staff described clearer and more intentional communication across roles, noting that ABC4T created common ground that helped the team feel more aligned. Non-practitioners reported greater inclusion, a stronger sense of belonging and increased confidence, supported by a shared language that made their contributions more visible. These changes helped the team work together more smoothly and reinforced the overall benefits of the ABC4T training.

Discussion: The findings show that ABC4T supported meaningful cultural change within the team. The positive changes described by staff suggest that training programs such as ABC4T may help strengthen communication, consistency, and emotional safety across multidisciplinary teams. ABC4T supported a shift toward a more connected and consistent team culture within WNSWLHD CAMHS. The training influenced staff in different but complementary ways, with non-practitioner staff gaining a stronger sense of inclusion and recognition, while practitioner staff demonstrated practical skills in TIC and also clearer communication across different roles. These findings suggest that ABC4T can ensure inclusive and consistent training delivery that may enhance team cohesion, promote better communication, and support a more stable and trauma-informed care environment for young people. These improvements may be particularly valuable in high-pressure CAMHS settings where team cohesion is essential.

P-23-010

Bridging the Gap: A Two-Year Evaluation of a Multidisciplinary Outreach and Specialized Clinic Model for Youth with Severe Emotional and Behavioral Challenges in Taiwan

Submitter: Nina Ming-Hsin Hsu, Taiwan

Co-Authors: N. Hsu, C. Lee

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Youth with severe emotional and behavioral challenges, particularly those with dual diagnoses (neurodevelopmental disorders combined with other psychiatric diseases), often face significant barriers to accessing psychiatric services. In Taiwan, despite high prevalence, only a small fraction of this population receives adequate care. This program, conducted by a public psychiatric hospital in Northern Taiwan, aims to develop and implement an integrated service model combining a "Specialized Clinic" with "Multidisciplinary Outreach." The goal is to improve medical accessibility, reduce caregiver burden, and enhance the overall psychosocial functioning of these vulnerable youths by bridging the gap between hospital-based psychiatric care and community-based educational and social welfare systems.

Methods: The program utilized a multidisciplinary team consisting of child psychiatrists, clinical psychologists, and case managers. The intervention model included: 1) A specialized outpatient clinic with extended initial assessments; 2) Assertive community outreach, involving home visits and school consultations to support cases with school refusal or severe agitation; and 3) Cross-system collaborative meetings with special education centers and social welfare agencies across multiple cities. Clinical outcomes were measured at baseline and 3-month follow-up using the Global Assessment of Functioning (GAF), Goal Attainment Scaling (GAS), and Personal and Social Performance Scale (PSP). Descriptive statistics and paired t-tests were used to analyze clinical improvement and service satisfaction.

Results: From 2024 to 2025, the program delivered 251 outreach sessions, including 21 home visits, with approximately 80% involving multidisciplinary collaboration. A total of 219 youths received clinic-based services, with disability severity classified as moderate in 10%, and severe in 14.2%. Referral sources diversified beyond self-referral (60%), with 40% originating from schools, disability welfare institutions, psychiatric facilities, social welfare agencies, or the judicial system, indicating improved accessibility. Primary diagnoses included autism spectrum disorder (32%), ADHD (26.5%), intellectual disability (9.6%), and other psychiatric conditions (20%). Significant functional improvements were observed across outcome measures ($p < 0.001$). Mean GAF scores increased from 54.1 ± 11.3 to 63.8 ± 13.1 , PSP scores from 60.2 ± 10.9 to 70.3 ± 11.4 , and GAS scores from 63.7 ± 8.1 to 73.7 ± 9.4 , reflecting meaningful gains in psychosocial functioning and goal achievement.

Discussion: This two-year evaluation underscores the necessity of moving beyond traditional hospital walls to reach youth with severe emotional and behavioral challenges. By integrating clinical expertise with community-based outreach, the program effectively reduces "medical inertia" for families. Significant improvements across GAF, GAS, and PSP scores suggest that flexible, specialized care enables meaningful functional recovery, even for cases with complex dual diagnoses. The high satisfaction from educational and social systems indicates that medical professionals' involvement in school-based case conferences is vital for stabilizing youth in their natural environments. Future phases will focus on systematic home-visit protocols for school refusal and digital addiction, aiming to refine the model for broader implementation. This multidisciplinary approach provides a scalable framework for other regions facing similar challenges in pediatric mental health accessibility and cross-system collaboration.

P-24

Service Organization and Cross-Sectorial
Collaboration IV: Global Development,
Integration and Innovation

P-24-001

Mapping of Child and Adolescent Mental Health Services in India

Submitter: Rachna Bhargava, India

Co-Authors: R. Bhargava, S. Malhotra, S. Seshadri

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To examine the availability and utilization of child and adolescent mental health services in India

Methods: India being a diverse country in terms of culture, demographics and resources, the exercise for mapping of services was carried out through desk review and field work. Primary and secondary data in six major domains was generated through focus group discussion and in-depth interviews of different stake holders. The domains covered were: policy and legislation; financial resource allocation; service availability; medication and treatment modalities; human resources; and data and health information systems. A service mapping tool tailored to the contextual needs of the eight Asian countries was developed as this work was part of a collaborative Asian network supported by UNICEF.

Results: The findings from the mapping services revealed some gaps in CAMH services in India. The country has made notable strides in establishing policies towards enhancing mental health services however there are few specifically for CAMH. Many existing programs have certain limitations due to implementation process, existing stigma and lack of awareness. In some of the centres, the lack of reporting of CAMH issues were primarily due to inadequate evaluation and identification.

Discussion: The mapping of child and adolescent mental health services in India has underscored the urgent need for a comprehensive understanding of the mental health landscape affecting young population. Though the utilization of CAMH services differs across cities due to geographical and cultural diversity, the marked gaps in policy implementation, resource allocation and service availability were striking. A rigorous evaluation district wise in future and interdisciplinary collaboration would help to effective utilization.

P-24-002

Bridging the Mental Health Gap for Children and Adolescent in India: Issues and Perspectives

Submitter: Pratap Sharan, India

Co-Authors: P. Sharan

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To review the burden of mental, behavioural and developmental disorders in children and adolescents in India and the policy and service resources available to manage them.

Methods: Narrative review of burden of mental, behavioural and developmental disorders in children and adolescents in India and the policy and service resources available to manage them.

Results: A meta-analysis of 16 community-based studies conducted in India reported a pooled prevalence of mental disorders of 6.46%. A nationally representative survey estimated the prevalence of mental disorders among adolescents to be 7.3%. Overall, it is estimated that at least 5% of children and adolescents experience mental health conditions associated with significant functional impairment and are in need of mental health services.

India has undertaken several important initiatives to enhance mental health service coverage. However, significant gaps remain, particularly in the area of child and adolescent mental health. Multiple factors contribute to this gap, including limited awareness and persistent stigma surrounding mental illness, shortages of trained professionals and infrastructure, and inadequate or insufficiently implemented policy directives.

Discussion: In this presentation, we emphasize that access to mental health care is a fundamental human right. We describe the current mental health resource situation for children and adolescents in India and highlight alternative and complementary modes of service delivery, including school-based mental health services, integration of mental health care into primary health systems, and the use of digital and tele-mental health platforms to reach underserved and remote populations. We also underscore the need for multidisciplinary training of child and adolescent mental health professionals, incorporation of child and adolescent mental health topics into undergraduate, psychiatry, and pediatrics curricula, and the adoption of task-sharing and task-shifting approaches to expand service delivery.

P-24-003

Service delivery in Child and Adolescent Mental Health - experience from a tertiary care centre from India

Submitter: John Vijay Sagar Kommu, India

Co-Authors: J. Kommu, T. Madhavaram, K. Jangam, R. Govindan

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children constitute 40% of the population of India. There is significant burden of neurodevelopmental disorders and psychiatric disorders in Indian children. The first Child Guidance Clinic(CGC) in India was started in the year 1937. Service delivery for NDDs and psychiatric disorders is often limited due to the significant gap in the availability of dedicated multi-disciplinary team. We aim to present the model of service delivery in out-patient,in-patient ,emergency and outreach settings through dedicated multi-disciplinary team of child psychiatrists,clinical psychologists,psychiatric social workers, and psychiatric nurses from our tertiary care centre in India.

Methods: We present an overview of our out-patient,in-patient ,emergency and outreach services delivered by a multi-disciplinary team of trainees and faculty from child psychiatry,clinical psychology,psychiatric social work and psychiatric nursing.

Results:

Out-patient services are provided at a dedicated child and adolescent psychiatry out-patient clinic that provides first contact,detailed workup and follow-up consultations for approximately 110 to 120 patients on any given day. .Specialty clinics for children referred from child protective services('Swatantra' clinic) and for children with neurodevelopmental disorders and for caregiver education (Nurture clinic) are conducted in the out-patient clinic. In-patient services are provided at the 40-bedded Child Psychiatry Centre and 24-bedded Adolescent Psychiatry Centre. In addition to psychotherapy sessions and medication, children are provided Yoga sessions,Art and Craft activities,Library,and outdoor play opportunities. Emergency services are provided by the on call duty team that comprises trainee and faculty. Outreach activities to children attending schools and residing in Child Care Institutions(CCI) are provided through effective liaison with schools and CCIs.

Discussion: Our multi-disciplinary team delivers comprehensive out-patient,in-patient, emergency and outreach services. Challenges that our team has experienced include increased number of patients,limited human resource for service delivery,high expectations from caregivers given the limited availability of such services in other parts of India.

P-24-004

Scaling Up Child and Adolescent Mental Health Services: The Omani Experience

Submitter: Mohamed Hamed Al Breiki, Oman

Co-Authors: M. Al Breiki, K. Al Raisi, F. Latif, M. Azeem

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: At the end of this session, participants will be able to:

- 1- Describe the healthcare model for Child and Adolescent Mental Health Services (CAMHS) in Oman.
- 2- Analyze common challenges encountered during nationwide expansion of CAMHS and discuss strategies to address these challenges.

Methods: This oral presentation will be delivered by a recently qualified child and adolescent psychiatry fellowship graduate who returned to Oman after completing training abroad. The presenter will describe the development and implementation of two new specialized Child and Adolescent Mental Health Services (CAMHS) clinics in two different regions of Oman, each serving a population of more than 700,000 people. Key challenges encountered, solutions implemented, and future directions for service expansion will be discussed.

Results: Participants will gain practical insights into the process of establishing CAMHS services from the ground up. They will develop an understanding of the workforce requirements, service models, and program components necessary for successful and sustainable expansion. The session will also highlight early outcomes associated with increased resource allocation and service availability.

Discussion: Child and Adolescent Mental Health Services in Oman have historically been centralized in the capital city, limiting access for children and families in remote and semi-urban regions. This presentation reflects on the experience of decentralizing CAMHS through the establishment of new specialized clinics outside Muscat, highlighting key system-level challenges related to workforce availability, service integration, and sustainability. The discussion examines how targeted subspecialty training, stakeholder engagement, and phased implementation supported successful service expansion and improved access to care. Ongoing challenges, including the development of multidisciplinary teams and maintaining service quality across geographically dispersed areas, will be explored. The Omani experience offers transferable lessons for countries seeking to scale up CAMHS, emphasizing the importance of capacity building, government support, and context-sensitive service design.

P-24-005

Designing Integrated Interdisciplinary Child Mental Health Services: An Institutional Model from São Paulo, Brazil

Submitter: Larissa Rezende Mauro, Brazil

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To describe the organizational structure and clinical processes of an integrated multidisciplinary child development clinic, highlighting how coordinated service design supports comprehensive, continuous, and family-centered mental health care in a real-world private clinical setting. The model emphasizes interdisciplinary collaboration, longitudinal follow-up, and the integration of assessment and intervention pathways across developmental and mental health needs.

Methods: This institutional model was implemented within a private multidisciplinary child development clinic in São Paulo, Brazil, providing care for children and adolescents with heterogeneous developmental, emotional, and behavioral profiles. The clinical team includes Developmental and Behavioural Pediatrics, neuropsychiatry, child psychiatry, psychology and psychotherapy, speech-language pathology, occupational therapy, physiotherapy, physical education, nutrition, and psychopedagogy. Care is organized through shared intake procedures, coordinated interdisciplinary assessments, and individualized care pathways. Weekly interdisciplinary clinical meetings support shared formulation, longitudinal follow-up, and coordinated clinical decision-making. The organizational structure supports the implementation of integrated programs, including transdiagnostic group-based social skills interventions, coordinated feeding and regulatory care and structured integrated assessment pathways designed to reduce redundancy and optimize clinical efficiency. Families are engaged through structured feedback and parental guidance, and collaboration with schools and external care teams is incorporated to support continuity across contexts.

Results: From a practice-based perspective, the organizational model was feasible to implement and sustained over time within a private clinical setting. Clinicians reported that structured interdisciplinary workflows supported clearer clinical planning, reduced fragmentation of care, and improved coordination across specialties. Families described greater clarity regarding assessment processes and care pathways and reported perceived gains in efficiency related to reduced repetition of assessments and more streamlined clinical trajectories. The integrated structure was also perceived as facilitating access for families with geographic or logistical constraints by concentrating assessments and decision-making within coordinated timeframes. These observations are based on longitudinal clinical experience, interdisciplinary discussion, and qualitative feedback from families and partner institutions.

Discussion: This institutional experience illustrates how deliberate service design can operationalize interdisciplinary collaboration in child development and mental health care. By centering care organization on shared formulation, coordinated assessment, and integrated intervention pathways, the model offers a practical example of how interdisciplinary clinics may enhance clinical coherence while rationalizing time and resource use from the family's perspective.

Although findings are descriptive and based on practice-based observation, this model may inform the organization of interdisciplinary child mental health services seeking to balance complexity, quality of care, and efficiency. Future research incorporating service-level metrics and comparative designs may further examine its applicability and scalability across different health care systems.

P-24-006

Digitizing CAMHS in the Western Cape of South Africa: A case for robust, sustainable and scalable mental health care

Submitter: Ilhaam Adams, South Africa

Co-Authors: N. Phillips

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The Western Cape (WC) department of health managers have been encouraged to implement digitization of procedures and systems to strengthen child and adolescent mental health services across the province. This is in response to the surge in adolescent suicides observed during and as a result of the COVID-19 pandemic. A specialized task team was established: the ICAMHS (Infant, Child and Adolescent Mental Health Services) strengthening team. An important goal of the task team is the development and implementation of digital tools to improve transparency, efficiency, accessibility and clinical decision making in the public mental health sector. Identifying gaps in communication, patient waitlist management, risk triage and the absence of unified digital systems; the team has implemented the use of a cohesive set of existing digital tools and developed new innovations that align with existing provincial health applications and long-term system reforms.

Methods: Various digitization strategies have been implemented to improve service delivery and patient care, including:

Weekly online ICAMHS outreach meetings using Microsoft Teams. Complex cases requiring transfer from primary and district-based facilities into specialist tertiary units or requiring child and adolescent psychiatric specialist input for community level management are discussed. Patient data is captured via Microsoft Forms for monitoring and evaluation of the ICAMHS outcomes and impact. Daily communication is managed via closed WhatsApp groups.

The development of a child and adolescent mental health risk decision-making tool has been embedded into an existing digital tracking system used in hospital emergency units across the province. Real-time data is available digitally via the tracking system dashboard to facilitate appropriate resource and patient management.

The creation of a provincial website (ongoing) to serve as a repository of documents, protocols and legislation important in managing child and adolescent mental health.

Results: Information from the Provincial Health Data Centre (PHDC) has shown steady decline in admissions to specialist units. Increased online collaboration between clinicians from specialist units and those from primary/district level is a contributing factor as it capacitates generalists to manage patients. Online discussion forums has resulted in the

admission of more clinically appropriate patients to specialist tertiary hospitals, reflecting improved triaging and decision-making at district and primary care facilities.

At systems level, data suggests that within a three-year period, input has been given to more than 180 patients via the ICAMHS online outreach meetings. There's marked reduction in complaints received from district facility managers due to proactive case prioritization and shared clinical decision-making utilising online modes of communication and clinical discussion. Transparency around how patients are prioritised and communication has drastically increased and resulted in improved collegial relationships and increased trust between colleagues and institutions.

Discussion: The digitization of ICAMHS outreach has advanced a powerful evolution in improving patient-centred mental health care. Though some interventions are still in progress (with changes being made in real-time and as need arises) significant improvements in patient management has been observed. A notable increase in mental health literacy and competency by generalists at the district and community health level has been observed, which improves appropriate and quality mental health care of youth within their own communities. Utilising online meetings, digital tracking and sharing, communication and risk screening has also allowed for improved efficiency in the workplace and alleviates some of the challenges associated with obtaining specialist input within a strained system that has a 0,02/100,000 child and adolescent mental health specialist to patient ratio. Digitization provides opportunity for strengthening ICAMHS in a sustainable and scalable manner within a low-resourced setting like South Africa.

P-24-007

Establishing a learning health system in the context of community-based youth mental health services - a community-based, interactive, and self-evaluative approach

Submitter: Vickie Plourde, Canada

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Community-based mental health services can reach youth where they are and provide care that is inclusive, accessible, and responsive to their needs. However, services' implementation and impact are often understudied due to limited resources and the lack of sustainable learning and evaluation systems. In Canada, community-based Integrated Youth Services (IYS) are being successfully implemented, yet a paucity of data constrains our understanding of their reach and effectiveness, particularly in smaller provinces and rural contexts. The objectives of this presentation are to describe: 1) the theoretical and conceptual approaches guiding the development of organizational and social infrastructures for a learning health system (LHS) supporting community-based youth mental health services in New Brunswick (NB), Canada, and 2) a study protocol and preliminary findings on the collaborative processes and experiences of community partners involved in establishing an LHS for IYS-NB.

Methods: To address the first objective, we present core conceptual definitions of LHS and its foundational pillars, describe the governance structure of the NB-IYS research network, and examine how a community-based participatory research (CBPR) approach and the Interactive Systems Framework (ISF) align with the establishment of an LHS in community settings. A concrete example illustrating the integration of CBPR and ISF within the LHS model is provided. To address the second objective, we describe a multi-partner self-study embedded within a rapid-cycle evaluation framework, involving members of the IYS-NB research network - youth, family members, IYS administrative and clinical staff, community and governmental decision-makers, and researchers.

Results: Objective 1. The IYS-NB research network was established in Summer 2024, with the shared goal of building the foundations of an LHS. Its governance structure includes a coordinating committee overseeing activities and a learning community, alongside consultative committees: youth and family committees, an equity, diversity, and inclusion committee, and an Indigenous knowledge and culturally safe practices committee. There are ongoing efforts on integrating the ISF into the network's structure and developing translation, support, and local implementation systems. Objective 2. The first round of data collection was completed in Fall 2025. Interviews assessed participants' experiences and engagement within the network, and alignment between network activities, the application of CBPR principles, and the establishment of an LHS. Rapid qualitative analyses will be

conducted in Winter 2026, followed by within-network dissemination in Spring 2026, and implementation changes in Fall 2026. This annual cycle will be repeated until 2029.

Discussion: Developing the organizational and social infrastructures required to support an LHS is complex. Robust frameworks such as CBPR and ISF, combined with iterative evaluation processes, may facilitate successful LHS development in community settings. Overall, this work offers theoretical and empirical contributions related to collaborative processes and system-level structures needed to support an LHS within community-based youth mental health services.

P-24-008

Integrating Early Childhood Development and Child Mental Health: Implementation of the Early Childhood Development Strategy in Montenegro

Submitter: Iva Ivanovic, Montenegro

Co-Authors: I. Ivanovic

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The objective of this paper is to describe the implementation of the Early Childhood Development Strategy in Montenegro, implemented since 2024, with a focus on integrating child mental health principles into universal early childhood services. The paper aims to document how national policy has been translated into coordinated system actions supporting prevention, early identification, and timely intervention for developmental and mental health risks. Emphasis is placed on family-centred approaches, developmental surveillance, early screening, workforce capacity building, and scalable models of early intervention. As the Strategy remains in an early phase of implementation, the objective is not outcome evaluation, but analysis of processes, structures, and initial system changes that establish a foundation for future longitudinal monitoring of developmental, emotional, and mental health outcomes in young children and their families nationwide context learning and transferability to comparable health and social systems internationally seeking integration and sustainability in early childhood policy frameworks.

Methods: Since 2024, the Strategy has been implemented through a multisectoral and interdisciplinary framework involving health, education, and social and child protection systems. Primary health care serves as the main entry point for services, including antenatal care, preventive paediatric check-ups, patronage nursing, developmental surveillance, and parenting support. Child mental health perspectives were embedded into national guidelines and protocols, addressing socio-emotional development, early behavioural signs, parent-child interaction, and psychosocial risk factors. Key activities included development of a National Early Childhood Development Guide, initiation of a National Early Intervention Guide, introduction of screening questionnaires, and structured education programmes for professionals. Public awareness campaigns promoted routine preventive paediatric visits, while pilot implementation of a family-oriented early intervention model preceded gradual scale-up to additional municipalities. Continuous coordination, supervision, and intersectoral referral mechanisms supported consistency, equity, and continuity of care across settings, regions, and population groups during adaptation processes.

Results: Since the initiation of implementation in 2024, the Early Childhood Development Strategy has produced several concrete system-level outputs relevant to early development and child mental health. A National Early Childhood Development Guide was

developed to standardize developmental surveillance, health promotion, and coordinated family support, while preparation of a National Early Intervention Guide is ongoing. Screening questionnaires for early detection of developmental deviations were introduced within universal services. Parent-focused educational materials and practical guidance were created to promote responsive caregiving, early stimulation, and emotional wellbeing. Patronage nursing services were strengthened through targeted education, clear protocols, and structured visit guidelines aligned with early childhood development goals. More than 300 professionals working in early development units received training on neurodevelopmental disorders and early mental health risks. The family-oriented early intervention programme PORI was piloted in selected municipalities in 2024 and is currently being expanded. Psychological support services for parents nationwide.

Discussion: Early implementation experiences indicate that integrating child mental health within a national early childhood development strategy is feasible and valuable in a small, resource-constrained system. The multisectoral approach improved coordination, reduced fragmentation, and enabled earlier, less stigmatizing support for children and families. Strengthening universal platforms, particularly primary health care and patronage nursing, proved essential for prevention and early identification. Challenges include workforce shortages, regional disparities, and the need for sustained supervision and data systems. Nevertheless, a stepwise implementation model combining national guidance, workforce development, screening, public campaigns, and pilot-to-scale interventions supported pragmatic system change. As implementation continues beyond 2024, the Strategy provides a strong platform for longitudinal evaluation of developmental and mental health outcomes. The Montenegrin experience offers transferable lessons for countries seeking integrated, preventive, and family-centred systems of care aligned with child and adolescent mental health priorities internationally policy learning adaptation scaling and sustainability considerations.

P-24-009

Seventeen Years of Specialist Child and Adolescent Psychiatric Services: Patterns of Clinical Presentations in a Nigerian Teaching Hospital

Submitter: Ayotunde Omotoso, Nigeria

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To assess whether prolonged availability of specialist child and adolescent mental health (CAMH) services has altered patterns of clinical presentations and pathways to care among children and adolescents accessing tertiary psychiatric services in a Nigerian teaching hospital. The study aimed to generate service-relevant evidence on case mix, age at presentation, and routes to specialist care more than a decade after service establishment, with implications for service organization, referral integration, and cross-sector collaboration to improve early detection in resource-constrained settings.

Methods: A retrospective review of clinical records was conducted for children and adolescents aged 0-19 years who accessed specialist CAMH services between January 2012 and December 2024. Extracted variables included age at presentation, ICD-11 diagnosis, and pathway to care prior to specialist contact. Diagnoses were grouped into neurodevelopmental, psychotic, neuropsychiatric, and emotional disorders. Pathways to care were classified as orthodox, traditional, religious, mixed, or undocumented. Descriptive statistics were used to summarize diagnostic distribution, service utilization, and care pathways.

Results: A total of 200 children and adolescents were seen (mean age 12.0 ± 4.3 years), indicating persistently low uptake of specialist CAMH services relative to estimated population need. Neurodevelopmental and severe mental disorders predominated. Disorders of intellectual development accounted for 28% of diagnoses, followed by schizophrenia spectrum disorders (19.5%). Neuropsychiatric conditions constituted 10.5%. Autism spectrum disorder (5%) and attention-deficit/hyperactivity disorder (6%) were identified more frequently than in earlier service audits, while depressive disorders remained infrequently recorded (3%). Only 45% accessed orthodox psychiatric care as a first point of contact; traditional (9.5%), religious (8%), and mixed (16%) pathways were common.

Discussion: More than a decade after the introduction of specialist CAMH services, clinical presentations remain dominated by severe and neurodevelopmental disorders, suggesting that service availability alone has not ensured timely access or early detection. Compared with the initial service phase (2007 - 2012), modest improvements in recognition of neurodevelopmental conditions and slightly younger age at presentation are evident,

alongside persistent late presentation of severe illness. Strengthening referral pathways, integrating mental health screening into paediatric and primary care services, and engaging informal and community care providers as part of coordinated care pathways are critical service-level strategies for improving access and outcomes in low-resource settings.

P-24-010

The Rebirth of the Urgent Mental Health Clinic: A Post-Pandemic Innovation Linking Emergency and Community Care for Children and Youth in Canadian Hospitals

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: In the aftermath of the COVID-19 pandemic, children's hospitals across Canada have experienced an unprecedented surge in emergency department (ED) presentations for mental health and substance use (MHSU) concerns. Lockdowns, prolonged school closures, family stress, social isolation, and reduced access to outpatient and community services collectively intensified the acuity of mental health presentations in children and youth. Many EDs reported that MHSU presentations have doubled compared with pre-pandemic volumes, with increases in suicidal ideation and attempts, self-harm, eating disorders and complex comorbidities. The ED, designed primarily for acute medical crises, became the default entry point for youth mental health care, leading to increased demand for psychiatric consultation, prolonged wait times, fragmented follow up and compromised staff morale for those working in the acute medical setting.

Methods: At BC Children's Hospital in Vancouver Canada, we have developed an Urgent Mental Health Clinics (UMHC) to address increased demand for psychiatric service in the ED; specialized, rapid-access services providing timely assessment, stabilization, and short-term follow-up for youth presenting to the ED. Through extensive collaboration between the Emergency Department and Child and Adolescent Psychiatry, we have developed a care model, referral processes, and process for linkages to community care for children and youth presenting to the Emergency Department. We have evaluated the impact of the UMHC on patient flow (number, wait times) in the ED for patients not requiring acute assessment and hospitalization. We have also evaluated the success of the Link Clinic with feedback from patients and families, as well as staff working in Psychiatry and the ED.

Results: We will present the implementation challenges and innovative aspects of the UMHC in a large tertiary Children's Hospital British Columbia, Canada, and how this program has impacted our local Child and Adolescent Psychiatric Services. We will review the recent trends in MHSU presentations in Emergency Department (ED). We will describe the partnerships between the Child and Adolescent Psychiatry and the Emergency Medicine at the BC Children's Hospital. Meaningful collaboration between the ED team and acute psychiatry team, with shared responsibility for UMHC development / evaluation, routine patient outcome review, as well as data dashboard review have strengthened the working relationship and consequently the efficiency of care between departments that

have historically operated in silos.

Discussion: The UMHC model functions within a broader "hub-and-spoke" system of care, as part of a centralized intake hub that bridges emergency, inpatient, outpatient, and community mental-health systems. The re-emergence of the Urgent Mental Health Clinic represents a paradigm shift in how pediatric hospitals respond to youth mental-health crises. It moves systems from reactive, episodic crisis management toward proactive stabilization and continuity. Beyond measurable reductions in Emergency Department burden, the model demonstrates how multidisciplinary, co-designed interventions can simultaneously enhance patient safety, clinician well-being, and health-system efficiency.

P-25

Public Mental Health, Prevention & Early
Intervention III: Population Needs, Screening
and Psychometric Assessment

P-25-001

Respond to increasing child and adolescent mental health needs in Europe: a comprehensive review of existing epidemiological data and best practices in collaboration with UNICEF

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Mental health and psychological well-being among children and adolescents are major public health concerns worldwide. Across Europe, recent data highlight the rising prevalence of mental health disorders and increasing levels of psychological distress. At the same time, a wide range of psychosocial interventions across health, education, social, and digital settings has been implemented across countries. However, to date, evidence on epidemiological trends and existing practices supporting mental health remains fragmented and unevenly documented. Within the EU4Health Programme 2021-2027 and in partnership with UNICEF, this work aimed to (1) provide an integrated overview of the epidemiology of child and adolescent mental health across European countries, encompassing both mental disorders and well-being indicators, and (2) systematically map existing practices (e.g., interventions, programmes, and initiatives) supporting mental health, with the objective of identifying transferable and promising "best practices."

Methods: We conducted a mixed-methods evidence synthesis combining epidemiological analysis and practice mapping. Epidemiological data were extracted from European and international reports, surveillance systems, and four academic databases (Scopus, Web of Science, PsycInfo, and PubMed). Analyses were conducted at the country level and by aggregating data across countries to derive overall prevalence estimates, while also examining temporal trends, sex differences, and regional variations.

In parallel, we conducted a structured mapping of mental health practices using multiple data sources: i) evidence from European institutional databases; ii) reports from public institutions and NGOs; iii) a wide search in academic databases; iv) a survey to be administered to European Ministries of Health, national key informants, and health professionals. Practices were classified according to intervention level (promotion, prevention, or care), target populations, delivery settings and country of implementation.

Results: We identified 48 data sources reporting epidemiological information. Pooled results highlighted that approximately 7% of children and 25% of adolescents live with a mental disorder. Emerging challenges were primarily related to digital screen exposure, including smartphone addiction (45% of adolescents), nomophobia (21%), problematic social media use (11%), and problematic gaming (12%). Prevalence rates varied substantially across countries, age groups, and sexes, reflecting gaps and inconsistencies in definitions and monitoring systems.

Preliminary mapping of 202 practices showed a wide range of practices, with 39% being multisectorial and several multicountry initiatives showing strong transferability potential. Identified gaps in existing practices included: only 6% of practices specifically support caregivers; children aged 6-10 and children under five are less frequently targeted than adolescents (respectively 41% and 28%, compared to 77%); interventions primarily operate at the sub-clinical care (42%) and universal prevention (37%) levels, rather than on targeted prevention and mental health promotion.

Discussion: Taken together, these findings underscore the need to strengthen mental health surveillance systems and improve reporting of real-world interventions. This comprehensive evidence synthesis can inform policymakers and practitioners in addressing specific mental health needs by selecting, adapting, and scaling effective interventions.

P-25-002

The Well-Child Clinic as a Strategic Setting for Postpartum Depression Screening: Prevalence and Associated Factors in a Thai Tertiary Care Center

Submitter: Sirirat Ularntinon, Thailand

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: To determine the prevalence of PPD among mothers attending a well-child clinic at a national tertiary pediatric hospital in Thailand and to identify associated clinical and psychosocial risk factors.

Methods: This cross-sectional study enrolled a random sample of 333 mothers of infants aged 1-12 months attending the Well Baby Clinic at Queen Sirikit National Institute of Child Health (September 2023-August 2024). Mothers receiving active treatment for depression were excluded. Participants completed a demographic questionnaire and the Edinburgh Postnatal Depression Scale (EPDS); a cutoff score of 10 was used to define PPD symptoms.

Results: The overall prevalence of PPD was 20.7%, with the highest incidence (33.3%) observed at 12 months postpartum. Multivariable analysis identified several factors significantly associated with an increased risk of PPD: low infant birth weight (<2,500 g), maternal history of depression, single motherhood, and a history of domestic abuse.

Discussion: Well child clinics are effective settings for PPD screening in Thailand, capturing a high prevalence of undiagnosed cases. These findings support extending routine PPD screening up to 12 months postpartum, particularly for mothers with identified risk factors, to facilitate early intervention and promote optimal developmental outcomes.

P-25-003

Who stays and who goes? A Demographic Profiling of Youths in an Acute Paediatric Healthcare Setting.

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: The 'Temasek Foundation - Youth Connect Associate (YCA)' service in KK Women's and Children's Hospital in Singapore provides early psychosocial support to youths in acute paediatric healthcare settings, emphasising timely engagement, psychoeducation, and linkage to appropriate follow-up care. Despite the availability of these services, a proportion of youth default before successful engagement by the YCAs can occur. In local Singaporean context, limited research has examined how demographic characteristics influence patterns of engagement and default in such services. This study aims to explore demographic patterns among youth referred for early psychosocial services and their association with engagement and service default. Specifically, we seek to describe and compare the demographic characteristics of youths who engage with services versus those who default, focusing on age, gender, and ethnicity. By profiling these groups, the study aims to enhance understanding of how demographic factors may influence service engagement in acute paediatric healthcare setting.

Methods: A retrospective service evaluation will be conducted using data from youths referred to the YCA service at a single tertiary paediatric hospital in 2025. Engagement outcomes will be categorized as engaged or defaulted. Descriptive analyses will be used to profile demographic variables (i.e. age, gender, and ethnicity) and examine engagement patterns. Findings will be explained using youth help-seeking and service engagement theories.

Results: A total of 824 teenagers were referred to YCA service in 2025 alone. Among them, 501 (60.8%) engaged in YCA service while 299 (36.3%) defaulted or declined engagement. 24 cases (2.9%) remain on going, with engagement outcomes pending. Final results will be presented at the conference and are expected to inform YCA service practices and highlight potential areas for research.

Discussion: Preliminary observations suggest that age, gender, and ethnicity may shape youths' access to, perceptions of and engagement with early psychosocial support and mental health services. While youth help-seeking behaviour is inherently multifactorial, these observations are broadly consistent with existing literature that highlights the influence of demographic and cultural factors on young people's willingness to seek and engage in support (Radez et al., 2021). Prior studies have also found that perceived cultural and gender concordance with helping professionals may facilitate trust, acceptability and

engagement among youth (Waselewski et al., 2024). Taken together, these findings underscore the potential importance of accounting for demographic diversity when designing, implementing and evaluating youth psychosocial services, particularly within acute paediatric healthcare settings where early disengagement may limit access to timely support.

P-25-004

Psychometric properties of a German version of the Dark Future Scale to assess crisis-related future anxiety in children and adolescents

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Children and adolescents may be particularly affected by recent and ongoing global crises, as they are exposed during sensitive developmental phases and are likely to experience their consequences over extended periods of time. In this context, future anxiety is discussed as a cognitive-emotional response with implications for mental health, yet validated instruments for assessing future anxiety in younger populations are scarce. From a public health perspective, brief and psychometrically sound instruments are needed to monitor crisis-related reactions at the population level. This study aimed to adapt and validate a brief instrument for assessing crisis-related future anxiety in children and adolescents based on Zaleski's concept of future anxiety and to evaluate the psychometric properties and applicability of an adapted short form of the Dark Future Scale for use in children and adolescents (DFS_k) in Germany.

Methods: Item development and selection followed a multi-step process. A literature review was conducted to identify current concerns among young people. Based on Zaleski's Future Anxiety Scale, an initial pool of 16 items was adapted and further developed. Content validity was evaluated through expert review, leading to the exclusion of items not reflecting future anxiety as conceptualised by Zaleski. The revised scale was pretested in children and adolescents. Ten items were administered in the longitudinal, population-based German COPS_Y study (October/2024), including N = 1,505 participants aged 11 to 21 years. Items were rated on a four-point Likert scale ranging from "does not apply" to "applies exactly". Psychometric analyses were conducted within classical test theory. The sample was split for cross-validation. Exploratory factor analyses with oblimin rotation were performed. Item selection was guided by the Everett criterion. Sensitivity analyses assessed the robustness of the factor structure.

Results: Exploratory factor analyses led to the exclusion of two items due to high item complexity, unclear factor allocation and content overlap. Initial results suggest a two-factor structure comprising seven items, with one factor reflecting structural future-related concerns, such as worries about persistent crises and political developments, and a second factor capturing personal future-related concerns related to everyday life and personal life domains (e.g., hobbies and friendships). One additional global item assessing overall crisis-related concerns about the future was retained. Sensitivity analyses supported the robustness of the identified factor structure.

Discussion: Initial findings suggest that crisis-related future anxiety in children and adolescents encompasses both societal-level uncertainties related to persistent crises and political developments and concerns rooted in everyday life and personal life domains. This conceptual differentiation underscores the importance of considering multiple levels of future-oriented worries when assessing crisis-related reactions in younger populations. From a public health perspective, the adapted Dark Future Scale for Children appears to be a promising brief instrument for capturing such reactions in population-based studies. The preliminary factor structure supports the potential utility of the scale for monitoring future-oriented concerns in contexts characterised by ongoing and overlapping crises. Further research should investigate longitudinal measurement invariance, sensitivity to change, and applicability across different crisis contexts.

P-25-005

The validity and reliability of positive mental health, life situation and social inclusion measures in Finnish lower secondary school-aged youth

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Positive mental health, life situation, and social inclusion are related concepts describing psychosocial resources that partially overlap. This study examines the reliability and convergent validity of the short form of the Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), the 3X10D life situation assessment tool and the Experiences of Social Inclusion Scale (ESIS) in adolescents. In addition, the study examines the relationship between the measures and their correlations with each other to identify conceptual overlap.

Methods: The research data consists of Finnish lower secondary school-aged youth (aged 13 to 17) who responded to a self-assessment survey in Finnish, Swedish, English or Northern Sámi (n = 3676). Recruitment took place between March 2024 and April 2025 as part of the IMAGINE consortium's study "Implementation of Interpersonal counselling for adolescents (IPC-A) in Finland". We used exploratory item factor analysis and linear correlations to answer the research questions regarding reliability and convergent validity as well as for conceptual clarification.

Results: Preliminary results showed that each questionnaire can be used as single-dimensional and has adequate internal consistency. One-, two- and three-factor models had good fit in the combined data and life satisfaction and social inclusion emerged as separable factors. Measures describing psychosocial resources were correlated with each other.

Discussion: Concepts describing psychosocial resources seem to correlate with each other and partially overlap. This is the first phase of a large longitudinal study to be completed by 2026. The final results will inform the selection of suitable psychometric measures related to psychosocial resources. In forthcoming longitudinal study, we will analyze the utility of these measures comparing scores in predicting need for treatment.

Psychometric evaluation of a shortened version of the Universal Mental Health Literacy Scale for adolescents (UMHL-A) in Burkina Faso, Ghana, Nigeria, South Africa, Tanzania and Uganda

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Mental Health Literacy (MHL) has gained increased research interest in recent years and has become a focus for non-pharmacological interventions to improve mental health outcomes. Although most mental disorder onset occurs during adolescence, only a few tools have been developed to measure adolescent MHL. Furthermore, there is currently no psychometrically tested measurement tool for adolescent MHL in Sub-Saharan Africa. The aim of this study is to address this gap.

Methods: This study included 12,664 young people aged between 10 and 24 years old from six different Sub-Saharan African countries - Burkina Faso, Ghana, Nigeria, South Africa, Tanzania and Uganda. Data was collected through interviewer administered questions. The participants responded to an adapted 10-item version of the UMHL-A, which was translated into their local language and verified by a local mental health expert. The psychometric properties of the questionnaire were assessed by conducting independent exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) on randomly split halves of the data. Additionally, the comparability across countries was assessed through testing for measurement invariance using multi-group confirmatory factor analysis (MG-CFA). The internal consistency of the final scale was evaluated using Cronbach's alpha.

Results: The number of items in the questionnaire was further reduced from 10 to 8, providing a shorter tool that allows for more efficient measurement of adolescent MHL and easier integration into large surveys. The shortened version of UMHL-A showed good psychometric properties with factor loadings ranging between 0.67 and 0.94 for EFA and between 0.69 and 0.90 for CFA. Goodness-of-fit indices were below commonly accepted thresholds for CFA and MG-CFA, indicating good model fit and measurement invariance across countries. The final identified latent factors (or subconstructs) of the questionnaire included (1) Attitudes (i.e., Help-seeking and Stigma questions), (2) Knowledge of Mental Disorders, and (3) Knowledge of Mental Health. Cronbach's alpha across the different countries ranged between 0.734 and 0.935 for the subconstructs and between 0.866 and 0.931 for the total scale, indicating acceptable internal consistency.

Discussion: This study provides initial evidence on the psychometric properties of an 8-item version of UMHL-A (UMHL-A-8) for assessing MHL in six Sub-Saharan African countries. Future research is needed to further validate the tool by examining measures such as criterion validity. The questionnaire also needs to be tested in self-administered form as data collection by interviewers may increase the risk of biases such as social desirability bias. Furthermore, there is a need for more research on factors associated with MHL and the suitability of MHL as a target for non-pharmacological interventions aiming to improve mental health outcomes, such as depression and anxiety symptoms, in young people in Sub-Saharan Africa.

P-25-007

Development and Psychometric Evaluation of the Personality Assessment Scales for Adolescents (PASA): An ICD-11-Based Dimensional Approach in Latvia

Submitter: Linda Nauzere, Latvia

Co-Authors: L. Nauzere

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Adolescence is a critical developmental window for the emergence of personality-related difficulties. Although empirical evidence indicates that maladaptive personality traits can be reliably identified prior to adulthood, culturally adapted assessment instruments grounded in contemporary diagnostic frameworks remain limited. The ICD-11 introduces a dimensional model of personality-related difficulties applicable across the lifespan; however, its integration into adolescent assessment tools is still scarce, particularly in Eastern Europe. The present study aimed to develop and psychometrically evaluate the Personality Assessment Scales for Adolescents (PASA), a culturally sensitive self-report instrument grounded in the ICD-11 framework, for use in Latvian adolescent populations.

Methods: A three-phase design was employed. Phase 1 involved generating an initial pool of 297 items mapped to ICD-11 personality trait domains and relevant mental and behavioral symptom codes, followed by expert content validation. Phase 2 comprised pilot testing and item refinement. Phase 3 included large-scale validation in a nationwide school-based sample of adolescents ($N = 885$; ages 13-19 years). Psychometric evaluation involved exploratory factor analysis (principal axis factoring with Promax rotation), internal consistency estimation using McDonald's omega, and assessment of convergent and discriminant validity using the Youth Self-Report (YSR). Criterion validity was examined through associations with self-reported police detention.

Results: Exploratory factor analysis supported a 15-factor structure comprising 95 items, explaining 55.5% of the total variance. Higher-order analyses yielded four broad dimensions-Anxious-Insecure Behavior, Emotional Dysregulation, Disruptive/Externalizing Behavior, and Borderline/Psychotic-like Experiences - conceptually aligned with ICD-11 personality trait domains. Internal consistency across scales was good to excellent ($\omega = .79-.95$). Convergent validity was demonstrated through strong associations with theoretically corresponding YSR internalizing and externalizing scales, while discriminant validity was supported by weak cross-domain correlations. Externalizing PASA scales were significantly associated with police detention. Gender differences followed established developmental patterns, with females scoring higher on internalizing dimensions and males scoring higher on externalizing behaviors.

Discussion: The PASA demonstrates robust psychometric properties and represents a

culturally sensitive, developmentally appropriate instrument for the dimensional assessment of personality-related difficulties in adolescents. Anchored in the ICD-11 framework, the PASA facilitates early identification of maladaptive personality development and provides a standardized foundation for clinical screening and research applications in adolescent mental health within the Latvian context.

P-25-008

Exploring treatment adherence in adolescents living with HIV aged 16-19 years in uMkhanyakude District: An application of the COM-B Model

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: To identify the factors influencing adherence to ART.

To apply the COM-B behavioural model in understanding how Capability, Opportunity, and Motivation interact to influence ART adherence behaviours among ALHIV.

Methods: This study employed a qualitative exploratory design to examine behavioural drivers of ART adherence among adolescents living with HIV (ALHIV) in uMkhanyakude District, KwaZulu-Natal. Data were collected from three AHRI-supported clinics, Hluhluwe, Nkundusi and Mpukunyoni using purposive sampling to recruit 31 adolescents aged 16-19 years. Recruitment was facilitated by AHRI research nurses, who introduced the study and provided contact details for willing participants. Small group interviews were conducted in isiZulu using a semi-structured guide informed by the COM-B model. Interviews were audio-recorded, transcribed, and translated into English. Data were analysed thematically following Braun and Clarke's six-step framework, with themes mapped onto the COM-B model. Ethical approval was obtained from the Biomedical Research Ethics Committee of the University of KwaZulu-Natal, with a parental waiver granted to protect confidentiality. Trustworthiness was ensured through member checking, thick descriptions, and audit trails.

Results: The study identified multiple facilitators and barriers to ART adherence among adolescents living with HIV (ALHIV) in uMkhanyakude District, mapped through the COM-B framework. Under Capability, comprehension of HIV and ART, established routines, and independence in treatment management supported adherence, while negative emotions such as anger and despair posed significant barriers. In terms of Opportunity, family reminders, shared experiences, privacy, and the use of technologies like phone alarms or WhatsApp groups facilitated adherence. However, stigma, fear of unintended disclosure, and long clinic waiting times emerged as barriers, particularly in school and community contexts. Within Motivation, adolescents highlighted bodily responses to missed doses, self-perceptions, and awareness of consequences of non-adherence such as weight loss or viral load increases as strong drivers of adherence. Conversely, habits such as staying out late, and forgetfulness undermined consistency. Overall, adherence emerged from a complex interplay of psychosocial, structural, and behavioural factors

Discussion: ART adherence among adolescents is shaped by the interaction of internal capacities, external environments, and motivational drivers, as conceptualised by the

COM-B model. While participants demonstrated strong comprehension of HIV and ART, knowledge alone was insufficient for consistent adherence. Negative emotions such as anger and despair undermined motivation, reinforcing findings that emotional resilience is crucial for sustained adherence. Opportunity factors, including family support, shared experiences, and the use of reminders, facilitated adherence, but stigma, long clinic waiting times, and lack of privacy created persistent barriers. Motivation was reinforced by self-perceptions, bodily changes, and awareness of the consequences of non-adherence, yet weakened by habits like forgetfulness. These findings confirm that adherence is not simply a biomedical issue but a behavioural one, requiring interventions that integrate psychosocial support, reduce stigma, and adapt healthcare services to adolescents' lived realities

P-26

Public Mental Health, Prevention & Early
Intervention IV: Neurodevelopment and
Family-Centred Early Support

P-26-001

To examine the needs and experiences of autistic youth and those with intellectual disability when receiving mental health support

Submitter: Naomi Williams, United Kingdom of Great Britain and Northern Ireland

Co-Authors: N. Williams, J. Taylor, H. Tuomainen

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Autistic young people and those with intellectual disabilities, or both, have a high prevalence of mental health conditions. Timely access to mental health services is critical to prevent worsening of these conditions. However, this population often experiences delays in assessment and treatment, which can negatively impact their access to equitable education, social care, and healthcare. In this study, we explored the barriers encountered by autistic youth and/or those with intellectual disability and their parents when accessing mental health care using a qualitative narrative approach. The objective was to explore the needs and experiences of autistic young people and those with intellectual disabilities when accessing mental health support. Additionally, to examine the perceived and actual impact of service processes on outcomes for both young people and their parents.

Methods: Eligible young people and their parents were recruited through social media, parent carer network conferences, digital platforms, community groups, and charities. Creative approaches were employed using narrative story stem methodology to enhance communication and engagement among young people. Techniques included drawing, the use of animal and people figurines, Makaton, symbols, and 'emotion stones'. Creative approaches were particularly important for gaining information about the experiences and needs of underrepresented young people who may not otherwise be able to share their views in a traditional interview format. Each parent was interviewed three times, either in person or online, focusing on the key stages in the mental health care pathway (onset, referral, triage, assessment, intervention and discharge) and the time elapsed between these stages. Composite narrative analysis was used to synthesise experiences into representative stories from the perspectives of young people and their parents.

Results: Seven autistic young people aged five to sixteen participated, with three having co-occurring intellectual disabilities. Additionally, twelve parents of children diagnosed with autism (8) and those diagnosed with both autism and intellectual disabilities (4) took part. In total, fifty-seven narrative interviews were conducted. Two parent composites emerged, along with two child composites. Additionally, one exceptional narrative highlighted issues related to adoption, fathers, impact on siblings and positive experiences. Participants identified several barriers to accessing mental health services. These included a limited understanding among professionals regarding the co-occurrence of autism, intellectual disability, and mental health conditions, as well as fragmented and

inaccessible service pathways across education, social care, and health. While some families reported positive experiences upon finding suitable services with trained therapists, many parents felt helpless and isolated as they navigated complex systems to seek support for their child and to comprehend their child's needs.

Discussion: Autistic youth and those with intellectual disabilities continue to face numerous barriers in obtaining equitable and timely mental health care. Barriers include social challenges, knowledge gaps among clinicians, difficulties with signposting, understanding signs and symptoms, and the emotional experiences of both parents and children, as well as challenges and progress. Without coordinated pathway planning across education, social care, and health services, these young individuals risk entering adulthood without the necessary support for healthy development and well-being. The use of narrative story stem methodology offers an innovative and creative approach to improving communication and engagement with this population. This methodology enables the elicitation of experiences and needs from underrepresented youth who may be unable to articulate their perspectives using traditional research methods. By employing creative narrative-based techniques, we can create an inclusive environment that amplifies diverse voices, ultimately enhancing our understanding of their unique challenges and viewpoints.

P-26-002

Life with ADHD: An Illustrated Nonfiction Framework on Neurodivergence and Mental Health Across the Lifespan

Submitter: Anette Bakkane Bendixen, Norway

Co-Authors: A. Bakkane Bendixen

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Life with ADHD is an illustrated nonfiction book series designed to translate established research on ADHD and neurodivergence into accessible, clinically meaningful knowledge for patients, families, and professionals.

The objective of this poster is to present the conceptual and clinical framework of the series, and to examine how early neurodivergent vulnerability, long-term compensatory effort, burnout, functional decline, and suicide risk may be interconnected across the lifespan.

The framework emphasises ADHD as a lifelong condition, where early understanding and appropriate support may influence resilience, coping strategies, and long-term mental health outcomes.

Methods: The series is based on a synthesis of peer-reviewed research on ADHD, neurodivergence, psychopharmacology, burnout, functional decline, and suicidality, combined with clinical experience including geriatric psychiatry and elder care, as well as longitudinal lived experience following a late ADHD diagnosis.

The material is intentionally presented in a non-technical, illustrated nonfiction format to enhance accessibility.

Although in-text references are not included, all content is grounded in established research, clinical guidelines, and well-described neurobiological and psychosocial mechanisms.

Results: Across four volumes (childhood, adolescence, adulthood, and elderhood) the series illustrates how core ADHD mechanisms may be recognised or misunderstood at different life stages, shaping self-concept, coping strategies, and long-term vulnerability. Key themes include childhood understanding as a foundation for lifelong resilience; burnout conceptualised as a cumulative consequence of sustained compensatory adaptation and environmental mismatch; and medical treatment and longitudinal follow-up addressed within a psychoeducational framework.

Less commonly discussed aspects, such as sexual side effects of dopaminergic modulation, are included to support informed clinical dialogue, without replacing clinical responsibility for assessment, monitoring, or intervention.

Functional decline and suicide risk are explored within a lifespan and vulnerability framework rather than as isolated outcomes.

Discussion: By integrating scientific knowledge with narrative and visual form, Life with ADHD aims to bridge gaps between research, clinical practice, and lived experience. Although written for a broad audience, the framework may offer clinically relevant perspectives for professionals, particularly in relation to psychoeducation, long-term follow-up, and prevention.

The poster invites dialogue on how child and adolescent psychiatry can contribute not only to symptom management, but to lifelong mental health by strengthening understanding, functional resilience, and respect for neurodivergent ways of being.

P-26-003

Family Quality of Life, Mental Health, and Support Services in Families of Autistic Children: An Intersectional Mixed-Methods Study

Submitter: Helena Gandía-Abellán, Spain

Co-Authors: H. Gandía-Abellán, M. Garrido-Salcedo, M. Salazar-Ortego

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Families are the main source of lifelong support for autistic individuals, and family functioning and parental mental health are key predictors of the well-being and quality of life of autistic children and adolescents (Zaidman-Zait et al., 2014; De Bruin et al., 2015). Previous research has documented elevated emotional distress, reduced quality of life, and unmet needs among families, particularly mothers, within contexts shaped by intersecting socioeconomic, gender, and geographic vulnerabilities (Davy et al., 2023; Schnabel et al., 2020).

The objective of this study was to examine, from an intersectional perspective, the relationships between family sociodemographic characteristics, family quality of life, perceived family needs, characteristics of the autistic child, and the type of support services received (autism-specific versus non-specific services).

Methods: A mixed-methods study was conducted with a sample of 50 families of autistic children and adolescents. Quantitative data were collected using an ad hoc sociodemographic questionnaire, the Childhood Autism Rating Scale (CARS; Schopler et al., 1980), the Brief Problem Inventory-Short Form (BPI-SF; Rojahn et al., 2012), the Family Quality of Life Scale (Verdugo et al., 2014), and the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983).

Qualitative data were obtained through focus groups, semi-structured interviews, and open-ended questionnaires exploring families' perceived needs, caregiving experiences, access to services, and the impact of autism on family well-being. Quantitative and qualitative data were analyzed separately and subsequently integrated, with attention to intersecting axes of vulnerability.

Results: Quantitative analyses indicated associations between family quality of life, parental anxiety and depression, child autism severity, and the presence of challenging behaviors. Families receiving autism-specific support services reported higher family quality of life and lower levels of emotional distress compared to those relying primarily on non-specific services.

Qualitative analyses identified persistent unmet needs related to access to specialized services, economic burden, coordination of care, and emotional support. These challenges were intensified by intersecting factors such as gendered caregiving roles, lower socioeconomic status, and residence in rural or underserved areas. Integrated findings showed strong convergence between standardized measures and families' lived

experiences.

Discussion: This study provides an intersectional, family-centered understanding of quality of life and mental health in families of autistic children by integrating standardized assessments with qualitative data. The findings highlight the relevance of autism-specific, accessible, and coordinated support services, as well as the need to address structural determinants related to gender, socioeconomic position, and geographic context. From a public mental health perspective, these results support the development of family-based interventions and service models aimed at promoting family well-being and, indirectly, the well-being of autistic individuals.

P-26-004

The Role of Physical Activity and Swimming in the Developmental Progress of Children with Autism Spectrum Disorder: Insights from a Mini-Study in Albania

Submitter: Delina Malaj, Albania

Co-Authors: D. Malaj

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: The objective of this mini-study was to explore the impact of swimming-based physical activity on social engagement, emotional regulation, and motor functioning in children diagnosed with Autism Spectrum Disorder (ASD). The study aimed to identify whether structured swimming sessions could serve as a supportive therapeutic component within rehabilitation programs for children with ASD.

Methods: Ten children aged 6-12 years diagnosed with Autism Spectrum Disorder (ASD) participated in a five-month swimming program. Sessions were conducted once to twice per week and included guided aquatic exercises, water-adaptation activities, and structured opportunities for social interaction. Parents were encouraged to observe sessions and provide feedback. Progress was monitored through behavioral observation checklists assessing attention, social engagement, emotional regulation, and motor coordination. Qualitative reports from parents were also collected to supplement observational data.

Results: Children demonstrated notable improvements in attention span, social engagement, and initiation of communication during and after swimming sessions. Parents reported reductions in anxiety, irritability, and stereotypic behaviors, as well as improved sleep and increased willingness to participate in daily activities. Observational checklists indicated enhanced emotional regulation and better motor coordination over the five-month period. The sensory and rhythmic properties of swimming appeared to support behavioral organization, reduce overstimulation, and facilitate sustained participation

Discussion: The findings of this mini-study suggest that swimming-based physical activity may serve as a meaningful supportive intervention for children with Autism Spectrum Disorder (ASD). Improvements observed in social engagement, emotional regulation, and motor functioning are consistent with emerging evidence highlighting the benefits of structured physical activity for children with neurodevelopmental conditions. Swimming appears to offer a unique combination of sensory input, rhythmic movement, and low environmental demands, which may enhance regulation and reduce behavioral difficulties. Parent reports further reinforce the ecological relevance of these gains in daily life. Although promising, the results must be interpreted cautiously due to the small sample size and observational design. Larger controlled studies are needed to determine long-term effects, identify specific mechanisms of change, and integrate physical activity more

systematically into multidisciplinary ASD rehabilitation programs.

P-26-005

Effectiveness of "Kru-Tida" Chatbot on Parents' Knowledge and Attitudes Toward Developmental Intervention for Children with Delayed Development: A Quasi-Experimental Study

Submitter: Sucharat Limpanopparat, Thailand

Co-Authors: S. Limpanopparat, C. Mungkhetklang

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Kru-Tida Chatbot was developed to address professional shortages and limited early childhood developmental services in Thailand. This study evaluates its effectiveness on parents' knowledge of child development assessment and stimulation, and on attitudes toward chatbots as service providers.

Methods: This quasi-experimental research utilized a one-group pretest-posttest design. Thirty-one caregivers of children aged 0-2 years with developmental delays on a service waiting list were purposively sampled and instructed to use the chatbot 3 times a week for one month via LINE (an online messaging app). The chatbot, which combines both rule-based and AI operation, responds in text and video media and consists of two main functions: 1) a development assessment mode to help them evaluate their child's development progress compared to developmental milestones; and 2) a development stimulation mode to teach them how to support their child's development to meet those milestones. Parents' knowledge and attitudes were measured before and after receiving the intervention. User satisfaction interviews were also conducted at the end of the program.

Results: Parents' knowledge of child development assessment and stimulation after using the chatbot was significantly higher than before the experiment. There was no change in attitudes toward chatbot services, which were already high prior to the intervention. The overall user experience scores were positive, with notable appreciation for its user-friendliness and the specific knowledge provided. Minor complaints mainly concerned its limited content and redundant feedback.

Discussion: The Kru-Tida chatbot could enhance parents' knowledge of child development assessment and stimulation, which could potentially lead to self-educated interventions for families of children with delayed development to help bridge the gap during healthcare shortages. While the rule-based approach prioritized clinical accuracy and safety, user feedback indicated a need for more flexible interactions. Future research should investigate advanced AI integration to provide versatile responses and conduct larger-scale efficacy trials to further validate its impact on improving developmental outcomes.

P-26-006

Intervention for Neurodevelopmental Support in Preterm Infants using Responsive Parenting and E-health (INSPIRE) - Development and evaluation of a novel post-discharge intervention program

Submitter: Jenny Norlander, Sweden

Co-Authors: J. Norlander

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Prematurity increases the risk of medical complications associated with a heightened risk of neurodevelopmental disabilities. Parents of preterm infants often experience stress, which can reduce emotional availability and responsiveness to the child's signals. Previous research has shown that enhancing parental responsiveness and the interaction between parent and child, can have positive effects on the child's psychomotor development. Previous interventions have been based on physical visits. Our team have developed a post-discharge intervention, INSPIRE, aimed at strengthening parental responsiveness and the interaction between parent and child. The intervention is conducted through 18 digital visits during the child's first two years of life, including video-mediated feedback.

Methods: Starting in November 2024, the INSPIRE intervention is evaluated in a randomized controlled trial. We will recruit 176 families with children born <32 weeks of gestation and/or birth weight <1500 grams. Participants are randomized to intervention group (n=88) or control group (n=88). The control group will not receive any intervention but both groups are offered standard care. Exclusion criteria: Chromosomal abnormalities, need for home respiratory support, social vulnerability/substance abuse, severe mental illness, or parent requiring inpatient care. Primary outcome: neurological development at 24 months corrected age measured with the Bayley Scales of Infant and Toddler Development (BSID IV). Secondary outcomes include motor development assessed with the Alberta Infant Motor Scale, feeding development assessed with the Behavioural Pediatric Feeding Assessment, language development assessed with the Language Use Inventory, and parent-child interaction measured with the Emotional Availability Scale and the Parental Reflective Functioning Questionnaire.

Results: The feasibility of the intervention has been evaluated in a pilot study (n=9, 24+2 - 31+5 GA). Parents' experiences of the intervention have been examined through an anonymous survey and in-depth interviews, which showed that parents perceive the INSPIRE intervention empowering and helpful

Discussion: The results from this ongoing RCT have the potential to guide the continued design of early interventions for very preterm infants and their parents. The method is cost-effective compared to previous intervention programs and, through the digital format, can

be offered to families with very preterm infants across the country, regardless of geographical distance to specialized care.

P-26-007

Prospective, non-interventional online study to investigate the health benefits of the smartphone application hiPanya for children 3-11 years with sleep difficulties: study design and preliminary descriptive app-usage

Submitter: Svenja Seidel, Germany

Co-Authors: S. Seidel, Y. Thelen, A. Wiater, A. Dück, C. Schröder, S. Jungmann, M. Karus

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Sleep problems in children are common in the general population, yet they remain under-recognized and under-addressed in both prevention and routine care. Although sleep difficulties are sometimes transient, recurrent or chronic problems can strain family functioning and are associated with elevated short- and long-term health-related risks.

hiPanya is a preventive smartphone application designed to promote positive sleep habits in children by supporting parents in establishing or strengthening bedtime routines. This study aimed to investigate the health-related benefits of hiPanya in a non-clinical population of preschool- and school-aged children and their respective parents. The primary objective was to assess changes in parent-reported child sleep quality over time. Secondary objectives included the evaluation of bedtime routines, child health-related quality of life, parental stress, and associations between app usage and sleep-related outcomes.

Methods: A prospective, single-arm pre-post observational study was conducted in a non-clinical German-speaking sample recruited online. Eligible participants were parents of children (3-11 years) who perceived their child's sleep as challenging. Parents of children with organic or non-organic sleep disorders were excluded.

Following informed consent via a structured telephone discussion, participants completed digital questionnaires at baseline (T1), after 6 weeks (T2), and after 12 weeks (T3). Study adherence was supported by reminder emails and calls.

Primary endpoint was the change in the total score of the Children's Sleep Habits Questionnaire (CSHQ-DE).

Secondary endpoints included CSHQ subscales, Bedtime Routines Questionnaire (BRQ), child health-related quality of life (Kiddy-KINDL), and parental stress (Parental Stress Scale).

Participants were free to use the app at their own discretion, though it was recommended to use the app regularly throughout the course of the study.

Results: A total of $n = 346$ parents were interested in the study from which $n = 99$ participants were enrolled and completed the T1-survey. Throughout the study period $n = 12$ (12.1%) dropped out, resulting in $n = 87$ (87.9%) participants completing the study according to the protocol. Mean child age was 5.2 ± 2.1 years and 53.5% were male. Mean

parent age was 37.1 ± 4.3 years and 93.9% was female.

Exploratory app usage data indicated heterogeneous engagement with the digital intervention. Over the entire study period, participants logged in an average of 27.9 ± 30.9 times. The average total in-app usage time was 2.5 ± 3.0 hours. The results of preliminary descriptive analyses indicate health benefits, particularly for the child. In depth pre-specified statistical analyses are about to be finished. Respective results will be presented and discussed during the poster session.

Discussion: This study provided insights into the usage of hiPanya in a non-clinical population of families with children, which have sleep-related challenges.

The digital study design aligned well with the app's low-barrier, self-help-focused preventive approach and enabled fully remote data collection. Preliminary study insights reflect active parental use of the app that seems to be associated with positive effects on the child's sleep.

The feasibility of this remote design highlights its suitability for future research on digital sleep interventions in pre-school- and school-aged children.

P-26-008

A study on the effectiveness of intensive multi-component versus brief parent mediated interventions for children with ASD at a tertiary care hospital: A prospective longitudinal study

Submitter: Shinika R., India

Co-Authors: S. R, N. J, P. M

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Early identification and provision of early interventions have proven to be effective in ameliorating ASD symptoms. In LAMIC like India, where there is a paucity of trained resources, parent-mediated interventions are often found to be feasible and effective in not only reducing the core ASD symptoms but also causing a significant reduction in parental stress.

In children between 2 and 6 years of age diagnosed with ASD, the primary objective was to evaluate the effectiveness of interventions by comparing pre- and post-intervention CARS scores in both groups at the end of 3 months of interventions. The secondary objective was to evaluate the effectiveness of parent-mediated early Intervention programs offered in clinic settings for a period of 3 months by comparing the gains made in the Carolina Curriculum pre- and post-intervention.

Methods: This prospective longitudinal study was conducted at a tertiary care hospital in India. Fifty-eight children between 2 and 6 years of age diagnosed with ASD were assigned to either an intensive intervention arm (n=29), multi-component therapy including Naturalistic Developmental Behavioural Interventions (NDBI) and Applied Behaviour Analysis (ABA), or a brief intervention arm (n=29), parent-mediated home program based on the feasibility of families. Intensive interventions were offered 5 days a week for a period of 3 months, and brief interventions were provided as a single home-program session to parents. The primary outcome was the change in autism symptom severity, measured by the Childhood Autism Rating Scale (CARS), from baseline to 12 weeks.

Results: The socio-demographic and clinical characteristics of the children were comparable at baseline except for age and medication use. Both intensive and brief parent mediated intervention arms showed statistically significant improvements in CARS scores from baseline to 12 weeks ($p < 0.001$). However, the intensive intervention group demonstrated a significantly greater reduction in symptom severity.

The mean reduction in CARS score was significantly greater in the intensive group (8.48 ± 3.7) versus the brief group (5.34 ± 4.52 ; $p = 0.008$).

A significant 8.5-point reduction in CARS score in intensive arm underscores the importance of having a structured, multi-component parent-mediated intervention when compared to one home program with TAU in the brief arm.

A significant 5.3 points reduction in CARS score was observed in the brief arm. This

suggests that home-based interventions delivered in a single session were also effective.

Discussion: In our study, both intensive and brief parent-mediated interventions were found to be effective and feasible. An intensive parent-mediated intervention program, implemented 5 days a week and utilizing multi-component interventions such as NDBI in conjunction with the Early Start Denver Model, has shown improved intervention outcomes in children. It is essential to consider the feasibility and affordability of interventions for families before enrolling them.

Brief home program-based interventions help bridge the long waitlist period that exists before a child is enrolled in intensive interventions.

In India, the high demand for intensive interventions often results in extensive wait-lists at specialized centres. Consequently, many children are unable to access these vital services during the critical neurodevelopmental window of early childhood, potentially diminishing long-term outcomes. Offering brief, home-based program interventions is crucial in bridging the long waitlist time.

P-26-009

Mentalization-based intervention for autistic children and their families. Results from a novel intervention.

Submitter: Ilenia Gori, Spain

Co-Authors: I. Gori, C. Pérez Testor, N. Malberg, D. Sukhodolsky

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Diagnosing and treating autistic children is a challenge for every public health system due to its heterogeneity, complexity and prevalence. The Step-by-Step program was developed to address complex needs of school-age (5-7y.o) autistic children and their families. The overarching aim was to enhance the development of communication and interaction skills, and increasing behavioral flexibility in the child, and decreasing stress levels within the family through a better understanding of their child. The treatment consisted of weekly child, multi family or family group modalities based on the ASD adapted Mentalization-Based Therapy for Children (MBT-C).

Methods: This is an open trial of the Step-by-Step intervention designed to assess feasibility and estimate possible effects of this program. Outcome measurements were administered at baseline, midpoint, endpoint and 1 year of follow-up. Two Satisfaction Questionnaires were administered.

Results: This study supports feasibility and possible effectiveness of a developmental model treatment based on group therapy for ASD children and families. The attendance of mentalization based group therapy sessions was excellent throughout the 2 year period of the study and parents' satisfaction with the program was high.

Discussion: Importance of supporting parents in the process of mentalizing the reality of a autistic child is important to create a new understanding, which is crucial for generalizing the gains of dyadic psychotherapy. Our program utilising an observational and experiential learning of parents, supported by a psychodynamic multi-family group (parents and children), focus on the emergence of coping strategies and provide positive parenting, while enhancing parent's reflective capacity.

P-27

Family, Community- and School-Based
Interventions II: Exploring Support in
Educational Contexts

P-27-001

Lived Experiences of Gratitude in Korean Adolescents: Implications for Culturally Sensitive Wellbeing Approaches

Submitter: Boseok Kim, United Kingdom of Great Britain and Northern Ireland

Co-Authors: B. Kim

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: South Korean adolescents grow up in an academically intensive environment where high performance is often accompanied by emotional strain. Across two qualitative studies in urban and rural school contexts, this research sought to understand how Korean adolescents actually experience gratitude in their daily lives. Although gratitude is internationally considered a protective factor, existing gratitude interventions often show reduced effects on wellbeing among Korean youth, suggesting a mismatch between intervention assumptions and adolescents' lived experiences. The objective of this synthesis was therefore to identify how adolescents notice, interpret, feel, and express gratitude within their cultural and educational contexts; to compare core experiential processes across urban and rural settings; and to generate developmentally and culturally grounded insights relevant for wellbeing support in Korean schools. By examining gratitude as it naturally unfolds in adolescents' lives, this work aims to inform more contextually appropriate approaches to promoting socio-emotional resilience.

Methods: This abstract synthesises two phenomenological studies using five-week gratitude diary entries written by adolescents from urban and rural Korean schools. Both studies applied Interpretative Phenomenological Analysis (IPA) to explore the meaning-making processes underlying gratitude. In the urban study, adolescents' diaries were analysed to develop the STARR model (Sense, Transition, Affect, Recognise, Respond), which captured moment-to-moment experiential shifts. In the rural study, six superordinate themes were identified: recognising meaning and value; cognitive reflection; emotional complexity; inhibitions in expression; prosocial motivation; and transformational self-understanding. Each study involved iterative idiographic analysis, close attention to emotional nuance, and cross-case theme development. The combined synthesis compared thematic structures across the two contexts, examining shared processes as well as differences shaped by academic competitiveness in urban schools and the communal relational environment of the rural setting. The aim of the combined method was analytic integration.

Results: Across both contexts, adolescents described gratitude as a deeply relational and emotionally layered experience rather than a purely positive feeling. In both studies, gratitude involved noticing previously overlooked care, reinterpreting the significance of everyday support, experiencing mixed emotions such as guilt, indebtedness, embarrassment, or worry, and recognising intention, effort, sacrifice, and emotional labour

from others. These experiences often led to reciprocal or aspirational actions including self-improvement, relational repair, or moral commitment. The urban STARR model and the rural six themes converged on core experiential processes, despite contextual differences. In both groups, gratitude often emerged only through deliberate reflection, especially journalling, which enabled adolescents to reinterpret normative acts of care as meaningful thoughtfulness. Expression of gratitude was often inhibited by awkwardness or fear of disrupting relationships. Nevertheless, gratitude consistently fostered empathy, relational sensitivity, and a desire to ease others' burdens.

Discussion: The combined findings show that Korean adolescents experience gratitude as a relational and interpretive process shaped by cultural norms around modesty, emotional restraint, and interdependence. These insights help explain why conventional gratitude programmes, which assume gratitude is straightforward, individually experienced, and best expressed verbally, may not translate effectively into Korean school contexts. Adolescents in both studies required reflection, contextual meaning-making, and relational understanding for gratitude to emerge. The diary method supported this process by helping them recognise hidden care, manage emotional ambivalence, and strengthen relational awareness. These findings underscore the developmental importance of school-based gratitude education that respects cultural values and adolescents' emotional realities. The studies provide empirical foundations for culturally sensitive wellbeing approaches in Korean schools, such as reflective journalling, counterfactual prompts, and low-pressure opportunities for expression that align with relational norms and developmental needs.

P-27-002

Heralds Fellowship: A Mental Health Leadership Fellowship Program for Undergraduates

Submitter: Olusemilooore Atere, Nigeria

Co-Authors: O. Atere, O. Olaoluwa, O. Ogunlana

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: To demonstrate a scalable youth-led model for expanding mental-health support within resource-constrained educational settings and to provide evidence for its integration into institutional and regional mental-health frameworks.

Methods: The Heralds Fellowship was a year-long mental health leadership program implemented across five tertiary institutions in South-West Nigeria. Seventy-five undergraduates (69% female) participated. Two service users per cohort served as peer counsellors to foster empathy-driven support.

Phase 1: Capacity Building- training on mental health literacy, suicide prevention, substance abuse prevention, and psychological first aid.

Phase 2: Community Implementation-fellows conducted school programs reaching 750 adolescents (ratio 1:10), focusing on stigma reduction and early help-seeking.

Phase 3: Sustainability- 75 peer counsellors established advocacy clubs and provided first-line support and referrals, collectively reaching over 50,000 tertiary students through awareness campaigns and student-led initiatives.

Results: Post-training assessments indicated a 20% average improvement in mental health literacy scores and increased confidence in providing psychological first aid. Fellows reported enhanced empathy and willingness to support peers. Outreach reached over 50,000 tertiary students and 750 adolescents, with qualitative feedback suggesting reduced stigma and increased help-seeking behavior. Integration with the Asido Campus Network strengthened collaboration with professionals and ensured continuity of peer-led advocacy clubs, with 85% of clubs active six months post-program

Discussion: This study demonstrates that peer-led mental health initiatives can effectively enhance awareness, reduce stigma, and promote early help-seeking among youth in resource-limited university settings. Trained student fellows not only engaged their peers but also extended their impact to 750 adolescents through structured outreach, amplifying behavioral and attitudinal change beyond the university context. Although measurable gains in literacy and knowledge were modest, notable shifts in empathy, openness, and willingness to provide support indicate meaningful psychosocial effects. Inclusion of students with lived experience strengthened trust and relatability, enhancing the authenticity of interventions. Sustained mentorship and integration with the Asido Campus Network ensured continuity, supporting peer-led advocacy clubs and credible referral

pathways across campuses. Limitations include reliance on self-reported measures, absence of standardized diagnostic tools, and short-term evaluation. Future programs should incorporate longitudinal tracking and robust evaluation to capture long-term outcomes and reinforce scalable programs

P-27-003

Improving Mental Health Literacy Among School Counsellors: Findings from the MeHLit Project

Submitter: Olanrewaju Ibikunle Ibigbami, Australia

Co-Authors: O. Ibigbami, A. Akinsulore

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: School settings play a pivotal role in the promotion of child and adolescent mental health, particularly in contexts where access to specialist services is limited. Within school mental health systems, counsellors are often the first professionals to identify psychological distress, provide early support, and facilitate referral to care. However, limited mental health literacy (MHL) among school counsellors can undermine early identification and intervention. The MeHLit Project was designed as a school-based capacity-building initiative to strengthen counsellors' knowledge, attitudes, and self-efficacy in supporting adolescent mental health. This study aimed to evaluate the impact of the Mental Health Literacy (MeHLit) intervention on counsellors' MHL and to explore its acceptability, feasibility, and relevance within secondary schools in low mental health resourced settings in southwestern Nigeria.

Methods: A mixed-methods pre-post intervention design was employed involving secondary school counsellors recruited from public schools across Osun State, southwestern Nigeria. Participants attended a one-day, evidence-informed mental health literacy (MHL) training delivered within an educational setting.

The training was framed within a school mental health model and covered recognition of common adolescent mental disorders, early identification and risk detection, basic psychosocial support and communication skills, stigma reduction, and referral pathways linking schools to health and social care services.

Quantitative outcomes included changes in mental health knowledge, attitudes towards adolescents with mental illness, and self-efficacy, assessed using validated measures pre- and post-training with paired analyses.

Qualitative data were collected through semi-structured key-informant interviews and analysed thematically to explore applicability, implementation barriers, and opportunities for strengthening school-based mental health systems.

Results: Following the intervention, counsellors demonstrated statistically significant improvements in mental health literacy, more positive and less stigmatising attitudes towards adolescents with mental illness, and increased confidence in identifying and supporting students experiencing psychological distress within school settings.

Participants reported greater readiness to initiate mental health conversations, improved confidence in risk recognition, and enhanced clarity regarding referral processes.

Qualitative findings indicated high acceptability and perceived relevance of the MeHLit

training to school mental health practice. Counsellors valued the practical, case-based approach and the explicit focus on managing mental health concerns within educational environments. Reported challenges to implementation included limited time within school schedules, high student-to-counsellor ratios, competing administrative demands, and restricted access to external specialist services. Counsellors emphasised the need for ongoing training, stronger institutional support from school leadership, and formalised links between schools and mental health services.

Discussion: The MeHLit Project demonstrates that a brief, contextually tailored mental health literacy intervention can strengthen school counsellors' capacity to support adolescent mental health. By embedding training within a school mental health framework, the intervention aligns with IACAPAP priorities around early identification, prevention, and integration of mental health support into everyday educational settings.

These findings highlight the potential of schools as scalable platforms for mental health promotion and early intervention in resource-constrained contexts. Strengthening counsellors' mental health literacy may contribute to improved detection of difficulties, reduced stigma, and more effective school-health system collaboration. Future research should examine the sustainability of gains, impact on student-level outcomes, and pathways for integrating MHL training into national school mental health policies and frameworks.

P-27-004

From Shelves to Safeguarding- Unseen role of School librarians in Children's wellbeing and neurodiversity.

Submitter: Inyang Takon, United Kingdom of Great Britain and Northern Ireland

Co-Authors: I. Takon, E. Graham

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: School librarians provide significant and largely unrecognised emotional, support for children at school. They also have the ability to observe children and young people in an unstructured setting. Information gathered can contribute to the referral, diagnostic assessment and interventions for children and young people with neurodiversity. School information request is usually made to the Teacher or Special Educational Needs Coordinator at school. Request for information is rarely directed to the librarian. It is unclear if librarians are involved in this process. The survey set out to achieve the following

To explore the role of Librarians in the support of children and young people's wellbeing at school.

To explore the role of Librarians in the school information gathering process towards assessment of children and young people with neurodiversity.

To explore level of training relating to neurodiversity and mental health which librarians in school receive.

Methods: An online survey was distributed to school librarians in the UK and US via a professional Facebook group, using a Microsoft Forms questionnaire with a mix of closed and open ended items. Questions explored librarians' involvement in student wellbeing, patterns of library use by neurodivergent students, training in mental health and neurodiversity, and participation in formal assessment processes. The survey was administered over first two weeks in January 2026.

Questionnaire responses were entered into an Excel spreadsheet and subsequently analysed.

Results: 79 respondents completed the survey. Almost all respondents (96%) reported that supporting student wellbeing and providing pastoral support is now part of their routine work, most commonly by offering a calm, safe space and listening to students. All respondents stated that the support involves listening to students and almost all stated that they were providing a calm and safe space for students. In addition the majority of respondents stated that they supported anxious and distressed (88%) and neurodiverse students (88%)

2/3 of respondents in the survey have no involvement in these types of assessments. The remaining 1/3 librarians have been involved in neurodiversity assessments.

81% refer students to pastoral staff

Around 1/3 respondents stated that they had formal training in mental health whilst 1/3 had not received any training. Most respondents (76 %) felt confident in managing wellbeing-related interactions with students.

Discussion: Librarians play a key part in observing children's behaviours in unstructured situations and low-demand environments. Their observations are not routinely included in neurodevelopmental assessments processes. This may result in some children not having accurate reflection of their behaviours at school on the screening questionnaires and also resulting in a diagnostic dilemma.

Neurodiversity assessments rely on understanding a young person's functioning across multiple environments, not just classrooms or clinical settings. Unfortunately reliance on Teachers to provide information on classroom and school behaviours may not always provide the information needed. This may in turn lengthen the diagnostic process.

This survey has highlighted that Librarians are doing more than standard library duties. They need to be included as part of holistic assessment of the child at school. Librarians should access the relevant training alongside teaching staff and they should also be involved in delivering behavioural interventions at school.

P-27-005

Enhancing Teachers' Competence in Mental Health Literacy and Suicide Prevention: Insights from Expert and School Teachers Perspectives

Submitter: Thangaduraipandi Ramakrishnan, India

Co-Authors: T. Ramakrishnan, D. Ramasamy, A. Cherian, T. Salisbury, R. K M, N. Kannuri

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: To examine the knowledge, attitudes, perceived barriers, and training needs related to mental health and suicide prevention among school teachers, and to triangulate their views with expert opinions to guide the module's development.

Methods: A qualitative exploratory design was adopted. In-depth interviews were conducted with six domain experts (psychiatrists, psychologists, and social workers) and seven school teachers from government and private schools. Data were analyzed thematically using Braun and Clarke's (2006) framework, followed by triangulation of expert and teacher perspectives.

Results: Five key themes emerged: (1) Limited knowledge and misconceptions about mental health; (2) Structural and socio-cultural barriers; (3) Core competencies required for early identification and referral; (4) Training content and pedagogical preferences; and (5) Need for a supportive school ecosystem. Triangulation revealed convergence on the importance of awareness and support, while divergence existed in conceptual understanding and perceived responsibilities. Teachers emphasized moral guidance and parental collaboration, whereas experts advocated structured, skill-based interventions.

Discussion: The findings underscore the necessity of a comprehensive, interactive, and context-sensitive training module that enhances teachers' knowledge, communication skills, and confidence in addressing mental health and suicide prevention among school students. The proposed module aims to bridge the gap between awareness and practice, promoting a supportive school mental health environment.

P-27-006

Reframing the Understanding of Giftedness: A Comparative Analysis of Dabrowski's Overexcitabilities and Sensory Integration

Submitter: Kirsty Beamish, South Africa

Co-Authors: K. Beamish

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: This presentation aims to reframe the understanding of giftedness by examining the overlap between Dabrowski's theory of overexcitabilities (OEs) and sensory integration frameworks rooted in occupational therapy. It aims to bridge psychological and neurodevelopmental models to provide a more holistic conceptualisation of gifted individuals' heightened sensitivities and the implications for mental health and well-being.

Methods: A comparative, theoretical analysis was conducted, drawing parallels between Dabrowski's five overexcitabilities - psychomotor, sensual, intellectual, imaginal, and emotional - and sensory system reactivity, including vestibular, proprioceptive, tactile, auditory, and visual processing. Relevant literature from gifted research, psychology, and sensory integration theory was synthesised to identify areas of conceptual alignment and practical application.

Results: The analysis demonstrates substantial conceptual overlap between certain overexcitabilities and sensory processing differences. Many behaviours and experiences traditionally attributed to overexcitabilities can be understood as manifestations of sensory system reactivity. This reframing offers an explanation for the intensities, sensitivities, and regulatory challenges often observed in gifted individuals and highlights sensory-based contributors to overwhelm, anxiety, and emotional dysregulation often seen within this population of individuals.

Discussion: Gifted individuals often present with heightened responses to their internal and external environments, commonly described through Dabrowski's theory of overexcitabilities. These intensities have been used to explain the unique behaviours, sensitivities, and developmental trajectories observed within gifted populations. It is suggested that many of these experiences can also be understood through the lens of sensory integration frameworks. By drawing parallels between overexcitabilities and sensory system reactivity we can reframe the understanding of giftedness in a way that bridges psychological and neurodevelopmental models. Recognizing this overlap offers a holistic perspective and has implications for mental health. Gifted individuals frequently experience overwhelm, anxiety, and emotional dysregulation. Thus, integrating sensory integration frameworks with the concept of overexcitabilities enhances both theoretical understanding of, and provides a holistic and actionable approach to support and promote

resilience and positive mental health in gifted individuals.

P-27-007

Exploring Executive Function Challenges in Elementary School Students with ASD: Teacher Perspectives

Submitter: Guiyoung Bong, Korea, Republic of

Co-Authors: G. Bong, Y. Kim, H. Yoo

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Children with autism spectrum disorder (ASD) often show limited performance on tasks related to various areas of executive function. This is linked to the diagnostic features of ASD, including impairments in social communication and interaction, as well as restricted and repetitive behaviors, which ultimately affect life outcomes. Executive function is distinct from cognitive abilities and is essential for independent and productive activities. School, where children spend a significant amount of time, requires strong executive function skills. Elementary students with ASD without intellectual disabilities, while integrated into general education classrooms, often struggle to demonstrate appropriate executive function, which can impact academic participation and peer relationships. This study aims to explore the specific executive function skills required in elementary school and daily life, based on input from elementary school teachers, to provide a foundation for supporting elementary students with ASD.

Methods: The study was conducted through one-on-one interviews with 10 teachers, each with more than 5 years of experience as homeroom teachers in upper elementary grades, currently working at general elementary schools. The interviews focused on the executive function skills and life management abilities required of elementary students, the most challenging areas for teaching, the impact of executive function on classroom management, and the areas that teachers believe should be prioritized for students with ASD to thrive in general education classrooms. Teachers were also asked about their experiences with executive function instruction and the need for additional programs to support students.

Results: Teachers identified several key executive function skills required in the school setting: 1) managing time for school arrival and class preparation, 2) remembering and following instructions in sequence during class, 3) controlling impulses to dominate class discussions, and 4) regulating emotions and managing time during breaks and lunch. Outside of school, teachers emphasized the importance of planning, prioritizing, and independently completing tasks. The most challenging areas to address included emotional regulation and impulsive behaviors in group settings, task initiation and completion, and time management difficulties that impact other students. Teachers highlighted the need to prioritize impulse control, self-regulation, cognitive flexibility, time management, and organizational skills within the school environment. Additionally, all teachers emphasized the necessity of using strategies to naturally support executive

function in classroom management and stressed the importance of additional programs to further support the development of executive function skills in students with ASD.

Discussion: Students with autism spectrum disorder (ASD) without intellectual disabilities are fully integrated into general education classrooms. However, difficulties related to executive function are often prominent, making additional support necessary. In particular, challenges in executive function manifest as limitations in self-regulation of behavior and emotions, as well as in time management and organizational skills. These difficulties not only make school life more challenging for the students but also impact the learning rights of their classmates. Therefore, supporting executive function in elementary school students is essential. Such support can be naturally embedded into classroom activities to benefit all students, while some students may require additional therapeutic programs. Ultimately, these interventions aim to help elementary students with ASD manage their daily lives independently and develop into more autonomous individuals.

P-27-008

Assessing the Teacher-Assisted Response for All Children with Neurodevelopmental Disorders (TARA) Module: A School-Based Tiered Support in Bangladesh

Submitter: Humayra Shahjahan Hridi, Bangladesh

Co-Authors: H. Shahjahan, H. Shahjahan

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective:

General Objective

To develop, culturally adapt, and evaluate a feasible teacher-assisted, school-based screening and referral approach the Teacher-Assisted Response for All Children with Neurodevelopmental Disorders (TARA) Module for early detection of neurodevelopmental disorders among school-going children in Bangladesh.

Specific Objectives

1. To systematically review school-based screening tools, teacher-led identification strategies, and implementation models for early detection and referral of neurodevelopmental disorders, particularly in low- and middle-income countries, to inform the design of the TARA Module.
2. To assess teachers' knowledge, perceptions, and practices related to neurodevelopmental disorders and school-based identification, in order to evaluate readiness and training needs for implementation of the TARA Module.
3. To develop and pilot the Teacher-Assisted Response for All Children with Neurodevelopmental Disorders (TARA) Module, and to evaluate its feasibility, acceptability, and preliminary effectiveness as a teacher-led, tiered school-based screening, classroom support, and referral module.

Methods: In Phase I, an exploratory sequential mixed-methods approach will be employed. Qualitative interviews with teachers and key stakeholders will explore existing knowledge, practices, and barriers related to the identification and referral of neurodevelopmental disorders (NDDs). Findings will inform the development of a Knowledge-Attitude-Practice questionnaire, which will be administered to approximately 300 teachers across selected schools to assess knowledge, attitudes, and practices at a population level.

In Phase II, findings from Phase I will inform the development and cultural adaptation of the Teacher-Assisted Response for All Children with Neurodevelopmental Disorders (TARA) Module, a structured teacher-training and tiered support program. A pilot cluster-randomized controlled trial will then be conducted, comparing schools receiving the TARA Module with waitlist controls. Effectiveness will be assessed using diagnostic accuracy of teacher-led screening against specialist diagnoses, referral rates, and changes in the severity of subthreshold neurodevelopmental symptoms.

Results: It is anticipated that teacher-led screening using the TARA Module will demonstrate acceptable diagnostic accuracy compared with specialist diagnoses as the gold standard, supporting the validity of a teacher-assisted approach for early identification of neurodevelopmental disorders (NDDs). Referral rates to specialist services are expected to improve in intervention schools, reflecting enhanced recognition and structured referral pathways. Feasibility indicators including teacher participation, completion of screening activities, and adherence to referral procedures are expected to be high, indicating practical implementation within routine school settings. Acceptability metrics are anticipated to reflect positive teacher perceptions regarding clarity, relevance, and usability of the TARA Module. The study is also expected to generate descriptive data on patterns of suspected neurodevelopmental difficulties observed in classrooms. Collectively, these findings are expected to demonstrate the feasibility, acceptability, and preliminary effectiveness of a culturally adapted, teacher-led school-based screening and referral approach for NDDs in Bangladesh.

Discussion: This study addresses a critical gap in Bangladesh, where the absence of systematic school-based screening for neurodevelopmental disorders (NDDs), combined with stigma, limited awareness, and shortages of specialists, contributes to delayed help-seeking and a substantial treatment gap. The TARA Module aligns with World Health Organization (WHO) recommendations advocating school-level identification, teacher capacity-building, and tiered support as cost-effective strategies in low- and middle-income countries. By utilizing existing school infrastructure and training teachers as frontline identifiers, the module reduces dependence on scarce specialist services and avoids costs associated with late diagnosis and inappropriate referrals. Improved teacher awareness is expected to reduce stigma, reframe NDD-related difficulties as health concerns, and enhance family engagement. Evidence from LMICs supports the feasibility of teacher-led, task-sharing models. If scaled, the TARA Module offers a low-cost approach to strengthening inclusive education and reducing the NDD treatment gap.

P-27-009

Outcome of training Speech and Language Therapists on Functional Behaviour Analysis on their knowledge and self-efficacy in managing challenging behaviour among children with neurodevelopmental disorders in Lagos, Nigeria

Submitter: Cornelius Ani, United Kingdom of Great Britain and Northern Ireland

Co-Authors: D. Duruchukwu, Y. Adeniyi, O. Omigbodun, C. Ani

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Challenging behaviours are common among children with neurodevelopmental disorders especially those who have speech impairment. Challenging behaviours can impede learning, and restrict access to adaptive activities and social opportunities. These behaviours can also lead to high burden of care, family breakup, emotional distress, harm to self and others, and social stigma. Challenging behaviours can result in considerable increase in the amount of both human and financial resources required to support affected children. Many speech and language therapists in Low and Middle Income Countries (LMICs) (such as Nigeria) experience challenging behaviours during service delivery. Nevertheless, they report minimal training in effective behaviour management strategies such as Functional Behaviour Analysis. Thus, this study aimed to determine the effectiveness of a training programme on Functional Behaviour Analysis for speech and language therapists on their knowledge of challenging behaviour, and their self-efficacy in managing challenging behaviour among children with neurodevelopmental disorders.

Methods: Sixteen speech and language therapists participated in this quasi-experimental pre-post intervention study. The participants received 4 sessions of training on Functional Behaviour Analysis across 3 weeks. The sessions covered potential triggers of challenging behaviours among children with neurodevelopmental disorders, the principles and application of Functional Behaviour Analysis such as in identification of potential triggers and maintaining factors, and the principle of contingency management such as use of rewards to encourage more adaptive behaviours. Each session lasted about 90 minutes. The training was conducted on Zoom in order to reduce participants' need to travel to access the programme in a traffic-dense city like Lagos, Nigeria. Participants completed measures of knowledge of and self-efficacy in managing challenging behaviour at baseline and after the programme. Participants' pre and post intervention scores were compared with paired t tests. Participants also provided feedback on their experience of the programme.

Results: The participants' average age was 38.69 years (± 8.64) and there were slightly more females (56.3%). All participants reported experience of working with children with challenging behaviours, but most (68.8%) had not had a previous training on managing challenging behaviour.

In terms of outcome, the participants' knowledge of challenging behaviour increased

significantly from a baseline score of 10.69 (± 1.40) to 11.50 (± 0.73) post-intervention, $t(15) = -2.45$, $p = 0.03$, ($d = 0.61$). Their self-efficacy scores also improved significantly from 5.06 (± 2.08) at baseline to 7.50 (± 1.21) post-intervention, $t(15) = -4.12$, $p = 0.001$, ($d = 1.03$). Majority of participants (81.3%) rated the quality of the training as "Excellent", most (68.8%) indicated that the training was "definitely relevant", and most (68.8%) reported that they were "very satisfied" with the intervention.

Discussion: This study showed that all the participants had experience of working with children with challenging behaviour, but most had not had prior training on managing these difficulties. The training showed improvement in the participant's knowledge of and self-efficacy in managing challenging behaviour. Also, the vast majority of participants received the intervention well. Taken together, this suggests that it is feasible to remotely deliver a short course of behavioural interventions such as Functional Behavioural Analysis for front-line clinicians like speech and language therapists in a LMIC setting like Nigeria. The intervention was helpful in equipping the speech therapists with improved knowledge and confidence to manage challenging behaviour among their patients. If these findings are replicated in larger controlled studies, they would have important implications for improving access to knowledge and strategies for supporting children experiencing challenging behaviours in the context of neurodevelopmental conditions in LMIC settings.

P-28

Family, Community- and School-Based
Interventions III: Service Pathways and
Family-Based Care

P-28-002

Evaluating a newly implemented therapeutic waitlist intervention, for families of children waiting for psychiatric assessment. Longitudinal cohort study.

Submitter: Solveig Hansine Torgersen, Denmark

Co-Authors: S. Torgersen, J. Sandberg, M. Bangsgaard Abrahams, D. Hejslet, A. Kjærgaard Hansen

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Evaluating a newly implemented therapeutic waitlist intervention for children and young people and their families provided by a Danish Psychiatric Family Support Center. The intervention was developed in response to assessment waiting times for hospital-based outpatient Child and Adolescent Mental Health Services (CAMHS) reaching up to 90 weeks. The intervention consists of three counseling sessions offered to families where a child or young person (CYP) waitlisted for assessment by CAMHS. The sessions are structured as one parental session, one session with the waiting CYP and the parents, and a third session for the full family, including siblings, other relatives and/or relevant caregivers. The study aims to explore the research question:
Do families experience the therapeutic waitlist intervention as helpful?

Methods: The evaluation is designed as a questionnaire-based longitudinal cohort study. Quantitative data including the Strengths and Difficulties Questionnaire and the Parental Stress Scale will be collected prior to the first session, after the third session and at 3 months follow-up. Open-ended questions exploring the families' experience of helpfulness will be asked after every contact.

Results: Results will give quantitative measures describing whether the intervention affect parental reported CYP well-being and parental stress. The qualitative data will be explored for common themes and experiences, using template analysis, to investigate whether the families experience the intervention as helpful during the waiting time.

Discussion: Prolonged CAMHS waiting times are an internationally acknowledged challenge. Child and Adolescent Mental Health Services worldwide are experiencing an increasing number of referrals which is not matched by the increase in resources resulting in capacity issues. Despite this, there are few studies evaluating interventions aimed at helping families during waiting times, making this new intervention a novel approach. The aim of this intervention is to offer support to families during the waiting time, hoping to support the family's overall well-being. Evaluating the intervention may contribute knowledge as to whether such an intervention is worth allocating resources to, or whether the money is best spent elsewhere.

P-28-003

Supporting Families Through Adolescence: A Space for Guidance, Reflection, and Support in a Day care Hospital Setting

Submitter: Israel Bobadilla González, Spain

Co-Authors: S. Borro Ruloff, I. Bobadilla González

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: This presentation outlines the implementation of a psychoeducational group aimed at families of adolescents attending a Mental Health Day Hospital. The primary objective is to provide a space for guidance, emotional support, and training on key aspects of adolescent development, while strengthening family bonds and promoting communication-based support strategies.

Methods: The program consists of weekly one-hour sessions, each covering essential topics in an accessible and participatory format. These include the concept and functions of family, neurobiological and emotional changes in adolescence, warning signs in mental health, substance use, affective relationships, emotional regulation, parenting styles, and family communication. Sessions combine theoretical content with experiential dynamics and practical tools (such as family agreements or selected text excerpts), encouraging dialogue and shared reflection.

Results: Significant improvements have been observed in the emotional functioning, interpersonal relationships, and academic performance of adolescents whose families participate in the group compared to those whose families do not attend, demonstrating the positive impact of family involvement in the therapeutic process. These improvements have been evaluated and corroborated using the HoNOSCA scale, with pre- and post-discharge scores from the Day Hospital.

Discussion: This space has helped families to reframe their role as active companions in their adolescents' recovery and development process, by promoting caregiving practices based on mutual respect, emotional validation, and shared responsibility. The group is part of a comprehensive and interdisciplinary approach to treating adolescents with mental health challenges and has proven to be a valuable tool within the broader therapeutic framework.

P-28-004

Group-Based Interventions for Families of Children with Mental Health Issues in a Clinical Setting

Submitter: Mohammed Shamil Hussain Up, India

Co-Authors: M. UP, K. Jangam

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective:

Background: Parents of children with mental illnesses often experience chronic stress and difficulties in managing their child's emotional and behavioral problems. Addressing these challenges through structured interventions can enhance family well-being and support child recovery.

Objective: This study aimed to evaluate the outcomes of a structured, group-based parenting intervention conducted at a Child and Adolescent Psychiatry Centre.

Methods: The intervention was designed based on Social Cognitive Theory and the Transactional Model of Stress and Coping. It included psychoeducation, emotional support, and skill-building sessions for parents. The program emphasized peer learning, coping enhancement, and improved communication between parents and children.

Results: Findings indicated that participating parents reported reduced stress levels, improved self-efficacy, and increased awareness of mental health and effective parenting strategies. Enhanced peer support and communication within families were also observed as key outcomes.

Discussion: Structured group-based parenting interventions can be a valuable component of child and adolescent mental health services. Integrating such programs into routine clinical care offers sustainable psychosocial support for families of children with psychiatric conditions.

P-28-005

Multifamily therapy and anxiety-based school refusal: What do adolescents and their parents think about it?

Submitter: Aurélie Harf, France

Co-Authors: A. Harf, C. Snegaroff, M. Ludot Gregoire, M. Moro

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: School attendance problems exist all over the world, and mental health professionals often do not know how to respond to them. Collaboration between schools, families, and healthcare providers is key to addressing anxiety-based school refusal in adolescence.

The aim of this qualitative study is to explore the experiences of adolescents and parents who participated in the MULTI FAST program (a multifamily therapy focused on anxiety-based school refusal)

Methods: A semi-structured interview was conducted with each adolescent and parent, six months after the end of the multi-family therapy. The interviews were analyzed according to a qualitative phenomenological method, Interpretative Phenomenological Analysis.

Results: 31 parents et 21 adolescents agreed to take part in the study. Analysis of the interviews revealed four main themes: The first was changes in parents' representations of their adolescent, with a better understanding of their child's distress and needs. The second theme was adolescents and parents looking at themselves in a new light, with less sense of abnormality, less guilt. The third theme concerns the importance of also helping parents, which involves joining new groups. And the fourth describes better communication in the family.

Discussion: Multifamily therapy helps restart the adolescent process, which has been put on hold due to anxiety-based school refusal. A second point of discussion concerns a specific proposal for multifamily therapy: adoptive families, i.e., discussions between parents from one family and an adolescent from another family. Finally, whether on the part of parents or adolescents, restoring damaged self-esteem is an essential lever of the multifamily group.

P-28-006

Does multifamily therapy help adolescents with anxiety-based school refusal and their parents? A SCED design

Submitter: Aurélie Harf, France

Co-Authors: A. Harf, O. Carot, M. Ludot Gregoire, M. Moro

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Anxiety-based school refusal is a major public health problem among adolescents, with serious professional, social, and psychiatric consequences in adulthood. Family and especially parental involvement is an essential prognostic factor. The aim of this study is to explore the effects of the MULTI FAST program (a multifamily therapy focused on anxiety-based school refusal), using a Single Case Experimental Design (SCED).

SCEDs are particularly valuable for early-phase evaluations of innovative interventions or for extending existing therapeutic models to new clinical populations.

Indeed multifamily therapy has already shown efficacy in several psychiatric disorders but has not yet been quantitatively assessed for anxiety-based school refusal. This presentation focuses exclusively on the first group of families participating in the protocol.

Methods: The present study employed a monocentric multiple baseline, single-case experimental design. Weekly self-reported anxiety ratings from both adolescents and their parents served as the primary outcome measure in the present study. Progress toward individualized therapeutic goals was assessed using Goal Attainment Scales, a structured approach for quantifying personal goal achievement in clinical research.

Results: This first group consisted of seven families (each comprising the adolescent and at least one parent). Statistical analyses show a decrease in anxiety among adolescents and parents, with the effect persisting six months after the end of multifamily therapy. Similarly, regarding the individualized goals chosen by adolescents, there has been a significant improvement, particularly in terms of social relationships and resumption of school projects.

Discussion: Multifamily therapy is a promising therapeutic approach for anxiety-based school refusal. Families must be involved from the outset, in partnership with schools and mental health professionals. Using a SCED method makes it possible to explore the effectiveness of psychotherapies where randomized controlled trials are not possible, which is currently a real political and public health issue.

P-28-007

Multi-family Therapy for Adolescents with Anorexia Nervosa in Japan: A Feasibility Study

Submitter: Rie Kuge, Japan

Co-Authors: R. Kuge, M. Nakano, K. Kojima, M. Makita, K. Kurahashi, K. Shiraishi, D. Sasayama, M. Simic, J. Baudinet, H. Honda

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Previous studies have shown that multi-family therapy for adolescents with anorexia nervosa (MFT-AN) is associated with improvements in eating disorder symptomatology, weight gain, comorbidities, self-esteem, quality of life and some aspects of the caregiving experience. High level of satisfaction with treatment and low dropout rates have also been reported. The mechanisms of change in MFT-AN remain relatively understudied. Qualitative investigations and descriptions of the MFT-AN experience indicate MFT-AN is experienced as helpful and powerful, albeit sometimes challenging. Participants commonly describe the powerful impact of joining with others facing similar difficulties and how this helps to reduce isolation and improve understanding. To date, however, only one study has examined MFT-AN in Japan. The purpose of this study was to assess the feasibility and acceptability of MFT-AN for adolescents with AN in a Japanese clinical setting.

Methods: This study recruited participants aged 13-18 years at the Mental Health for Children, Shinshu University Hospital with a clinical diagnosis of AN according to DSM-5-TR criteria. They attended six weekly MFT-AN sessions, followed by two monthly sessions. The adolescents also received the usual treatment, including physical monitoring, individual and family sessions, behavioral therapy, dietary advice, and psychoeducation. The Family Adaptability and Cohesion Evaluation Scale at Kwansei Gakuin IV-16 (FACESKGIV-16) was used to assess family status by parents before and after the intervention. Participants completed the Japanese version of Client Satisfaction Questionnaire-8 (CSQ-8J) after the intervention. Two focus group discussions, one with the adolescents and another with the parents, were carried out a week after the intervention. The aim of the focus group was to capture the range of experiences of change within the intervention. Each discussion lasted one hour.

Results: Three female adolescents with AN and their parents (three mothers and two fathers) participated in the study. The adolescents had a mean age of 14.7 years (standard deviation; SD = 2.1), and a duration of illness of 64 months (SD = 6.9). All participants completed the full course of MFT-AN. Scores for cohesion and adaptability on the FACESKGIV-16 did not show significant change ($p = 0.65$, 0.59 , respectively). Their satisfaction with MFT-AN, as measured by CSQ-8J, was moderate (mean = 25.4, SD = 4.3). Feedback from the adolescent focus group was mostly positive, with comments such as: "I

was able to feel less isolated", and "I was able to feel secure". Feedback from the parent focus group was also largely positive with comments such as: "I was able to feel secure", and "I was able to feel hopeful because other adolescents had improved.

Discussion: The aim of this study was to examine the feasibility and acceptability of MFT-AN in a Japanese sample. The findings suggest that MFT-AN provided a rich learning experience that promoted insight into the illness, reduced isolation, and increased expectations and hope for recovery. All participants completed the program. MFT-AN could be feasible and acceptable for adolescents with AN in Japan.

P-28-008

Exploring the Relationship Between Caregiver Mental Health and Clinical Outcomes in Children With End-Stage Renal or Hepatic Disease Awaiting Transplant at Tygerberg Hospital, South Africa

Submitter: Elizabeth Vogts, South Africa

Co-Authors: E. Vogts

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective:

1. Explore Caregiver Experiences: To gain an in-depth understanding of the emotional and psychological challenges faced by caregivers of children with end-stage renal or hepatic disease awaiting transplantation.
2. Identify Support Needs: To identify the specific support needs and coping strategies of caregivers in managing their child's health condition during the pre-transplant phase.
3. Assess Communication Dynamics: To assess the effectiveness of communication between caregivers and healthcare providers, focusing on information sharing and decision-making processes.
4. Document Adaptation Mechanisms: To investigate the adaptation mechanisms caregivers employ to cope with stress, fear, and uncertainty related to the potential transplant.
5. Highlight Mental Health Resource Gaps: To uncover barriers to accessing mental health resources and support services for caregivers in the LMIC context.

Methods: This convergent parallel mixed-methods study will be conducted at Tygerberg Hospital with caregivers of children diagnosed with end-stage renal or hepatic failure and awaiting transplant. Quantitative data will be collected using validated questionnaires assessing caregiver psychological distress (DASS-21), perceived social support, and relational parenting.

Child clinical data (e.g., GFR, LFTs, blood pressure, symptom burden, adherence, and hospitalisation frequency) will be extracted from medical records. Descriptive statistics and correlation/regression analyses will be performed using STATA v14.

Qualitative data will be collected through semi-structured interviews exploring caregiver stressors, coping strategies, support needs, and parenting experiences. Interviews will be audio-recorded, transcribed, and analysed thematically following Braun and Clarke's six-step approach.

The quantitative and qualitative strands will be analysed independently, then integrated during interpretation to generate a comprehensive understanding of how caregiver wellbeing influences child outcomes in a resource-limited setting.

Results: Results are pending.

Discussion: This study highlights the central role of caregiver mental health in shaping clinical outcomes for children with end-stage renal or hepatic failure awaiting transplant. Consistent with international evidence, elevated caregiver distress is likely to influence treatment adherence, symptom monitoring, and health-seeking behaviours, ultimately affecting the child's readiness for transplant

The findings underscore how chronic illness, socioeconomic stressors, and limited psychosocial support interact to heighten caregiver burden in resource-constrained settings such as Tygerberg Hospital. Qualitative insights further illuminate how relational parenting is strained by prolonged uncertainty but strengthened by supportive networks and positive provider relationships.

By integrating quantitative and qualitative data, the study demonstrates that caregiver wellbeing is a modifiable factor with direct relevance to paediatric transplant pathways. Strengthening psychosocial support, screening for caregiver distress, and adopting family-centred care models may improve both caregiver functioning and child outcomes.

P-28-009

A Case Report on Single-session Therapy for Family Crisis Intervention: Seizing the Opportunity to Address the Family's Needs Where They Are, When They Are

Submitter: Ai Ling Ang, Malaysia

Co-Authors: A. Ang

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Introduction

Single-session family intervention is a collaborative, client-led approach where a therapist works with a family in a single, focused session (or one at a time) to address immediate concerns, providing practical strategies they can use immediately, treating each encounter as potentially the only one while prioritizing timely help and empowering families to find their own solutions. The intention is ideally to help them in one session and the client will get the help needed. Further therapy sessions are available if the client needs such help. The proposed oral presentation aims to discuss a case where single-session family intervention was done to help a family weather a crisis by offering practical insights and strategies and empowering them to draw upon their strengths and resources.

Methods: Case Report

A 14-year-old girl from a strict religious family was caught engaging in sex with a schoolmate at school. She was reprimanded by the school and her parents. She undergone gynecological examination and sexually transmitted diseases testing and prophylaxis. Police report for statutory rape was made and she was due to attend court as witness. She claimed that the sex was consensual. She found the experience deeply humiliating and degrading. She thought she'd rather die than face all this but she did not have suicidal ideation. She had psychiatric review at emergency department but she was too overwhelmed and distressed to engage and was given follow up at the hospital in two weeks' time. Her mother requested for early intervention in the community setting as the incident severely fractured their trust and relationships leading to communication breakdown. The girl had several episodes of medically unexplained fainting attacks.

Results: Following assessment, the family agreed to single-session family intervention. The therapist had sessions with the girl and her parents separately, then with the family together. The girl shared that she felt 'suffocated' and felt lack of privacy in their small overcrowded one-bedroom village house. She felt disengaged from her conservative and religious parents and felt she had no one to talk to. The family seldom spent time together as her parents were busy working to make ends meet. She met a boy online during Covid-19 lockdown who turned out to be her schoolmate. They started a relationship soon after lockdown ends. She expressed regret, apologized, took responsibility for her actions and

promised not to repeat the mistake. Her parents expressed their feelings of hurt, anger and loss of trust but they acknowledged her feelings and experience. They expressed willingness to work on rebuilding their trust and relationships.

Discussion: The therapist offered insights and guidance on open and honest communication; boundaries, discipline and consequences setting; scheduling time for family activities; and prioritizing creating positive experiences together as a family. Upon psychiatric review at the hospital two weeks later, the girl did not have depressive, anxiety or posttraumatic stress disorder symptoms. She did not experience medically unexplained fainting attacks anymore. She was transferred to a new school. Her parents had prepared a private space for her and her younger sister in the house within their financial limitations. The family were making efforts to rebuild their relationships. This case report highlighted the benefit of timely single-session family intervention during crisis, meeting the family's needs where they are, for improved outcome and potentially preventing severe problems. Research is needed to assess the practicality of implementing single-session family intervention in a busy clinic, in the community and other potential settings.

P-29

ADHD II: From Epidemiology to Service Needs

P-29-001

Epidemiology and Burden of Attention-Deficit/Hyperactivity Disorder Across the Lifespan: Global Patterns, Regional Variations, and Public Health Implications

Submitter: Asha Allaparthi, India

Co-Authors: A. Allaparthi, s. narayanan, v. gopalakrishnan

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The objectives of this paper were to: (1) summarize current global and regional prevalence estimates of ADHD across developmental stages; (2) examine variations in prevalence by age, gender, diagnostic subtype, and geographic region; (3) review patterns of psychiatric comorbidity and their contribution to functional impairment; (4) evaluate the multidimensional burden of ADHD on families, education systems, healthcare services, and society; and (5) explore emerging epidemiological trends in the post-COVID-19 period, particularly diagnostic disruption, symptom amplification, and widening socioeconomic inequities. A further objective was to contextualize Indian epidemiological data within the global literature, highlighting challenges related to under recognition, stigma, and service gaps. By integrating epidemiological findings with burden-of-illness data, the paper aims to inform clinicians, researchers, and policymakers about the scale, complexity, and long-term implications of ADHD, emphasizing the need for coordinated, lifespan-oriented, and equity-focused public health responses.

Methods: This work is a narrative synthesis of epidemiological and burden-of-illness literature on ADHD, drawing on international meta-analyses, systematic reviews, large population-based surveys, and regional studies, including data from India. Sources included community-based and school-based prevalence studies, national health surveys, and post-pandemic analyses examining diagnostic and service utilization trends. Data were reviewed across developmental stages (preschool, school age, adolescence, adulthood) and stratified by gender, subtype, and region where available. Additional literature addressing economic costs, family burden, educational impact, and societal consequences was examined to capture the broader implications of ADHD beyond prevalence alone. Emphasis was placed on methodological variability, contextual factors influencing detection, and differences between high-income and low- and middle-income countries. Findings were synthesized thematically to provide an integrated overview of epidemiology, comorbidity, burden, and policy relevance.

Results: Globally, pooled prevalence estimates indicate that ADHD affects approximately 7-8% of children and 5-6% of adolescents, with persistence into adulthood in 2.5-4.5% of individuals. Prevalence peaks during school age and declines in adolescence, largely due to reduced hyperactivity and underrecognition of inattentive presentations. Boys are diagnosed two to three times more frequently than girls, reflecting gender differences in symptom expression and referral patterns. Comorbidity is substantial, with up to 70-80% of

affected children presenting with at least one additional psychiatric or neurodevelopmental condition. Regional variation is pronounced: prevalence estimates range from 3-5% in parts of Europe to over 10% in some regions of the Americas, Africa, and the Middle East, while India shows wide variability with a pooled prevalence of ~6%. Post-pandemic studies report symptom amplification, disrupted diagnostic pathways, and widening socioeconomic inequities rather than clear increases in true incidence.

Discussion: The findings highlight ADHD as a highly prevalent, heterogeneous, and chronically impairing condition with far-reaching consequences beyond core symptoms. Variability in prevalence reflects not only methodological differences but also sociocultural factors, gender bias, and inequitable access to diagnostic and treatment services. The substantial family, educational, healthcare, and societal burden underscores ADHD as a systemic condition rather than an isolated childhood disorder. Post-COVID-19 trends reveal both vulnerabilities and opportunities: while disruptions exacerbated symptoms and inequities, expanded awareness and telehealth also facilitated identification of previously underrecognized groups. In low- and middle-income countries, including India, underdiagnosis, stigma, and limited infrastructure remain major barriers. These findings argue for a shift toward integrated, lifespan-oriented public health strategies that prioritize early identification, school-based support, caregiver interventions, and policy-level investment. Addressing ADHD effectively has the potential to reduce long-term disability, economic costs, and intergenerational burden.

P-29-002

Prevalence of Attention Deficit Hyperactivity Disorder in Preschool Children

Submitter: Hilal Isliyen Sonkaya, Türkiye

Co-Authors: H. Isliyen Sonkaya, Ö. BILAÇ, B. CENGİZ ÖZYURT, S. SAYAR

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aimed to determine the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) among preschool children aged 4-6 years in the Yunusemre district of Manisa, Turkey.

Methods: The study sample consisted of 240 children aged 4-6 years who were receiving education in preschool institutions. The study was conducted during the fall semester of the 2024-2025 academic year in 12 preschool education institutions affiliated with the Manisa Provincial Directorate of National Education. Parents who agreed to participate were asked to complete the Sociodemographic Data Form, ADHD Rating Scale-IV Preschool Version (ADHD-RS-IV Preschool), and the Early Childhood Inventory-4 Parent Checklist. Teachers were also asked to complete the Revised Conners' Teacher Rating Scale (CTRS-RL) and the ADHD-RS-IV Preschool. Observational assessments were conducted by the researcher in the classroom setting, and clinical interviews were carried out with all participants using DSM-5 and DC:0-5 criteria. Data were analyzed using descriptive statistics, Kolmogorov-Smirnov test, Mann-Whitney U test, Chi-square test, and Fisher's Exact test in the SPSS software.

Results: The prevalence of ADHD among preschool children aged 4-6 years was found to be 12.9% in the Yunusemre district of Manisa. The male-to-female ratio for ADHD diagnosis was 2.875 (23:8). Among preschool children diagnosed with ADHD, 64.5% were found to have a comorbid psychiatric disorder. The comorbidities identified included Autism Spectrum Disorder (25.8%), speech disorders (25.8%), Oppositional Defiant Disorder (16.1%), Conduct Disorder (6.5%), Elimination Disorders (6.5%), and Separation Anxiety Disorder (3.2%).

Discussion: This study demonstrated that the prevalence of ADHD among preschool children is 12.9%, with comorbidity rates similar to those observed in school-aged children. Further large-scale and longitudinal studies are needed to better understand ADHD in the preschool period and to provide essential data for treatment and service planning tailored to the needs of preschool children diagnosed with ADHD.

P-29-003

Prevalence and Psychosocial Factors Associated with Attention-Deficit/Hyperactivity Disorder Among Patients at a Tertiary-Level Kenyan Child Psychiatry Clinic

Submitter: Charlene Gumbo, Kenya

Co-Authors: C. Gumbo, L. Chemutai, Z. Kimari, R. Kang'ethe, J. Mburu

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective:

General Objective:

To investigate the prevalence and the psychosocial factors associated with attention-deficit/hyperactivity disorder among patients attending the Child Psychiatric Clinic at KNH(Kenyatta National Hospital).

Specific Objectives:

- i. To determine the prevalence of attention-deficit/hyperactivity disorder (ADHD) subtypes among patients at the Child Psychiatric Clinic at KNH.
- ii. To examine the sociodemographic factors of ADHD patients at the Child Psychiatric Clinic at KNH.
- iii. To identify the psychosocial and clinical factors associated with ADHD symptoms among patients at the Child Psychiatric Clinic at KNH.

Methods: This analytical cross-sectional study was conducted at the Child Psychiatry Clinic, KNH.

Data collection was via a structured sociodemographic questionnaire and the K- SADSPL questionnaire.

Microsoft Excel and SPSS were used to compute descriptive statistics of the population.

Data was presented in the form of graphs, charts, tables and narratives. Statistical significance was considered when the p-value < 0.05.

Results: A total of 106 children (73.5% male, 26.5% female), aged between 3 and 17 years (mean age = 6.22 ± 3.18), participated in the study. 44.6% of participants had a diagnosis of mainly inattentive subtype of ADHD, while 20.5% were diagnosed with predominantly hyperactive-impulsive subtype.while the remaining 29 of 83 (34.9%) participants were diagnosed with the combination type.

three psychosocial variables showed statistically significant relationships with inattentive domain scores: social relational childhood problems ($p=0.013$), relations at school ($p=0.044$), and relations in the neighbourhood ($p=0.016$)

In multivariable analysis, prematurity remained strongly associated with elevated odds of clinically relevant hyperactive-impulsive domain scores There were significant associations between inattentive domain scores and relationships in the family and neighbourhood. Additionally, relationship with the mother and prematurity were associated

with hyperactivity/impulsivity scores.

Discussion: The KNH child psychiatry clinic sample showed marked male predominance (3:1) and young age (mean 6.22 years), echoing Uganda's Mulago patterns due to sex-based neurodevelopmental differences and referral biases for boys' disruptive behaviors. Despite stable two-parent middle-income homes with maternal caregivers, perinatal risks prevailed: 23.6% prematurity, 38.7% birth complications. key ADHD triggers per Kilifi/regional studies offset by high vaccination and rare head injuries. ADHD symptoms hit 78.3%, vastly exceeding community rates (6-9% Nigeria/Kenya), via referral bias; inattentive subtype dominated (44.6%), matching global/African meta-analyses on underrecognized impairments. Inattention linked to poor family/school/neighborhood ties, heightening stress and necessitating relational fixes; prematurity spurred hyperactivity (meta-OR 2.76) through brain vulnerabilities, while strong neighborhoods buffered via support calling for integrated family-community ADHD care.

P-29-004

The surge of uncomplicated ADHD diagnoses in children Experiences and implications from the perspectives of young adults and their parents

Submitter: Håkan Jarbin, Sweden

Co-Authors: H. Jarbin, C. Carlsson, I. Larsson

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To explore late teens'/young adults' perceptions of their childhood ADHD diagnosis and how it has influenced everyday life, identity, and support needs over time, from both the young adults' and parents' perspectives.

Methods: To open-mindedly investigate children and adolescents' experiences from receiving and living with an ADHD diagnosis, we will conduct a qualitative content analysis study. This study will adhere to the Consolidated criteria for reporting qualitative research (Coreq 32)-item checklist for reporting qualitative research.

Participants eligible for the study will be those patients and their parents included in the cohort of uncomplicated ADHD diagnosed at ages 6-12 years between year 2017 and today, who had at the time for the interview for the current study reached at least 18 years of age. The study aims to include approximately 20-30 young adults and approximately 20-30 parents (parents of the participating young adults). Participants will be recruited using purposive sampling to achieve variation in, for example, sex, age, ADHD subtype/presentation, and place of residence (urban/rural).

Results: The study is presently under ethical review. We plan to conduct the interviews in March 2026, analyse the content in April 2026 and finalise a poster/manuscript in May 2026.

Discussion: Most people regard ADHD diagnoses in persons with a moderate to severe impairment of function attributable to ADHD symptoms as uncontroversial. However, there is great debate today about whether receiving a diagnosis is helpful or not for people who are not as greatly impaired by their ADHD symptoms. This study will provide insight into the experiences and opinions of these persons, shedding light on how the diagnosis has affected their childhood and early adulthood. It is of the utmost importance that such insight from people with firsthand experience is attained and can thus contribute to the current debate, allowing for their voices to be heard.

P-29-005

Sex, parental educational attainment, and birth month relate to ADHD diagnosis beyond symptoms and genetic liability: A study in the Norwegian Mother, Father, and Child Cohort study

Submitter: Britt Min, Norway

Co-Authors: B. Min, E. van Bergen, M. Valstad, A. Havdahl, E. Ystrøm, M. Melby-Lervåg, F. Torvik

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Individuals diagnosed with ADHD are more likely to be boys, children of lower-educated parents, or children who are younger compared to their classmates. However, diagnoses of ADHD do not fully correspond with ADHD symptoms or genetic liability for ADHD. This study investigated the discrepancies between ADHD diagnosis and ADHD symptoms and polygenic index (PGI), in relation to sex, parental educational attainment (EA), and birth month.

Methods: The study sample included approximately 85,000 children from the Norwegian Mother, Father, and Child cohort study (MoBa), including data on ADHD symptoms reported by the mother at age 5 and ADHD-PGIs. These data were linked with demographic data and health register data. Cox proportional hazards models were fitted to predict the hazard of ADHD diagnosis.

Results: Sex, parental EA, and birth month predicted ADHD diagnosis beyond the symptoms and the PGI. Parental EA and birth month did not moderate the association between diagnosis and symptoms or PGI. However, in childhood, the association between symptoms and diagnosis was slightly stronger in girls than in boys.

Discussion: That sex, parental EA, and birth month predict diagnosis beyond symptoms and genetic liability may indicate bias in which children are referred and diagnosed.

Inequalities in ADHD diagnosis and treatment among children of immigrant parents: a population-based cohort study

Submitter: Andrea Lebena, Sweden

Co-Authors: A. Lebena, A. Markkula, A. Medarevic, A. Nilsson, A. Johansson Capusan

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To examine the associations between parental ethnicity (Sweden-born vs. foreign-born) and receipt of social services interventions, and the likelihood of ADHD diagnosis and pharmacological treatment, while adjusting for a range of potential confounding factors.

Methods: We conducted a population-based matched cohort study in Region Östergötland, Sweden, using regional health-care data linked to national registers. The study included 3,171 individuals diagnosed with ADHD between 1995 and 2019 and 9,587 sex- and date-of-birth-matched controls. Associations were examined using univariate and multivariable logistic regression models adjusting for socioeconomic status. Parental education (ISCED I-II, III-IV, V-VII) and disposable household income (ages 0-18; low, medium, high) were derived from registers. Longitudinal growth models were additionally applied; results are reported as adjusted odds ratios (aORs) with 95% confidence intervals.

Results: ADHD was less prevalent among individuals with two foreign-born parents (aOR 0.47, 0.38-0.56), while having one foreign-born parent was not associated. A socioeconomic gradient was evident: low and middle childhood household income were associated with higher odds compared with high income (aOR 1.53, 1.31-1.78; and 1.33, 1.17-1.52), as was lower maternal education, whereas paternal education showed no association. Male sex (aOR 1.28, 1.16-1.42) and later birth cohorts (per 10 years: aOR 1.19, 1.07-1.32) were associated with higher odds. Childhood receipt of social assistance was strongly associated with ADHD (aOR 1.95, 1.71-2.23). In DiD analyses (± 5 years), social assistance increased after the index year in both groups but less so among cases, yielding a negative estimate (-2.7 pp, -3.9 to -1.5).

Discussion: Children with two foreign-born parents had markedly lower odds of ADHD diagnosis or treatment, while socioeconomic disadvantage (particularly low household income and lower maternal education) was associated with higher odds, indicating a strong social gradient in identified ADHD. These patterns are unlikely to reflect lower underlying need and instead suggest systematic under-identification and barriers to care related to language, health literacy, cultural norms, referral pathways, and system bias. Leveraging population-based linked registers, this study highlights where inequities may arise across the care pathway, although reliance on diagnosis-based case status may underestimate ADHD in underserved groups. Equity-oriented, system-level interventions

are needed to improve early identification and access to evidence-based ADHD care and to prevent widening mental health and educational inequalities.

P-29-007

Associations of ADHD Traits With Other Developmental Traits and Mental Health in a General Young Adult Population

Submitter: Nana Shinoda, Japan

Co-Authors: N. Shinoda, N. Shinoda, H. Shinoda, E. Shimizu

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Accumulating evidence indicates substantial overlap among neurodevelopmental disorders, including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and learning disorders, and supports a dimensional rather than strictly categorical conceptualization of developmental characteristics. Although these perspectives are increasingly recognized, adult mental health services in Japan continue to rely predominantly on categorical diagnoses based on the DSM or ICD. As reasonable accommodations in educational and occupational settings became mandatory in Japan in fiscal year 2024, there is a growing clinical need to identify subthreshold developmental characteristics that may contribute to mental health difficulties in young adults.

This study aimed to examine the associations among multiple developmental characteristics and their relationships with mental health in a general young adult population.

Methods: A web-based cross-sectional survey was conducted in January 2026 among 1,033 individuals aged 18-29 years (516 men and 517 women; mean age = 24.61 ± 3.28 years). Participants included full-time employees ($n = 492$), students ($n = 275$), and others ($n = 266$). Developmental characteristics were assessed using the Japanese version of the Adult ADHD Self-Report Scale (ASRS-v1.1), the Japanese adult version of the Autism-Spectrum Quotient (AQ; Wakabayashi et al.), the Japanese version of the Adolescents and Adults Coordination Questionnaire (AAC-Q; Yasunaga et al.), the Learning Difficulties Scale for University Students (LDSP28; Takahashi & Mitani), and the Short Version of the Sensory Sensitivity Scale (Hanaya & Ito). Mental health symptoms were assessed using the Japanese versions of the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7), and the Athens Insomnia Scale (AIS).

Results: Internal consistency was generally acceptable (Cronbach's $\alpha > .70$), although all AQ subscales except Social Skills showed lower reliability. A total of 355 participants (34%) reported a history of psychiatric consultation, with overlapping diagnoses of ADHD (8.5%), ASD (9.0%), SLD (3.0%), DCD (2.6%), mood disorders (7.7%), neurotic disorders (2.4%), and sleep disorders (3.1%). Cutoff scores were exceeded by 8% for AQ, 20% for ASRS, 35% for AAC-Q, and 52% for AIS, exceeding diagnosed prevalence except AQ. Mental health symptoms (PHQ-9, GAD-7) showed positive correlations with all developmental traits ($r = .252-.749$, $p < .001$). ADHD traits correlated with other developmental traits (r

= .262-.670), except AQ Social Skills and Imagination. After controlling for depression and anxiety, associations with ASD traits were no longer significant, whereas weak correlations with SLD ($r = .268-.392$) and DCD traits ($r = .348-.395$) remained ($p < .001$).

Discussion: These findings suggest that a substantial proportion of young adults exhibit clinically relevant developmental characteristics that fall below diagnostic thresholds. The frequent co-occurrence of developmental characteristics and their associations with mental health symptoms underscore the importance of dimensional assessment in child and adolescent psychiatry and related adult services. Comprehensive screening of multiple developmental characteristics may support earlier identification of mental health risk and inform service planning across educational, occupational, and clinical settings. Limitations include the relatively low reliability of the AQ in this sample, indicating the need for alternative measures and further consideration of cultural influences on self-report assessments.

P-29-008

Presence of Flynn Effect in a child and adolescent ADHD-sample in Spain

Submitter: Covadonga Canga-Espina, Spain

Co-Authors: C. Canga-Espina, C. Maestro-Martin, M. Parada-Valencia, M. Vasco, M. Vallejo-Valdivielso

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The "Flynn effect" is a worldwide-described phenomena that have been replicated on several occasions, but have not been specifically linked to other pathologies to date, although several hypotheses are being considered (Ramsden et al., 2011). Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects both cognitive and executive functions (Faraone et al., 2021). The fact that altered IQ scores appear with a relevant percentage in patients diagnosed with ADHD identifies them as a population with specific characteristics that need further analysis. Furthermore, this study would not exclude patients with below-average IQs, which would enrich the current understanding based on published data.

Methods: Observational, descriptive, cross-sectional and retrospective study that allows for the comparison of children and adolescents of the same age from different decades. Inclusion criteria: being under 18 years old diagnosed with ADHD, regardless of baseline IQ. Exclusion criteria: having a native language different than Spanish. The project has been assessed and approved by the local Research Ethics Committee (Project 2025.130).

Results: Out of 1446 patients (age 11.6 ± 3.3), 73.4% are males, with a higher prevalence of the combined subtype (65.6%) and presence of psychiatric comorbidities in 32.3%. Regarding the presence of the "Flynn Effect," adjusted for age, sex, presence of siblings, presence of psychiatry comorbidities and type of psychometric test applied, the outcome of the linear regression yielded a 0.45-point increase in Total IQ each year, reaching statistical significance ($p < 0.05^*$), having siblings increases the IQ in 3.48 points and the presence of psychiatry comorbidities decreases it by 3 points. There is a temporal evolution across IQ subtests which is not uniform: especially those linked to more fluid skills, show an upward trend compared to the crystalized intelligence.

Discussion: An increase of 0.45 points per year in the Total IQ was observed, which is consistent with findings reported in other samples without a diagnosis of ADHD (Trahan et al., 2014). Also having siblings increases the IQ in 3.48 points, whereas the presence of psychiatry comorbidities decreases it by 3 points. Attending to Socioeconomic Status, the paternal one shows a significant negative correlation ($b = -0.441$, $p < 0.01$), meaning that the higher their paternal socioeconomic status is, the lower their children perform in IQ test. The temporary improvement observed in total IQ does not reflect an increase in acquired knowledge (crystalized intelligence), but rather an increase in the ability to solve new

problems and process information efficiently (fluid intelligence). Cognitive change over time is concentrated in certain domains more than in others. All of our findings go in the same line as previous researchs.

P-29-009

Recruiting Medical and Non-medical Prescribers Across Europe for an ADHD Online Survey: Lessons Learned

Submitter: Valentin Fischill-Neudeck, Austria

Co-Authors: V. Fischill-Neudeck, I. Gnass, A. Winkler, A. Brandauer, J. Osterbrink

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study examines healthcare professionals' observations of behavioral changes and perceived treatment effects after pharmacist-initiated product switches with the same active ingredient in children aged 6-10 and adolescents aged 11-21 with ADHD on maintenance pharmacological therapy. This abstract and the corresponding poster provide a methodological reflection on recruitment and study conduct to inform more robust, evidence-informed research in this field.

Methods: A cross-sectional online survey in 10 European countries was conducted. Eligible participants were child and adolescent psychiatrists/psychotherapists, paediatricians, and (UK only) nurses or pharmacists who completed a non-medical prescriber course. The questionnaire was translated into national languages. Country-specific links were disseminated via national professional societies with requests to forward them to members. Where feasible, we liaised with named representatives to establish a focal person per society and support dissemination. Recruitment was supplemented by social media posts, provided by the researchers to the professional societies. Additionally, publicly available professional directories were used to directly disseminate the survey invitation. Low response rates were likely influenced by the year-end holiday period; therefore, data collection was initially conducted over five weeks and subsequently extended by six additional weeks. Reminders were sent every two weeks. We deliberately decided against financial and non-monetary incentives, as they seemed not feasible internationally.

Results: Across countries, we approximated the invitation population by assuming that roughly 10% of eligible healthcare professionals are engaged in relevant professional societies; however, societies typically forwarded invitations without providing distribution metrics.

Response volume varied markedly between countries despite standardised materials and country-specific links, suggesting that forwarding success - and ultimately participation - depended on how invitations were handled locally. In exchanges with professional societies and their contact persons, several contextual drivers became apparent - gatekeeper engagement, timing, competing priorities, and local survey burden - which likely contributed to cross-country heterogeneity. Using the same country link for society dissemination and social media increased overall visibility but prevented attribution of responses to specific recruitment channels. Biweekly reminders were feasible; however,

their incremental effect could not be isolated, particularly around the year-end holiday period.

Discussion: Recruitment through national professional societies is feasible for multinational surveys targeting prescribers, yet it inherently limits control over reach and introduces an uncertain denominator. Lessons learned include: (1) establishing country "champions" within societies to coordinate dissemination and reminders; (2) separating survey links by recruitment channel (societies vs. social media) to enable yield attribution; (3) prospectively defining reminder schedules that account for the year-end holiday period; and (4) documenting dissemination steps and reporting response metrics transparently (e.g., the CHERRIES checklist), including the inability to compute response rates where denominators are unavailable. These measures may improve interpretability and cross-country comparability.

ADHD and age-related changes -specifying needs, services and programs

Submitter: Aneta Atanasova, Bulgaria

Co-Authors: A. Atanasova, E. Mihaylova, M. Rusanova

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention deficit hyperactivity disorder (ADHD), which is typically diagnosed in childhood, has become in recent years an increasingly relevant issue for diagnosis and interventions in adolescence and adulthood as well. In the present poster we examined the dynamics of the symptoms and problems associated with this neurodevelopmental disorder across the lifespan: from early childhood, through the early school years (when the condition is most often diagnosed), through adolescence, followed by the transition to adulthood, and the years of adulthood. The focus is placed on three main aspects: What are the characteristic manifestations and features of the condition at each developmental stage- both for ADHD and for its comorbid problems? What are the needs of the child, the family, and later the adult? How can these needs be met through existing types of services and intervention programs?

Methods: We included descriptions based on a review of the available literature on ADHD, covering all age periods, as well as data on existing comorbidities and the developed therapies that are part of the management of the disorder. ADHD, as a neurodevelopmental disorder, has its own specific manifestations at each stage of life, which are related to particularities in the cognitive, emotional, educational, and occupational domains, as well as in the domain of interpersonal relationships. Gender differences in the manifestation of the condition are also present.

Results: Across the different periods of human development, patients with ADHD exhibit a range of features that prompt visits to specialized services. Infants are often hypersensitive to stimuli like noise, light, heat, changes in their environment. They are usually fuzzy, hyperactive, and sleep less. Toddlers and preschoolers are often distracted, restless, and have difficulties following instructions. They are unable to suppress their physical activity when expected or required to do so. Starting school, difficulties appear with their behavior and academic performance. Usually, their achievements do not correspond to their abilities, they often exhibit disruptive behaviors in class and difficulties in relationships. At this age children with ADHD are markedly impulsive. But problems with impulsivity and problematic behaviors may persist in adolescence. With growth and maturation comorbid conditions become increasingly relevant to function. Adults with ADHD often complain of difficulty focusing, forgetfulness, distraction, and difficulties with prioritization and patience.

Discussion: The manifestations of the disorder at different age stages have specific

characteristics, and there are also gender differences that may lead to later diagnosis, for example during adolescence and adulthood. Age-related and gender-related differences also determine the different and varying needs of affected individuals, as well as those of their close ones and families. Adequately identifying these needs and developing and providing various services and programs that address them sufficiently effectively and efficiently over time is still an issue that has not been fully resolved. Of course, there are options such as pharmacological treatment, non-drug approaches, alternative therapies exist, whose effectiveness in different ages and developmental periods is still being investigated.

P-30

ADHD III: From Neurocognitive Mechanisms to Eating Behavior

P-30-001

Extension of the Marburg spelling training with behavioral therapy elements to improve hyperkinetic symptoms (Marburg Spelling Training Plus): A Pilot Study

Submitter: Laura Weninger, Germany

Co-Authors: K. Moll, G. Schulte-Körne

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Dyslexia is one of the most common developmental learning disorders, with a prevalence of 3-8% (Dirks et al., 2008; Fischbach et al., 2013; Landerl & Moll, 2010). Furthermore, there is a fourfold increased risk of comorbid occurrence of hyperkinetic disorder (Goldston et al., 2007), which often leads to additional academic and psychosocial impairments. Therefore, addressing ADHD symptoms in educational interventions is necessary to enhance learning outcomes. The aim of this study was to expand the evaluated Marburg Spelling Training with behavioral therapy elements to improve ADHD symptoms creating the Marburg Spelling Training Plus and to examine it in a pilot study.

Methods: In a pilot study using a randomized controlled design, 11 participants aged 8-10 years, attending 3rd or 4th grade, received 20 training sessions with either the Marburg Spelling Training or the Mar-burg Spelling Training Plus. A pre-post test design assessed spelling performance (DERET 3-4+ and experimental spelling tests) and ADHD symptomatology using various measures. Additionally, possible influencing factors such as academic learning and achievement motivation were recorded.

Results: In the current single-case analysis, both groups showed indications of improvement in spelling performance and vowel length discrimination, which was trained intensively. However, due to the small sample size, significant differences between the groups could not yet be demonstrated.

Discussion: A behaviorally oriented training program for children with dyslexia and ADHD is presented. The preliminary results of the pilot study show improvements in spelling performance with both the standard Marburg Spelling Training and the extended Marburg Spelling Training Plus, suggesting that both interventions may be suitable for children with dyslexia and comorbid ADHD. Trends toward more effective support through the Marburg Spelling Training Plus in terms of attention are discussed. The spelling training is currently being evaluated.

Aberrant functional connectivity in children with DMDD and ADHD

Submitter: Pei-Yin Pan, Taiwan

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Disruptive mood dysregulation disorder (DMDD) is impairing among children and adolescents, and is associated with long-term negative psychiatric outcomes, including unipolar depression and anxiety. One of the main characteristics of DMDD is chronic irritability, a proneness to extraordinary emotional reactions during frustrating condition. To date, there is limited information on resting state functional connectivity of children with DMDD after frustration. In view of the high rate of comorbidity with attention/deficit-hyperactivity disorder (ADHD) among children with DMDD, this study aimed to explore the neurophysiological mechanisms of irritability by comparing the functional connectivity between children with ADHD only and those with overlap of DMDD and ADHD.

Methods: A total of 45 children and adolescents (age 10.71 ± 2.50 years, female 20.0%) were enrolled (23 with DMDD and ADHD, and 22 with ADHD only). Participants of the two diagnostic groups were age and sex matched. The resting-state imaging data were acquired. The scanning was performed under non-frustrating and frustrating conditions, which evoked by a modified affective Posner task. Emotional and behavioral symptoms were measured by SNAP-IV, Child Behavior Checklist (CBCL), and Beck Youth Inventories - Second Edition (BYI-II). Irritability was measured by a subscale generated from parent-rated SNAP-IV by summing up three items: 'Loses temper,' 'Is touchy or easily annoyed by others,' and 'Is angry and resentful.' Group-level analysis of each connectivity map was done by analysis of covariance (ANCOVA) using 3dMVM of AFNI with main factors of group (diagnosis), condition (frustration), and covariates sex, age, and FSIQ.

Results: Seed regions of interest were the bilateral amygdala, posterior cingulate, and nucleus accumbens, defined using the TT_Daemon atlas. We found the significant between-group difference by the effects of frustration in functional connectivity between the right amygdala and the right inferior semi-lunar lobule. The hyperconnectivity among DMDD and ADHD vs. ADHD only was correlated with symptoms of irritability (measured by SNAP-IV, $r=0.42$, $p=0.004$), angry (measured by BYI-II, $r=0.50$, $p<0.001$), oppositional defiant behaviors (measured by SNAP-IV, $r=0.40$, $p=0.006$), aggression (measured by CBCL, $r=0.41$, $p=0.005$), and disruptive behaviors (measured by BYI-II, $r=0.56$, $p<0.001$).

Discussion: Our findings indicate that functional connectivity under frustration is atypically increased in DMDD, within the context of ADHD. Disturbed cerebellar input to the key region for processing fearful and threatening stimuli may contribute to irritability and aggression in DMDD. Despite the common feature in ADHD, severe emotion dysregulation exhibited aberrant brain function which was specific to irritability and the

related behaviors, but not core symptoms of ADHD. This supported irritability as an independent emotional dimension with corresponding neurophysiological mechanisms. In addition, our study demonstrated the role of resting-state imaging under frustration in probing the aberrant brain connectivity of irritability.

P-30-003

CADDY: Sequential Cohort Longitudinal Study of Resting-State EEG in Preschoolers at Risk for ADHD and Developmental Dyslexia

Submitter: Carolin Ligges, Germany

Co-Authors: C. Ligges, E. Wissert, L. Joschko, K. Rufener

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: CADDY investigates resting-state EEG in preschool children at elevated risk for attention deficit hyperactivity disorder (ADHD) and developmental dyslexia (DD) using the SpecParam (FOOOOF) algorithm to separate periodic and aperiodic spectral EEG components. A sequential cohort longitudinal design allows repeated assessments across multiple cohorts.

Methods: Children with and without ADHD or DD risk underwent resting-state EEG (alternating segments 30 sec eyes open and eyes closed). Artifact-corrected, 0.1-48 Hz filtered parieto-occipital channels (pooling of O1, O2, Oz, Pz, P3, P4) were analyzed for the eyes closed condition. Power spectral density was calculated with Brainstorm, and signals were parametrized into periodic and aperiodic components using SpecParam. Longitudinal repeated measurements allow tracking of developmental neurophysiological patterns.

Results: Preliminary analyses from the first study cohorts will be presented, highlighting emerging behavioral and neurophysiological patterns in children at risk for ADHD and DD.

Discussion: Advanced EEG parametrization approaches such as SpecParam/FOOOOF offer the potential to improve analysis quality and interpretability in developmental research. Within a longitudinal framework, this may contribute to a better understanding of atypical brain development and support future efforts toward early identification and intervention in children at risk of ADHD and DD.

P-30-004

CADDY - A Prospective Sequential Cohort Longitudinal Study Investigating Early Neurocognitive Risk Factors for ADHD and Developmental Dyslexia in Preschool Children

Submitter: Lilly Joschko, Germany

Co-Authors: L. Joschko, E. Wissert, C. Ligges, K. Rufener

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The CADDY project investigates early neurocognitive predictors of ADHD and developmental dyslexia in preschool children. The study examines behavioral and electrophysiological markers before and after school entry to identify early risk factors.

Methods: Children aged 6 years were assessed at two time points: before (T0) and six months after school entry (T1). Measures included various parameters of executive functions (attention, working memory) as well as emergent literacy skills (phonological awareness, letter knowledge). Relationships between those parameters and risk for ADHD/developmental dyslexia were analyzed within a prospective sequential cohort longitudinal design.

Results: Preliminary data analyzing associations between executive function deficits and phonological processing difficulties in children with risk of ADHD and developmental dyslexia will be presented.

Discussion: This study offers important insights into early neurocognitive markers that could help identify children at risk for ADHD and developmental dyslexia, supporting future early screening and intervention efforts.

P-30-005

Impact of COVID-19 Infection on Neurocognitive and Attentional Functions in Children with and without Attention-Deficit/Hyperactivity Disorder

Submitter: Yu-Ju Lin, CCC

Co-Authors: Y. Lin, S. Gau

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Neuropsychiatric sequelae following SARS-CoV-2 infection have been widely reported, with some neurological symptoms persisting beyond three months. However, studies employing objective neurocognitive measures in children and adolescents remain limited, and long-term follow-up data are scarce. Given that children with Attention-Deficit/Hyperactivity Disorder (ADHD) already exhibit neurocognitive vulnerabilities, it is crucial to determine whether COVID-19 differentially affects neurocognitive functioning in children with and without ADHD. This study aimed to investigate whether the impact of COVID-19 infection on neurocognitive function differs between children with ADHD and those without ADHD.

Methods: Children aged 5-18 underwent psychological assessments at the Department of Psychiatry at Far Eastern Memorial Hospital between January 2022 and September 2023. A comparison group without psychiatric history was recruited to approximate the clinical group's age and sex distribution. Participants were classified as ADHD or non-ADHD. Demographic data and COVID-19 infection history (timing and symptom burden) were recorded. Assessments included intellectual assessment (full-scale intelligence quotient, FSIQ), neurocognitive function (Cambridge Neuropsychological Test Automated Battery, CANTAB), and attention (Continuous Performance Test, CPT). Parents completed semi-structured diagnostic interviews and behavioral questionnaires [Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2) and the Child Behavior Checklist (CBCL)]. Group comparisons, correlation analyses, and multiple linear regression analyses, including ADHD*COVID-19 interaction terms, were performed using CANTAB, CPT, and BRIEF-2 scores as dependent variables, with ADHD status, COVID-19 related variables, age and sex as independent variables.

Results: Our sample comprised 144 subjects, including 78 (mean age 8.35 ± 2.42 , boys 75.6%) in the ADHD group and 66 (mean age 9.62 ± 2.87 , boys 62.1%) in the non-ADHD group, with 83.33% in each group reporting prior COVID-19 infection. The mean interval from COVID-19 infection is 20.51 ± 9.37 months for ADHD group and 31.73 ± 8.90 months for non-ADHD group. After controlling for age and sex, children with ADHD performed significantly worse than the non-ADHD group in FSIQ, BRIEF-2, and CPT. Although COVID-19 infection was initially associated with poorer daily executive function, this association was no longer significant after multivariable adjustment for other variables. No significant associations were found between COVID-19 infection and intelligence, neurocognitive

performance, or attention, nor were there significant ADHD*COVID-19 interaction effects across neurocognitive or behavioral outcomes.

Discussion: In this cohort, COVID-19 infection was not associated with persistent deficits in neurocognitive, attentional, or daily executive functioning. Although children with ADHD exhibited significant deficits in executive function and attention, ADHD status did not modify the relationship between COVID-19 infection and these outcomes.

Evaluation of Benign Joint Hypermobility and Serum Prolidase Levels in Children with Attention Deficit Hyperactivity Disorder: A Comparative Study with Healthy Controls

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder with an etiology involving complex genetic and environmental factors. Recent clinical observations suggest a potential association between neurodivergence and connective tissue laxity, such as Benign Joint Hypermobility Syndrome (BJHS). Prolidase is a key enzyme in collagen metabolism, and its activity serves as a biochemical marker for connective tissue turnover. The primary objective of this study is to evaluate the prevalence of BJHS and analyze serum prolidase levels in children diagnosed with ADHD. By comparing these markers with a healthy control group, we aim to investigate the role of collagen metabolism and systemic connective tissue involvement in the clinical profile of ADHD.

Methods: This case-control study included a total of 171 participants: 86 children and adolescents diagnosed with ADHD according to DSM-5 criteria and 85 age- and gender-matched healthy controls. Clinical diagnoses and comorbidities were confirmed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL). The severity of ADHD symptoms was assessed through Conners' Parent and Teacher Rating Scales. Joint hypermobility was evaluated using the Beighton scoring system, where a score minimum 5 was defined as Benign Joint Hypermobility Syndrome (BJHS). Venous blood samples were collected from all participants to measure serum prolidase activity through biochemical analysis. Statistical comparisons between the two groups were performed using independent t-tests, Mann-Whitney U tests, and stepwise linear regression models to identify the predictors of prolidase variance.

Results: Serum prolidase levels were found to be significantly higher in the ADHD group compared to the healthy control group ($p < 0.001$). A strong positive correlation was observed between serum prolidase activity and Beighton scores ($r_s = 0.456$, $p < 0.001$), as well as the presence of joint hypermobility ($r_{pb} = 0.379$, $p < 0.001$). Stepwise linear regression analysis revealed that group identity (ADHD vs. control) was the most significant predictor of prolidase variance ($R^2 = 0.296$, $p < 0.001$). When the Beighton score was added to the model, the total explained variance for serum prolidase levels increased to 35% ($p < 0.001$). Furthermore, within the ADHD group, the mixed subtype exhibited significantly higher rates of joint hypermobility compared to the inattentive subtype.

Discussion: The significantly higher serum prolidase levels observed in the ADHD group suggest a systemic alteration in collagen turnover. Prolidase activity is a critical rate-limiting step in collagen synthesis and degradation; therefore, its elevation may reflect an increased state of connective tissue remodeling in children with ADHD. The robust correlation between prolidase levels and Beighton scores ($r_s = 0.456$) further strengthens the biological link between neurodevelopmental disorders and joint laxity. Our finding that the mixed subtype of ADHD is particularly associated with higher hypermobility rates suggests that physical and systemic markers may vary across clinical presentations. These results contribute to the growing body of evidence characterizing ADHD not only as a behavioral disorder but also as a systemic condition involving connective tissue metabolism. Clinically, screening for joint hypermobility in psychiatric settings may provide a more comprehensive understanding of the patient's phenotype and could inform multidisciplinary management strategies.

P-30-007

Leptin-Related Long Non-coding RNAs and Neuropeptide Y in Pediatric ADHD: Multivariate Biomarker Profiling by Methylphenidate Treatment and Eating Behavior

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To characterize leptin-associated long non-coding RNAs (lnc-LEP-2:6, lnc-LEP-2:7), LEP gene expression, serum leptin, and neuropeptide Y (NPY) in children with attention-deficit/hyperactivity disorder (ADHD), and to test whether methylphenidate treatment is associated with a multivariate biomarker shift independent of age, sex, and BMI z-score.

Methods: We analyzed a cross-sectional dataset of 72 children aged 6-13 years: untreated ADHD (H, n = 24), methylphenidate-treated ADHD (I, n = 24), and healthy controls (K, n = 24). Peripheral blood RT-qPCR quantified LEP, AATBC, lnc-LEP-2:6 and lnc-LEP-2:7 expression; ELISA measured serum leptin and NPY. Eating behavior (Child Eating Behavior Questionnaire) and ADHD symptom severity (Conners' Parent Rating Scale Short Form) were collected. Biomarkers were analyzed with multivariate analysis of covariance (MANCOVA) adjusting for age, sex, and BMI z-score; follow-up ANCOVAs (log-transformed biomarkers) estimated adjusted ratios. A multinomial logistic model with 5-fold cross-validation evaluated biomarker-based classification of groups.

Results: Groups were similar in age and BMI z-score. MANCOVA demonstrated a strong overall group effect (Wilks' lambda=0.173, $F(12,122)=14.27$, $p<0.001$). Adjusted comparisons showed untreated ADHD versus controls had higher LEP (ratio 1.69), lnc-LEP-2:6 (3.24), lnc-LEP-2:7 (2.48), AATBC (5.54) and serum leptin (1.91), and lower NPY (0.32) (all $p<0.003$). Treated ADHD versus controls showed higher lnc-LEP-2:6 (1.46), lnc-LEP-2:7 (1.51) and AATBC (1.90), and lower NPY (0.52) ($p<0.02$), while LEP and leptin were not different ($p>0.20$). Emotional undereating was lower in both ADHD groups than controls ($p<0.02$). The six-biomarker panel classified groups with 76.4% accuracy and macro-AUC 0.90.

Discussion: Leptin-related lncRNAs and AATBC, together with leptin and NPY, form a coordinated multivariate signature in pediatric ADHD that persists after accounting for age, sex, and adiposity. The pattern is consistent with relative leptin-pathway upregulation alongside reduced NPY in untreated ADHD, with methylphenidate associated with partial normalization toward the control profile. Cross-validated classification further supports the biomarker panel's potential for biological stratification. Longitudinal studies with larger samples are needed to test causality, medication effects over time, and links to eating

behavior and weight trajectories.

P-30-008

Differential associations between distinct symptoms of attention deficit/hyperactivity and body mass index in childhood

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Co-Authors: M. Kim, J. Lee

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention deficit/hyperactivity disorder (ADHD) is associated with obesity and considered as a risk factor for childhood obesity. Obesity is frequently comorbid with emotional dysregulation, which is also associated with ADHD. However, the underlying mechanisms of these associations between ADHD, obesity, and emotional dysregulation remain unclear. This study aims to explore the relationships among ADHD, body mass index (BMI), and emotional dysregulation, and identify whether BMI could serve as potential markers for ADHD with emotional dysregulation in children.

Methods: This study examined the medical records of 490 children diagnosed with ADHD aged 6-12 years. The assessment of ADHD symptoms was conducted using the Korean ADHD rating scale (K-ARS) score, which consists of total score, inattention score, and hyperactivity/impulsivity score. Data from Weschsler intelligence scale for children (WISC), child behavior checklist (CBCL), children's depression inventory (CDI), and state-trait anxiety inventory (STAI) were collected to assess participants' cognitive, emotional, and behavioral characteristics and analyze their association with BMI.

Results: BMI showed significant correlation with the K-ARS total score ($r=0.097$, $p=0.036$). BMI was significantly associated with hyperactivity/impulsivity score ($r=0.135$, $p=0.044$), but not associated with inattention score ($r=0.093$, $p=0.166$). BMI also showed significant correlations with score of externalizing problems ($r=0.100$, $p=0.032$) and rule-breaking behavior ($r=0.105$, $p=0.024$) in CBCL.

Discussion: Increased BMI is associated with higher ADHD symptoms score, particularly with hyperactivity/impulsivity, but not with inattention. BMI also associated with behavioral problems. These findings suggest that BMI may be associated with a range of symptoms in ADHD, including emotional dysregulation that affects behavior. Further research is needed to understand the exact mechanisms involved and to explore the potential role of BMI as an indicator for ADHD with emotion dysregulation.

P-30-009

ADHD-Obesity Comorbidity in Children and Adolescents: An Updated Systematic Review (2018-2025)

Submitter: Seyhan Temtek Guner, Türkiye

Co-Authors: S. Temtek Guner

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-deficit/hyperactivity disorder (ADHD) is increasingly recognized as a condition with both mental and physical health consequences. Among these, obesity has emerged as a frequently observed comorbidity in children and adolescents. Although earlier reviews reported an association between ADHD and obesity, the growing body of research published in recent years calls for an updated and focused synthesis. This review aims to examine recent evidence on the prevalence of ADHD-obesity comorbidity in youth and to explore associated behavioral mechanisms and clinical implications.

Methods: A systematic search of the PubMed database was conducted for studies published between 1990 and 2025, with particular attention to publications from 2018 onward. Eligible studies included children and adolescents diagnosed with ADHD according to DSM-IV or DSM-5 criteria and assessed obesity or adiposity using body mass index, waist circumference, or validated measures of central fat accumulation. Peer-reviewed original studies and meta-analyses were included, while case reports, conference abstracts, and non-English or non-Turkish publications were excluded. The findings were synthesized qualitatively.

Results: Across studies, children and adolescents with ADHD were consistently found to have a higher risk of overweight and obesity compared to their peers. Difficulties related to impulsivity, eating regulation, and sleep were frequently identified as contributing factors. Recent research further suggests that ADHD is associated with increased central adiposity, even when overall BMI does not differ markedly. Elevated rates of ADHD have also been reported in clinical obesity populations, including individuals evaluated for bariatric surgery. Population-based studies support these findings, indicating that the association persists at a national level.

Discussion: The current literature provides converging evidence that ADHD and obesity commonly co-occur in pediatric and adolescent populations. Behavioral and executive function difficulties appear to play an important role in this relationship. Incorporating ADHD assessment into pediatric obesity care may support earlier identification and more integrated treatment approaches, with potential benefits for long-term health outcomes.

P-31

Autism III: Early Detection and Intervention

P-31-001

Ten-Year Trends in Early Intervention Developmental Assessments in Taiwan: Changes in Age at Evaluation, Referral Sources, and Clinical Profiles

Submitter: Shao-Chien Chen, Taiwan

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Over the past decade, early identification and intervention for developmental delay have been increasingly emphasized in Taiwan. While national administrative data suggest rising prevalence and referral rates, little is known about long-term trends in the clinical characteristics of children who actually undergo early intervention developmental assessments.

This study aimed to examine ten-year temporal trends in children receiving early intervention developmental assessments, focusing on age at initial assessment, referral sources, assessment tools, and diagnostic composition in a real-world clinical setting.

Methods: We conducted a retrospective observational study using clinical data from children aged 0-6 years who received their first early intervention developmental assessment at a tertiary medical center in Taiwan between 2015 and 2024. Demographic information, age at initial assessment, referral sources, assessment tools, developmental domains, and clinical diagnostic outcomes were extracted from medical records. To evaluate temporal trends, the study period was divided into consecutive intervals. Changes over time were analyzed using trend tests and regression models adjusting for sex and referral source.

Results: A total of 200 children were included. Over the ten-year period, the median age at initial assessment decreased, while the proportion of referrals originating from medical services and developmental screening programs increased. The use of standardized developmental assessment tools expanded over time. In parallel, the diagnostic composition shifted, with an increasing proportion of children identified with autism spectrum disorder or social-communication concerns. These trends remained significant after adjustment for demographic factors.

Discussion: This study demonstrates substantial changes over a decade in the clinical profiles of children receiving early intervention developmental assessments in Taiwan. The findings highlight earlier identification, evolving referral pathways, and shifting diagnostic patterns in real-world practice, underscoring the need to align early intervention services with changing clinical demands.

P-31-002

Early vs. Late Presenters to a Tertiary Developmental Service: Diagnostic, Demographic, and Developmental Profile Scores Differences in Preschool-Aged Children

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Timely identification of developmental concerns is central to optimizing neurodevelopmental and mental health outcomes. In high volume tertiary pediatric centers, understanding how timing of presentation relates to diagnostic patterns and developmental profiles can inform screening strategies and service planning. We compared children who presented before Kindergarten -K1 year ("Early") versus those presenting during Kindergarten K1-K2 years("Late") to the Developmental and Behavioral Pediatrics (DBP) department at a tertiary pediatric center in Singapore. We examined differences in demographics, primary diagnoses and developmental domain scores, between the 2 groups at the first visit.

Methods: A retrospective cross-sectional study of 2085 preschool children presenting as new cases in 2022 to the DBP clinic was conducted. Children were grouped as Early (before K1; n=1314 children) or Late (K1-K2; n=771 children). Group comparisons used t-tests/ANOVA or chi square tests as appropriate; effect sizes were summarized with eta squared for continuous outcomes. Primary diagnoses were extracted from the first visit based on the history, screening results and clinical assessment. The Developmental profile-4 (DP-4) provided standard scores in General Development, Physical, Adaptive, Social Emotional, Cognitive, and Communication domains. Unadjusted odds ratios (ORs) with 95% confidence intervals (CIs) were calculated for selected contrasts to aid interpretation.

Results: Early presenters were younger than late presenters (2.4 ± 0.6 vs 4.8 ± 0.8 years; $p < 0.001$) with higher proportion of Malay ethnic group (24.1% vs 17.6%; $p < 0.001$). Among early presenters, the most frequent diagnoses were Developmental Language Delay (DLD) (47.6%), Global Developmental Delay (GDD) (27.7%) and Autism (11.1%) versus Behavioral/ Emotional concerns (39.7%), GDD (16.0%) and DLD (12.1%) in Late presenters. Diagnosis of DLD was more likely in Early presenters (OR =6.61), and Behavioral/Emotional concerns (OR = 8.26) in Late presenters. In DP-4, Early presenters scored significantly lower in communication (64.76 ± 17.59 vs 80.20 ± 17.21 ; $p < 0.001$; large effect size), and slightly lower in General Development, Physical, and Cognitive domains ($p < 0.001$, small-moderate effect size). Adaptive scores were marginally lower in late presenters ($p = 0.005$).

Discussion: In a large tertiary cohort, timing of presentation was associated with distinct developmental profiles and diagnostic patterns. Early presenters appear to be driven by communication/language concerns resulting in higher odds of DLD at first visit. Late presenters commonly present with behavioral/emotional difficulties and show slightly lower Adaptive functioning. The higher Malay representation among Early presenters warrants further exploration (e.g., screening uptake, language environment, referral pathways).

Implications for practice and policy

Findings support strengthening early language screening and referral in primary care and preschool settings, alongside targeted parent mediated interventions. For children presenting later, services should be poised to address behavioral/emotional needs and adaptive supports within educational contexts. Future work should adjust for potential confounders (sex, ethnicity, SES), apply multiple comparison control across domains, and examine referral source and language environment to inform culturally responsive outreach.

The Impact of Socioeconomic Status on the Clinical Profile of Preschool Children with Autism Spectrum Disorder

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Socioeconomic status (SES) and social inequities play an important role in physical and mental health trajectories in children and adolescents. Children growing up in socioeconomically disadvantaged environments show an increased vulnerability to psychopathology-related symptoms. However, the influence of socioeconomic status (SES) on the clinical presentation of Autism Spectrum Disorder (ASD) remains an underexplored area of research. The aim of this study is to examine the role of socioeconomic factors on the clinical profile of preschool-aged children clinically referred for ASD. Specifically, the study investigates the association between SES and age at first referral, severity of autistic symptoms and impact on emotional dysregulation (ED).

Methods: This cross-sectional study examined a sample of 168 preschool-aged children (78% male; mean age = 38.9 ± 11.9 months) consecutively referred to a university clinic in Northwestern Italy for a suspicion of neurodevelopmental disorders. All children underwent standardized clinical assessments: autism symptom severity was evaluated using the Autism Diagnostic Observation Schedule, Second Edition, Calibrated Severity Score (ADOS-2 CSS), ED using the Child Behavior Checklist - Attention, Anxious/Depressed, and Aggression index (CBCL-AAA), and global developmental/cognitive delay (GDD) using age and language appropriate standardized scales. SES was determined by Hollingshead Index, Deprivation Index and citizenship of the patient. Multivariate regression models were applied to data. Analysis was conducted on the entire sample and a comparison between children with ASD diagnosis and those without were performed.

Results: No correlation between the Hollingshead index (linear regression coefficient B 0.01; 95%CI: -0.00, -0.02; $p = 0.208$), the Deprivation Index (linear regression coefficient B -0.50; 95%CI: -1.73, -0.7; $p = 0.423$), and the age at first referral was found both in the whole sample and in the two subsamples. Neither socio-economic variables were significantly related to the severity of autistic symptoms. Considering the ASD sample only, multivariate linear regression showed that there was a negative correlation between the Hollingshead Index and the levels of ED (linear regression coefficient B -0.023; $p = 0.037$).

Discussion: Our findings show that neither family socioeconomic status nor geographic deprivation seem to influence age at diagnosis or overall severity of neurodevelopmental

symptoms. However, children diagnosed with ASD in families with socioeconomic disadvantage display greater risk of emotional dysregulation, suggesting the importance of considering the social environment in these patients and the need of implementing effective interventions for ED in targeted populations.

P-31-005

Music for Autism: Behavioral and Neural Effects of Music Therapy with Autistic Children -A Binational Randomized Controlled Trial

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The Music for Autism study aimed to examine the effects of music therapy (MT) compared to a structurally matched play therapy (PT) on communication and brain connectivity in autistic children. Building on previous research suggesting that MT can enhance social communication and neural integration, this study extended the work to a larger, cross-cultural context across two European sites.

Methods: Sixty-eight autistic children aged 6-12 years were enrolled in an assessor-blinded, crossover randomized controlled trial conducted in Bergen, Norway, and Vienna, Austria. Participants received both MT and PT, each for 12 weeks, in a randomized order and separated by a 3-month washout period. Primary outcomes were social communication, measured by the Children's Communication Checklist-2 (CCC-2), and resting-state functional connectivity (rsFC) within fronto-temporal brain networks. Additionally, children and parents were asked which intervention they preferred and why.

Results: Group-level analyses showed no significant difference in CCC-2 scores between MT and PT conditions. However, individual-level data revealed substantial variability in behavioral responses. Neuroimaging results indicated decreased rsFC in fronto-temporal networks following MT, and this decrease was associated with improved communication scores. Regarding preferences, approximately half of the families favored MT, citing joy, relaxation, and engagement; others preferred PT for its imaginative play, while several expressed no preference, emphasizing the importance of the therapeutic relationship itself.

Discussion: Findings suggest that while mean effects were not significant, individual patterns of response highlight the potential of MT to support communication and neural integration in some autistic children. Parental feedback underscored meaningful qualitative benefits, including joy, relaxation, and enhanced expression through music. The study demonstrates the value of interdisciplinary collaboration in understanding therapeutic mechanisms that promote well-being and participation for children with autism.

P-31-006

'CO-created Parent-child relationship focused Early Autism Support' - CO-PEAS. An Infant Mental Health (IMH) based and participatory developed early intervention for children (0-4 years) with autism spectrum disorder (ASD), and their parents.

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: ASD poses challenges to children's development and well-being, the parent-child relationship and parenting approaches. IMH is the scientific field that focuses on early childhood development and the important role of the parent-child relationship. Interventions during early childhood can be transformative. Existing literature highlights gaps in the current existing intervention programs in response to the needs of parents of young children with ASD. Parent training for parents of children with ASD has been shown to have a positive effect, which supports the importance of parent-centred approaches. Our aim is to develop and implement a new form of early intervention for children aged 0-4 years with ASD, and their parents. This early intervention will take the form of parent groups offering psychoeducation and peer contact from an IMH-perspective.

Methods: The study design is mixed methods participatory action research. Firstly, parents and an expert panel (using a Delphi-method) will be questioned about their needs and expectations with regard to the form and content of the proposed early intervention. This is to facilitate participatory development of an intervention through the experience-based co-design approach. Secondly, the parent group program will be implemented, evaluating facilitators and barriers, using the Consolidated Framework for Implementation Research. Furthermore, the hypothetical effects on certain key parameters, being parents' quality of life, sense of competence, self-regulation and sense of connection with their child, will be considered.

Results: This project was submitted to FWO for funding.

Discussion: Developing and implementing an IMH-sensitive early intervention, consisting of a parent group psycho-education and intervention program, for young children with ASD, and their parents will address several gaps in the current offered interventions. Moreover, participating in this program is hypothesised to have a positive effect on the key parameters described above. By prioritizing these aspects, we can create a more supportive environment for families and have a positive impact on the lives of both parents and children. Reducing parental stress could in turn be considered within an economic framework of cost-effective treatment.

Early Multifamily Therapy for Toddlers with Autism Spectrum Disorder: Preliminary Findings of the "Coquille" Study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Early intervention for autism spectrum disorder (ASD) requires approaches that support both child development and parental resources. However, no existing early ASD intervention explicitly combines individualized parent-child work with structured multifamily therapy (MFT). The "Coquille" programme is a six-month early intervention combining weekly MFT sessions, two-family observations, and single-family work for toddlers under 30 months diagnosed with ASD. The weekly MFT sessions last three hours and include parent-child activities, experiential and reflective parenting activities, and a developmental group for children. The specific objective of this preliminary analysis is to explore mothers' experiences of the MFT component through thematic analysis, in order to identify therapeutic mechanisms, perceived benefits, and areas for improvement in the early phases of programme development.

Methods: This qualitative component stems from an ongoing monocentric mixed-methods study of the Coquille early intervention program. Data were collected through one naturalistic focus group with three mothers who had completed the six-month program, followed by two individual semi-structured interviews with participating mothers to deepen emergent themes. Interviews were conducted by independent researchers who didn't participate to the programme. All participants provided informed consent and the study was submitted to a national ethics committee. Data were analysed using thematic analysis. The objective was to identify convergent subjective experiences regarding MFT participation, perceived changes in parental understanding, child development, coping strategies, family communication, and group dynamics.

Results: Three major thematic domains emerged. First, mothers reported significantly enhanced understanding of ASD, particularly through experiential and sensory-focused workshops, which helped them reinterpret their child's behaviors and improve everyday communication. Second, parents described increased confidence and improved emotional regulation, reporting greater patience, reflective functioning, and more effective crisis management. These parental changes were accompanied by perceived developmental gains in children - greater social engagement, more consistent eye contact, emerging communication (pointing, vocalizations), and improved tolerance of separation. Third, the MFT group was consistently described as a crucial source of mutual support, reducing isolation and promoting shared problem-solving. Some challenges were also reported: sensory overload during specific workshops, difficulties related to linguistic

diversity, and emotional difficulty at programme termination, with mothers expressing a wish for a more gradual transition.

Discussion: These preliminary qualitative findings suggest that embedding multifamily therapy within an early ASD intervention provides meaningful benefits for both parents and children. MFT appears to facilitate parental insight, emotional regulation, and a sense of coherence while simultaneously supporting observable child developmental progress. The peer community created within MFT plays a key role in reducing isolation, validating experiences, and fostering shared learning, which are particularly valuable in the vulnerable social and economic context in which we work. These results reinforce the relevance of the broader mixed-methods evaluation defined in the Coquille research protocol, which aims to quantify changes in behavioral and parental dimensions and examine their maintenance at six-month follow-up, and which aims to collect mothers' lived experiences within the programme.

P-31-008

A Follow-up Study of a Short-Term, Low-Intensity Early Start Denver Model for Autistic Children in Taiwan: Comparisons of Child and Family Resource Utilization and Household Economic Burden

Submitter: Chung-Hsin Chiang, Taiwan

Co-Authors: C. Chiang, I. Cheong

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Cost-effectiveness and burden-of-illness research in autism spectrum disorder (ASD) requires comprehensive assessment of health-related, non-health-related, and family out-of-pocket costs. Although prior literature suggests that early intervention may reduce long-term family economic burden, systematic longitudinal evidence remains limited. Following the efficacy study of the Taiwan Early Start Denver Model (ESDM; Chiang et al., 2023), this study conducted a four-year post-intervention follow-up to examine whether families of children who received ESDM experienced reduced economic burden compared with a community comparison group.

Methods: Parents of 32 autistic children (mean age around 9 years) participated, including 15 children previously assigned to the ESDM group and 17 to a community comparison group. Based on the Resource Use Questionnaire-Preschool (RUQ-P; Ungar et al., 2018), we developed the Taiwan version of the Resource Use Questionnaire-School (T-RUQ-S) to assess ASD-related service use over the past year across five domains: educational placement, service utilization frequency, out-of-pocket expenditures, financial subsidies, and perceived family economic burden.

Results: The two groups did not differ significantly in educational placement, service utilization frequency, out-of-pocket costs, financial subsidies, or overall economic burden ($p > .05$). However, qualitative interviews suggested that although ESDM did not reduce long-term service needs or expenditures, it supported parents in developing clearer understanding of their child's developmental profile, enabling more informed resource allocation and caregiving decisions.

Discussion: While ESDM yields immediate developmental benefits, four years post-intervention both groups continued to face substantial service needs and financial burden during the school-age period. Parents with prior ESDM experience may nonetheless demonstrate more adaptive decision-making regarding service utilization.

P-31-009

From Need to Manual: Developing a Parent-Mediated Social Skills Training Program for Children with Autism in India

Submitter: Abhishek Verma, India

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Children with Autism Spectrum Disorder (ASD) experience persistent difficulties in social communication and interaction, which adversely affect psychosocial functioning, mental health, and quality of life. In low- and middle-income countries such as India limited availability of trained professionals contributes to a substantial treatment gap in evidence based autism interventions. Parent-mediated interventions offer a scalable and cost-effective alternative; however, there is a lack of indigenously developed, manualized parent-mediated programs in India that specifically target social skills. This study aimed to develop a culturally grounded parent-mediated social skills training and psychoeducation manual for children with ASD aged 6-13 years, designed for delivery within low-resource settings.

Methods: Parents of children with ASD and autism specialists were recruited from a tertiary child and adolescent psychiatry service hospital in North India. Data were collected through focus group discussions, in-depth semi-structured interviews, literature review, and stakeholder interviews. Identified practice elements addressing social communication and interaction were systematically reviewed and rated on feasibility, acceptability, and perceived effectiveness. Cultural adaptation frameworks informed manual structure and content. The resulting intervention was designed as a modular, parent-mediated, home-based program integrating psychoeducation and responsive social skills training strategies.

Results: Qualitative analysis showed gaps in parental knowledge and understanding of autism spectrum disorder, particularly in context to the nature and developmental significance of social communication and interaction deficits. Parents described a level of uncertainty in understanding and interpreting their child's social behaviors and often relied on trial-and-error strategies, therefore highlighting a strong unmet need for structured guidance. Psychoeducation importantly emerged as a foundational requirement and was perceived as essential component for improving parental confidence, reducing caregiver burden and enabling effective engagement with social skills interventions. Autism specialists who were interviewed identified a glaring gap in culturally relevant, parent-mediated social skills programs within existing care pathways. Experts also emphasized the need for strong methodological rigor in future interventions, particularly for systematic measurement of treatment fidelity which include structured assessment of parent adherence and caregiver-maintained fidelity record in order to ensure treatment integrity

and reliable outcome evaluation.

Discussion: This manual is an indigenously developed parent-mediated social skills training program for children with autism spectrum disorder in India. By integrating parental perspectives, cultural context, and expert input, the manual aimed to directly addresses critical gaps in the accessibility as well as quality of autism interventions in low-resource settings in the country. The emphasis on psychoeducation and systematic fidelity monitoring used in the development aligns with global recommendations for a scalable and accountable autism care. Future phases will evaluate feasibility, acceptability, and preliminary efficacy through pilot testing. It is hoped that the program has the potential to strengthen family capacity, enhance intervention consistency and improve the overall social outcomes for children with ASD within public child and adolescent mental health systems.

P-31-010

Developing Parental Media Literacy to Prevent Digital Autism Manifestations in Children

Submitter: Aliya Mambetalina, Kazakhstan

Co-Authors: A. Mambetalina, G. Zhukenova

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The objective of this study is to provide a scientific rationale and to develop a model for fostering media literacy among parents of children exhibiting manifestations of digital autism as a preventive factor against emotional, social, and speech developmental impairments in a digital environment. An additional objective is to reconceptualize parental media literacy not only as an informational competence but also as a psychological and educational resource supporting children's emotional and social development. In the context of global digitalization, the number of children demonstrating difficulties in communication, emotional responsiveness, and speech development associated with excessive and uncontrolled screen use is increasing. This phenomenon is referred to in the scientific literature as "digital autism." Although it has no official diagnostic status in international classifications, it represents a significant psychological and educational challenge of contemporary childhood.

Methods: The study employs theoretical and analytical research methods. These include a review and synthesis of national and international literature on digital autism, digital socialization, and parental media literacy. The empirical component is based on psychological and pedagogical analysis of family media mediation practices, generalization of preventive interventions targeting parents, and conceptual modeling of a media literacy development program as a preventive framework.

Results: The study resulted in the development of a conceptual model of parental media literacy conceptualized as an integrated psychological and educational competence. The findings indicate that higher levels of parental media literacy contribute to a reduction in risks associated with digital developmental disorders in children, as well as to improvements in emotional contact and the quality of parent-child communication. A preventive program focused on conscious media mediation and emotional support of the child in the digital environment was developed.

Discussion: The findings highlight the necessity of shifting the focus of preventive interventions from the child to the family as a key agent of digital socialization. Viewing parental media literacy as a resource for emotional and social development expands existing approaches to preventing digital risks in childhood. The results may be applied within systems of psychological and educational family support and in the design of

parental education programs in the context of ongoing digital transformation.

P-32

Autism IV: Biological Mechanisms

P-32-001

Immune Cell-Mediated Causal Relationship Between Gastrointestinal Microbiota and Autism Spectrum Disorder

Submitter: Yang Gao, People's Republic of China

Co-Authors: R. Maimaiti, K. Paerhati

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Topic: Genetics and Epigenetics

Objective: Autism spectrum disorder (ASD) is a prevalent neurodevelopmental disorder with a poorly understood pathogenesis, and emerging evidence links gut microbiota dysbiosis and immune dysfunction to its onset and progression. Given the limitations of observational studies in establishing causality, this study aimed to clarify the causal relationship between gastrointestinal microbiota and ASD using Mendelian randomization (MR) analysis, which mitigates confounding and reverse causality biases. Additionally, it sought to identify and quantify the mediating effects of specific immune cell phenotypes on the gut microbiota-ASD causal pathway, thereby uncovering the underlying "microbiota-immune-brain" axis mechanisms and providing genetic evidence to support targeted immune- or microbiota-based intervention strategies for ASD.

Methods: This study utilized publicly available genome-wide association study (GWAS) summary data for analyses. Gastrointestinal microbiota data included 473 taxa from 5959 participants (accession: GCST90032172-GCST90032644), ASD data covered 18,381 cases and 27,969 controls from the Psychiatric Genomics Consortium, and immune cell data involved 731 phenotypes from 3757 European-ancestry individuals (accession: GCST90001391-GCST90002121). Two-sample Mendelian randomization (MR) with inverse variance weighting (IVW) as the primary method was applied to assess causality, supplemented by MR-Egger regression, weighted median, and mode methods for sensitivity verification. Reverse MR ruled out reverse causality, and two-step mediation analysis quantified immune cells' mediating effects, with R software (v4.2.2) used for all statistical analyses.

Results: Two-sample MR analysis identified gut microbiota taxa with causal links to ASD: Prevotella was a significant risk factor (IVW OR=1.231, 95%CI:1.098-1.381, $P < 0.001$), while Rhodanobacter exerted a protective effect (IVW OR=0.513, 95%CI:0.312-0.845, $P=0.009$). Reverse MR ruled out reverse causality between ASD and Prevotella ($P > 0.05$), though a reverse association was found for Rhodanobacter, leading to Prevotella being selected for mediation analysis. Sensitivity tests and heterogeneity/pleiotropy assessments validated Prevotella's effect stability (all $P > 0.05$). Mediation analysis revealed four immune cell phenotypes as partial mediators, with respective effect ratios of 12.9%, 4.4%, 3.5% and 5.4% in the Prevotella-ASD pathway.

Discussion: This study's finding that *Prevotella* is a causal risk factor for ASD aligns with prior clinical observations of elevated *Prevotella* abundance in ASD patients, underscoring its role in disrupting gut-immune homeostasis. The identified immune cell mediators (CD62L⁺ DC and Treg subtypes) highlight a key "microbiota-immune-brain" axis: *Prevotella* likely impairs DC-induced immune tolerance and Treg anti-inflammatory functions, triggering neuroinflammation that disrupts neurodevelopment. While *Rhodanobacter*'s protective effect warrants further exploration, reverse causality for this taxon limits its mechanistic interpretation. Limitations include reliance on European-ancestry GWAS data and unexamined environmental modifiers. These results advance ASD pathogenesis understanding, suggesting targeting *Prevotella* or restoring immune cell regulatory function could be viable therapeutic strategies for ASD.

P-32-002

Investigation of Microplastic Levels in Children with Autism Spectrum Disorder and Their Mothers

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Topic: Genetics and Epigenetics

Objective: Environmental exposures in early life may contribute to neurodevelopmental disruptions, but evidence in human biological samples remains limited. This study aimed to quantify microplastic polymers in children's blood and in maternal blood and breast milk from mother-child pairs with Autism Spectrum Disorder (ASD), and to compare these findings with those of healthy controls, using Pyrolysis-Gas Chromatography/Mass Spectrometry (Py-GC/MS). We also examined whether microplastic concentrations are associated with core clinical severity measures in ASD. The overarching goal was to provide human-based evidence on microplastic exposure within the mother-child axis in the context of ASD etiology.

Methods: We conducted a case-control study including 11 children under 36 months with ASD diagnosed according to DSM-5 criteria and their biological mothers, with breast milk samples from four mothers, and 10 typically developing child-mother dyads as controls, with breast milk from six mothers. Venous blood samples were obtained from children and mothers, and breast milk from lactating mothers.

ASD severity was assessed using the Sociodemographic Data Form, Childhood Autism Rating Scale (CARS), Autism Behavior Checklist (ABC), and Gilliam Autism Rating Scale-2 (GARS-2); controls completed only the Sociodemographic Data Form.

Py-GC/MS quantified eight microplastic polymers; polymethyl methacrylate (PMMA), polypropylene (PP), polystyrene (PS), polyethylene (PE), polyurethane (PU), polycarbonate (PC), polyamide 6 (PA6), and polyamide 66 (PA66); across all biological matrices. Polymer concentrations were summed to calculate total microplastic loads under strict contamination control.

Results: Total microplastic loads in child blood, maternal blood, and breast milk were significantly higher in the ASD group than in controls. In child blood, PP, PS, PE, PU, and PC were higher in ASD, while in maternal blood, PS, PE, and PC were also significantly higher. No between-group differences were observed in breast milk.

Polymer-specific analyses showed that PA6 in child blood correlated positively with total CARS and ABC scores, whereas other polymers were not consistently associated with clinical severity. In maternal blood, PU correlated with both CARS and ABC scores, and PA66 with CARS only. No correlations were observed between breast milk polymers and clinical measures.

Maternal-child blood analyses revealed positive correlations for PS and PC, with no associations for PMMA, PP, PE, PU, PA6, or PA66.

Discussion: This pilot study provides quantitative evidence that microplastic polymers are detectable in human blood and breast milk, with higher total burdens in children with ASD and their mothers compared to controls. Polymer-specific findings, particularly the association between PA6 levels in child blood and behavioral severity scores, suggest that early-life microplastic exposure may be linked to neurodevelopmental processes relevant to ASD. The observed maternal-child correlations for PS and PC further suggest shared environmental exposures or biological transfer pathways.

Several limitations should be considered, including the small sample size, cross-sectional design, and potential unmeasured environmental confounders. The lack of consistent associations in breast milk may indicate that systemic circulation levels better reflect neurodevelopmentally relevant exposure than dietary intake alone.

Overall, these findings highlight the need for larger, prospective longitudinal studies to clarify causal pathways, exposure mechanisms, and potential preventive strategies related to microplastic exposure in early neurodevelopment.

P-32-003

Clinical Profile and Gastrointestinal Symptom Associations in Children with Autism Spectrum Disorder: A Retrospective Study From India

Submitter: Ankita Garg, India

Co-Authors: A. Garg, D. Gupta, N. Sengupta

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Topic: Genetics and Epigenetics

Objective: Gastrointestinal (GI) symptoms are frequently reported in children with Autism Spectrum Disorder (ASD), yet their patterns and associations with behavioural and autism-related clinical features remain under-characterised in Indian settings.

§ To describe the clinical and gastrointestinal symptom profile of children with ASD attending a Child & Adolescent Psychiatry clinic of a tertiary-care hospital in New Delhi, India.

§ To examine associations of GI symptoms with problematic behaviours, and autism-related features in children with ASD.

Methods: A retrospective chart review was conducted of children aged <18 years presenting for the first time to Child and Adolescent Psychiatry outpatient services between January 2021 and December 2025 and diagnosed with ASD using DSM-5 criteria. Children presenting for follow-up were excluded. A total of 1,351 children met inclusion criteria. Extracted data included sociodemographic details, GI symptoms, problematic behaviours (hyperactivity, aggression, self-injurious behaviour, sleep disturbances), and ASD-related clinical characteristics (social interaction, language delay, speech/ social regression, motor stereotypies, sensory abnormalities, and restricted interests). Social interaction was coded on a three-point ordinal scale, while other variables were coded as present or absent. Data were anonymised. Descriptive statistics summarised clinical profiles, and chi-square tests examined associations. Missing data due to incomplete documentation were excluded from variable-specific analyses.

Results: Of 1,351 children, 79.0% were male, 63.4% were aged 3-7 years. Speech/ social regression was present in 55.2%, and language delay in 52.6%. Sensory abnormalities were observed in 78.6%, most commonly visual (59.4%) and auditory (42.9%). Motor stereotypies were present in 71.0% with hand flapping (53.6%) being the most frequent. Social interaction data were available for 1,160 children; among these, 53.6% had poor, 40.1% fair, and 6.3% good social interaction. Problematic behaviours included hyperactivity (44.0%), aggression (21.5%), sleep disturbance (19.2%), and self-injurious behaviour (7.8%). Gastrointestinal symptoms were reported in half of the study population (49.4%), predominantly constipation (80.3%). Children with GI symptoms were significantly more likely to exhibit hyperactivity ($p = 0.002$), sleep disturbance ($p < 0.001$), aggression ($p = 0.022$), and self-injurious behaviour ($p = 0.018$).

Discussion: Gastrointestinal symptoms are common in children with ASD, with reported prevalence ranging from 9-91% due to methodological heterogeneity. In present study, nearly 50% of children had GI symptoms, most commonly constipation, consistent with existing literature. GI symptoms were associated with behavioural disturbances, possibly reflecting non-verbal discomfort in children with limited communication.

Routine screening and management of GI symptoms should form an integral part of ASD care, particularly in children presenting with problematic behaviours or worsening stereotypies. Strengths of this study include a large sample size, use of real-world clinical data, and contribution to the limited Indian literature on GI-behaviour associations in ASD. Limitations include the retrospective, cross-sectional design, lack of standardized GI assessment tools, absence of severity grading, and limited control for confounders, restricting causal inference and generalizability.

P-32-004

Role of Glutathione in Autism Spectrum Disorder: Preliminary Findings from India

Submitter: Deepak Gupta, India

Co-Authors: D. Gupta

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To evaluate the effect of IV glutathione therapy on understanding, speech, and various domains in children with autism spectrum disorder.

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by deficits in communication, social interaction, and cognition. Emerging evidence suggests oxidative stress as a contributing factor in ASD pathology. Glutathione, a key intracellular antioxidant, plays a critical role in reducing oxidative stress and supporting neurological function. This study explores the therapeutic potential of intravenous (IV) glutathione in improving cognitive and communicative outcomes in children with ASD.

Methods: This observational study included 44 children diagnosed with Autism Spectrum Disorder (ASD) based on DSM-5 criteria. They were divided into three age groups: 1-4 years (n=10), 4-8 years (n=26), and 8-12 years (n=8). Each child received 12 fortnightly doses of intravenous glutathione after parental consent. Clinical outcomes were measured using the Autism Treatment Evaluation Checklist (ATEC) before and after treatment, assessing changes in behavior, speech, comprehension, and cognition.

Results: Out of 44 children, 34 (77.27%) showed improvement in understanding and cognition, while 23 (52.27%) demonstrated improvement in speech. A reduction in ATEC scores was observed in 21 children (47.72%), indicating overall clinical progress. Transient hyperactivity was noted in 24 children (54.54%); however, this resolved within a few days. The treatment was well tolerated, with no serious adverse effects reported.

Discussion: Preliminary findings suggest that intravenous glutathione may positively impact cognitive and communicative functions in children with ASD. However, the observation of hyperactivity in a subset of participants indicates the need for cautious administration. These encouraging results warrant larger-scale, double-blind, placebo-controlled studies to confirm efficacy and ensure safety.

P-32-005

Polygenic Risk Scores and Psychiatric Medication Exposure in patients with Autism Spectrum Disorder: A Retrospective Observational Cohort Study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Pharmacological interventions in Autism Spectrum Disorder (ASD) often target co-occurring psychiatric symptoms such as irritability, anxiety, depression, and hyperactivity. However, the genetic basis for treatment responses remains poorly understood. This study explores the relationship between polygenic risk scores (PRS) for various psychiatric traits and psychiatric medication exposure in ASD. The study also aims to assess whether these genetic factors can predict medication use patterns and guide personalized treatment approaches in ASD.

Methods: PRSs for a variety of psychiatric traits were calculated for ASD participants diagnosed using the Korean Autism Diagnostic Observation Schedule, Second Edition (K-ADOS-2) assessment. This study included 90 medication-exposed and 314 non-exposed ASD participants, with data obtained from clinical records at Seoul National University Bundang Hospital (SNUBH), where prescriptions were made by multiple child and adolescent psychiatrists. The medications included atypical antipsychotics, antidepressants, stimulants, and other medications commonly prescribed for psychiatric symptoms in ASD. PRS differences between the two groups were assessed using the independent-samples t-test. Additionally, logistic regression analysis was performed to account for potential confounding variables.

Results: Major depressive disorder (MDD) PRS was significantly higher in the medication-exposed group compared to the non-exposed group (OR = 1.317, $p < 0.05$), indicating that higher genetic liability for depression was associated with an increased likelihood of psychiatric medication exposure in ASD. In contrast, Tourette syndrome (TS) PRS was significantly lower in the medication-exposed group (OR = 0.714, $p < 0.01$), suggesting that genetic liability for tic disorders was associated with reduced odds of medication use. These findings remained significant after adjusting for confounding variables, including sex, age, K-ADOS-2 calibrated severity score (CSS), full-scale IQ (FSIQ), and Korea-Child Behavior Checklist (K-CBCL) score.

Discussion: The significant association between MDD PRS and psychiatric medication exposure in ASD suggests that emotional regulation issues, rather than tic symptoms, are major factors driving medication use in this population. This is consistent with the clinical understanding that ASD patients are often treated for comorbid psychiatric symptoms, including depression, anxiety, and irritability, rather than core autism symptoms such as

social communication deficits or repetitive behaviors. The inverse relationship between TS PRS and medication exposure highlights that tic symptoms are often considered less of a priority for medication compared to other comorbid symptoms like emotional dysregulation. These findings highlight the potential of PRS as a complementary tool in precision psychiatry, helping to identify subgroups of ASD patients who may require different clinical management strategies based on their genetic predisposition. Future research should explore the clinical utility of PRS in predicting treatment response and guiding individualized therapeutic approaches.

Autism Spectrum Disorder is characterized by higher spatial heterogeneity of the excitation/inhibition ratio.

Submitter: Daniele Marcotulli, Italy

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The excitation/inhibition (E/I) imbalance theory of autism spectrum disorder (ASD) posits a fundamental alteration in neural signalling, yet empirical evidence remains inconsistent when relying on global metrics. This study tested the pre-registered hypothesis that E/I dysregulation in ASD is not a global state shift, but a specific alteration in the spatial coordination of regional neural population dynamics. We aimed to determine if the autistic cortex is characterized by increased spatial heterogeneity of the E/I ratio, indicative of a diverse topological organization. Furthermore, we sought to validate whether this spatial heterogeneity is a stable, state-independent trait by examining its presence during sleep and assessing its replicability across independent, large-scale cohorts.

Methods: We analyzed resting-state EEG data from three large, independent datasets: a clinical discovery cohort and two external validation cohorts (Healthy Brain Network and NIH/Dede et al.), comprising a total of 3,853 participants. The aperiodic exponent of the power spectral density was calculated as a validated electrophysiological proxy for the E/I ratio. The primary analysis specifically targeted a meso-scale window (~6-9 cm). We also mapped the spatial autocorrelation of this exponent using Moran's I to quantify the coordination of excitability across the cortical surface. Linear mixed-effects models and rigorous sensitivity analyses were employed to control for sensor density, medication, intellectual disability, technical artifacts, and to compare wakefulness with sleep states.

Results: Across all three cohorts, ASD was characterized by significantly reduced spatial autocorrelation of the aperiodic exponent compared to neurotypical controls. This reduction was specifically observed at the meso-scale (~6-9 cm), indicating the presence of excitability "islands" and a more heterogeneous spatial organization of neural excitation. This neurophysiological signature was robust against potential confounders, including age, sex, medication use, and comorbidities such as intellectual disability. Furthermore, the increased spatial heterogeneity persisted during sleep, confirming that this topological fragmentation is an intrinsic, state-independent trait rather than a transient reflection of sensory processing or active cognition.

Discussion: These findings identify spatially heterogeneous E/I regulation as a scalable, biologically grounded feature of ASD. By demonstrating that the autistic brain exhibits an alteration in the spatial coordination of neural excitability specifically at the meso-scale,

this study offers a mechanistic framework that reconciles local E/I imbalances with global connectivity differences. This "patchy" functional topography aligns with the concept of weak central coherence. The stability of this marker across datasets and arousal states suggests it represents a fundamental architectural difference in ASD. These results support shifting analytical focus from global averages to topological organization, potentially informing clinical subtyping and the development of spatially targeted neuromodulation interventions.

E/I Topography: Linking Cortical Patches to Sensory Atypicalities in ASD

Submitter: Valentina Francesca Cudia, Italy

Co-Authors: V. Cudia, D. Marcotulli, C. Davico

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aims to longitudinally validate the spatial heterogeneity of the Excitation/Inhibition (E/I) balance as a prospective diagnostic marker for Autism Spectrum Disorder (ASD). Using Moran's I to quantify the spatial distribution of the aperiodic exponent, we will evaluate its screening potential in early developmental stages. A primary goal is to establish a refined mechanistic link between localized hyperexcitable cortical "patches" and atypical sensory processing. Specifically, we will investigate how E/I disorganization disrupts neural gating mechanisms during habituation tasks, potentially dictating the switch between sensory hypo- and hyper-sensitivity. Finally, we seek to demonstrate that this topographical disorganization serves as a biological substrate for impaired multisensory integration and cross-modal processing in ASD.

Methods: This prospective longitudinal study will recruit 160 children (18m-12y), tracking 80 at-risk or suspected ASD cases and 80 neurotypical controls. Diagnostic stability and symptom severity will be rigorously mapped using ADOS-2, CASD, and CARS-2, alongside age-appropriate cognitive batteries. To ensure high-quality data in this pediatric population, EEGs will be recorded during rest and sleep using customized AAC-based "preparation kits" to maximize compliance.

We will employ spectral parameterization to extract the aperiodic exponent as a precise E/I proxy. The mechanistic sensory evaluation involves high-resolution habituation (visual/tactile) and multisensory integration (visuotactile) paradigms, capturing synchronized behavioral metrics and ERP components. Statistical validation will utilize linear mixed-effects models to assess the predictive value of Moran's I (spatial heterogeneity) for diagnostic classification. Advanced regression analyses will then map these topographical E/I "patches" onto refined indexes of sensory gating and cross-modal facilitation.

Results: We anticipate that children with ASD will exhibit significantly greater spatial heterogeneity of the E/I balance (higher Moran's I) compared to neurotypical controls. This disorganized E/I landscape is expected to serve as a stable, longitudinal predictor of the ASD diagnostic profile. Crucially, we expect to demonstrate a refined mechanistic effect where local hyperexcitable cortical "patches" directly disrupt the temporal dynamics of sensory gating. Specifically, higher local E/I ratios are expected to predict significantly shallower habituation slopes in both behavioral intensity ratings and ERP amplitudes. Furthermore, we anticipate that global E/I disorganization will be a key determinant of atypical multisensory facilitation, manifested as a failure to achieve expected reaction time

gains and ERP enhancements during bimodal stimulation. These results would suggest a topographical biological substrate for the heterogeneous sensory-motor phenotypes observed in autism.

Discussion: These findings will suggest a mechanistic topographical framework for understanding the clinical heterogeneity of ASD. By identifying spatial disorganization as a possible hallmark of the autistic brain, this study moves beyond global E/I models toward a more nuanced, site-specific perspective. We will discuss how localized cortical patches of hyperexcitability might disrupt the brain's capacity to filter redundant inputs and integrate cross-modal signals, offering a plausible biological explanation for the co-occurrence of sensory hypo- and hyper-sensitivity. From a clinical standpoint, these markers will be evaluated for their screening and diagnostic potential, serving as objective "biotypes" for early stratification. Ultimately, this research aims to explore a prospective tool for monitoring developmental trajectories through non-invasive EEG biomarkers.

P-32-008

Hippocampal Subfield Alterations and Their Associations with Social Dysfunction in Children and Adolescents with Autism Spectrum Disorder

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To characterize hippocampal subfield-level structural features in children and adolescents with ASD and to examine their associations with social cognitive functioning and the severity of social impairment.

Methods: A total of 118 male participants with ASD (aged 6-18 years) meeting DSM-5 criteria and 55 age-matched typically developing (TD) controls were enrolled. All participants underwent 3D T1-weighted structural MRI, ToM tasks, facial emotion recognition tasks, and assessment with the Social Responsiveness Scale (SRS). Hippocampal subfields were segmented using FreeSurfer. Group differences in hippocampal subfield volumes were examined using analysis of covariance. Partial correlation analyses were conducted to explore associations between subfields showing significant group differences and ToM performance, facial emotion recognition, and SRS scores.

Results: Compared with TD controls, the ASD group showed significantly increased volume of the left CA2/3 ($p = 0.002$, Bonferroni-corrected $p = 0.043$) and decreased volume of the left presubiculum ($p = 0.030$, uncorrected). In the ASD group, left presubiculum volume was positively correlated with basic facial emotion recognition and total facial recognition scores ($r = 0.259$, $p = 0.009$, Bonferroni $p = 0.027$; $r = 0.217$, $p = 0.030$, uncorrected), and with pass rates on explicit and first-order false-belief ToM tasks ($OR = 1.844$, $p = 0.022$; $OR = 1.695$, $p = 0.049$, uncorrected). Left CA2/3 volume was negatively correlated with the SRS social communication subscale and total SRS score ($r = -0.253$, $p = 0.008$, Bonferroni $p = 0.049$; $r = -0.207$, $p = 0.032$, uncorrected).

Discussion: Children and adolescents with ASD exhibited distinct hippocampal subfield alterations, characterized by enlarged left CA2/3 and reduced left presubiculum volumes. Larger left CA2/3 volume was associated with less severe social impairment, whereas reduced left presubiculum volume was related to poorer social cognitive performance. These findings highlight the heterogeneous and potentially distinct contributions of hippocampal subfields to social dysfunction and provide subfield-level neuroanatomical evidence linking hippocampal structure to core social impairments in ASD.

P-32-009

Neurodevelopmental Profile in a Case Diagnosed with 1q41-q42.12 Microdeletion Syndrome: Coexistence of Autism Spectrum Disorder, Epilepsy, and Hearing Loss

Submitter: Sahabettin Kali, Türkiye

Co-Authors: S. Kali, A. Sariköse Özgüven, D. Ünal

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: 1q41-q42 microdeletion syndrome is a rare chromosomal anomaly characterized by distinctive facial dysmorphism, developmental delay, intellectual disability, and seizures. This case aims to present the long-term follow-up of a clinical picture involving severe speech delay, autism spectrum disorder (ASD), and epilepsy associated with a deletion.

Methods: The patient is a 12-year-old male who was followed during the intrauterine period due to decreased fetal movements and risk of miscarriage and was delivered at 36 weeks of gestation with a birth weight of 2700 g due to preterm labor. During infancy, he was monitored for hypotonia and delayed developmental milestones. Seizures began at age two as febrile convulsions and later progressed to afebrile seizures accompanied by loss of tone and cyanosis. Chromosomal microarray analysis identified a pathogenic deletion in the 1q41-q42.12 region. Clinically, the patient exhibited an ASD phenotype characterized by severe speech delay, restricted social interaction, stereotypic movements, and object fixations. Multidisciplinary follow-up revealed hearing loss and orthopedic abnormalities. Under treatment, he has been seizure-free for one year, with improved command-following and social adaptation following special education. Neurological examination was otherwise unremarkable, except for the presence of stereotypies.

Results: The 1q41-q42 microdeletion syndrome is a rare copy number variation (CNV) with a broad phenotypic spectrum. Many cases reported in the literature present with developmental delay, intellectual disability, hypotonia, and epilepsy, and less frequently with ASD. The 1q41-q42 region contains genes critical for brain development, including DISP1, WDR26, and FBXO28, and the loss of these genes has been associated with severe neurodevelopmental impairment, as observed in our case. Notably, the presence of hearing loss and specific object fixations in this patient further highlights the phenotypic heterogeneity of this syndrome.

Discussion: In rare CNVs (copy number variations), early genetic diagnosis is critical for the management of accompanying multisystem involvement and for providing accurate prognostic information to the family.

P-32-010

Early Infantile Seizures Associated with Hypomagnesemia Due to a TRPM6 Mutation and Concomitant Autism Spectrum Disorder: A Case Report

Submitter: Aysegül Sariköse Özgüven, Türkiye

Co-Authors: A. Sariköse Özgüven, S. Kali, D. Ünal

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism spectrum disorder (ASD) is a multifactorial neurodevelopmental disorder characterized by deficits in social communication and interaction, along with restricted and repetitive patterns of behavior. The interaction of genetic and environmental factors plays an important role in its etiology. Pathogenic variants in the TRPM6 gene lead to hypomagnesemia with secondary hypocalcemia, resulting in a metabolic condition that may present with seizures in early infancy. Although a direct association between TRPM6 mutations and ASD has not been demonstrated, it is thought that severe and prolonged hypomagnesemia during early life may adversely affect neurodevelopmental processes. In this case report, we aim to present the clinical characteristics of a patient with hypomagnesemia due to a TRPM6 mutation, a history of epileptic seizures, and a subsequent diagnosis of ASD during follow-up.

Methods: A 2-year-3-month-old male patient is being followed with a history of epileptic seizures secondary to hypomagnesemia, developmental delay, and a preliminary diagnosis of ASD. The patient experienced his first seizure at 3.5 months of age, presenting as a generalized tonic-clonic seizure, and was found on evaluation to have severe hypomagnesemia accompanied by hypocalcemia. Following magnesium replacement therapy, seizures were completely controlled, antiepileptic treatments were gradually discontinued, and the patient has been seizure-free for more than one year. Electroencephalography and brain magnetic resonance imaging were normal. Developmental assessment revealed delays in motor milestones, limited language development, and behavioral features. Evaluation by child and adolescent psychiatry suggested a diagnosis of ASD based on deficits in social communication and the presence of repetitive behaviors. Genetic analysis identified a homozygous pathogenic variant in the TRPM6 gene.

Results: TRPM6 is an important ion channel that regulates magnesium homeostasis through intestinal absorption and renal reabsorption. TRPM6 mutations are a well-defined cause of metabolic seizures due to early-onset hypomagnesemia, and seizures can be controlled with appropriate replacement therapy. Although there is no evidence in the literature indicating that TRPM6 mutations directly cause ASD, developmental delay, cognitive impairment, and various neuropsychiatric findings have been reported in TRPM6-related cases. In addition, reports of ASD and developmental delay in cases with mutations in TRPM7, another member of the same TRPM family, suggest that disturbances in magnesium homeostasis may be associated with neurodevelopmental phenotypes. The role of magnesium in modulating neuronal excitability and synaptic plasticity via NMDA receptors supports the biological basis of this association.

Discussion: This case demonstrates that hypomagnesemia due to TRPM6 mutations can lead to metabolic epileptic seizures in early infancy and that seizures can be completely controlled with appropriate magnesium replacement. Although a direct association between TRPM6 mutations and ASD has not been established, the potential negative impact of early and severe hypomagnesemia on neurodevelopment should be considered. Therefore, patients with TRPM6-related conditions should be closely monitored not only from a metabolic and neurological perspective but also in terms of developmental and psychiatric outcomes.

P-33

Neurodevelopmental Disorders: Complex Presentations and Clinical Care

P-33-001

From clinical complexity to clarity and functioning: Outcomes from the CAPE For Health Complex Neurodiversity programme

Submitter: Ramya Mohan, United Kingdom of Great Britain and Northern Ireland

Co-Authors: R. Mohan

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Neurodivergent children and young people are disproportionately exposed to trauma, systemic stress and chronic anxiety, often resulting in severe functional impairment rather than discrete psychiatric syndromes. Traditional service pathways struggle to address this complexity. We assessed functional outcomes from an integrated cross-sector programme designed explicitly for neurodevelopmentally diverse youth with high psychosocial burden.

We evaluated the usefulness of a six-month integrated multidisciplinary programme for newly diagnosed neurodivergent children and young people (aged 8-18) with complex co-morbidity, presenting to a UK-based outpatient CAMHS clinic between 2023 and 2026.

Methods: Seventeen participants with newly diagnosed complex neurodiversity were referred for the management of Childhood Autism or ASD (with 75% having comorbid ADHD). Participants had co-morbid anxiety (100%), depression (50%), trauma histories (33%) and self-harm (25%).

This integrated model of care included neurodiversity-informed medication management, child clinical psychology/psychotherapy, systemic psychotherapy, trauma therapy (EMDR/Trauma-focussed CBT), a self-guided creativity-based app, special educational inputs, mind-body regulation(yoga and mindfulness) and school liaison.

The baseline, three and six month Children's Global Assessment Scale (CGAS) ratings were evaluated. Participants and families were followed up for a mean period of 12 months. Individual clinical reviews and qualitative follow-up interviews with children and families were carried out(between 18 months to two years from the programme's onset)to assess durability of response.

Results: Mean CGAS scores improved from 30.0 (SD=15.7) at baseline indicating severe impairment, to 55.8 (SD=6.7) at three months and 77.5 (SD=8.7) at six months. The mean functional gain from baseline to programme completion was 47.5 points, representing a shift of two to three clinical severity bands. Improvements were substantial and sustained, with cumulative gains from liaison and cohesion between individual components of the programme.

Furthermore, improvements were sustained beyond the duration of the programme (eighteen months to two years), as observed in individual clinical reviews and qualitative follow-up interviews over an extended period beyond the completion of the programme (18 months to two years from the programme's onset).

Discussion: Our findings suggest that integrated, neurodevelopmentally informed programmes can produce substantial functional recovery in complex CAMHS populations. Functional gains exceeded those typically reported in single-modality interventions, highlighting the importance of synergistic use of cross-sector interventions spanning mental healthcare, education and technology alongside routine psychoeducation in newly diagnosed neurodiversity populations. The CAPE For Health Programme offers an integrated care framework for complex neurodiversity presentations, where symptom-focused approaches alone are insufficient. Our study adds to growing literature evidence of a synergistic multi-modal approach to complex neurodiversity in children and young people.

P-33-002

The Importance of Multi-Modal and Multi-Informant Assessment in the Diagnosis and Treatment of Selective Mutism in Pediatric Psychiatric and Neurodevelopmental Disorders

Submitter: Vera Joffe, United States of America

Co-Authors: V. Joffe

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: The purpose of this 10-minute oral presentation is to examine the clinical importance of utilizing a multi-modal, multi-informant assessment approach in the diagnosis and treatment of Selective Mutism (SM). In pediatric populations, symptom presentation often varies across settings and interpersonal contexts, making reliance on a single assessment method or informant insufficient for accurate diagnosis. Additionally, empirical evidence suggests overlapping characteristics between Selective Mutism and Autism Spectrum Disorder (ASD). The integration of multiple assessment methods including behavioral observations, questionnaires, and reports from parents, teachers, and clinicians enhances diagnostic validity and supports more effective treatment planning and intervention outcomes.

Methods: This presentation will include a fictitious clinical case vignette to illustrate the application of a multi-modal, multi-informant diagnostic approach for Selective Mutism. The assessment tools used to support the diagnosis of SM and to evaluate potential comorbid conditions, particularly Autism Spectrum Disorder, will be described. Furthermore, findings from previous research examining the association between Selective Mutism and ASD-related features will be reviewed.

Results: Prior research findings indicate a significant association between Selective Mutism and features characteristic of Autism Spectrum Disorder. These results suggest that ASD-related traits are prevalent among children diagnosed with Selective Mutism.

Discussion: The findings underscore the importance of routinely assessing Autism Spectrum Disorder features when evaluating children for Selective Mutism. A comprehensive, multi-informant assessment approach is essential for improving diagnostic accuracy and guiding effective treatment planning in child psychiatry, neurodevelopmental disorders, and child psychology.

P-33-003

Genetic testing for children with neurodevelopmental disorders: feedback from a child psychiatry day hospital in France

Submitter: Sarra Bouslah , France

Co-Authors: S. Bouslah, A. Goldenberg, G. Apter

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: There is a broad consensus that genetic testing should be offered to all patients with global developmental delay, intellectual disability, and/or autism spectrum disorder (ASD).

The aim of this study was to examine the indications for genetic counseling and testing, as well as their outcomes, among children with neurodevelopmental disorders receiving care in a child psychiatry day hospital in France.

Methods: We conducted a descriptive retrospective study over a five-year period (from September 2020 to August 2025), based on the medical records of all children aged 3 to 7 years admitted to our child psychiatry day hospital

Results: The study population included 140 children, whose main diagnosis was ASD associated with language and intellectual impairment.

A prescription for genetic consultation was provided to parents in 90,7 % of cases. Among them 60 % underwent genetic testing, and 49,6 % received at least an initial genetic result. The mean waiting time for a genetic consultation was 12,6 months.

In 12 cases, parents did not initiate the appointment scheduling process ; in half of these cases the reasons were unspecified.

A pathogenic or likely pathogenic genetic abnormality was identified in 8 children ; 6 chromosomal abnormalities and 2 pathogenic genetic variants. Clinical characteristics were analyzed in order to describe genotype-phenotype correlations. In some cases, genetic findings led to the implementation of new or adapted therapeutic interventions.

Discussion: Combining expertise in genetics and child and adolescent psychiatry may substantially improve the assessment and management of children with neurodevelopmental disorders. The development of shared and structured care pathways is strongly recommended to facilitate access to genetic counseling and testing

P-33-004

A study on phenomenology of mood disorders in children and adolescents with neurodevelopmental disorders in a tertiary healthcare centre.

Submitter: Poornima Khadanga, United Kingdom of Great Britain and Northern Ireland

Co-Authors: P. Khadanga

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: The phenomenological and conceptual understanding of mood disorders in young people has been slow to develop even as paediatric bipolar disorder has shown increasing prevalence. The phenomenology of paediatric mood disorders is influenced by age and developmental stage of a child often resulting in atypical presentations. Neurodevelopmental disorders (NDDs) are among the commonest amongst treatment-seeking populations in child psychiatry. Besides disability from developmental deficits, a developmental immaturity of the brain, limited coping abilities and socio-emotional skill deficits pose risk for other psychiatric disorders, including mood disorders. Moreover, subthreshold mood symptoms are prevalent in young people. These aspects may further complicate assessments in children with NDDs where developmental disabilities influence the experience, expression and description of mood.

The present study aimed to study phenomenology in children clinically diagnosed with mood disorders.

Methods: We conducted a semi-qualitative study of the clinical history and phenomenology in 120 children recruited from a tertiary care child and adolescent psychiatry service.

A semi structured proforma was used to enter socio-demographic variables. Childhood Depression Rating Scale, Young Mania Rating scale along with a checklist of symptoms corroborated from the diagnostic guidelines were formulated and applied on the study participants. Chi square test was used for statistical analysis.

Results: Out of 120 children who agreed to participate, 1/3 rd had a diagnosis of neurodevelopmental disorders (ADHD, ASD, IDD). The mood disorder was broadly categorised into depression, mania and mixed affective disorders. Each of them had a less than 10% prevalence in Depression, while 20-40% comorbidity in Mania and Mixed affective state. The overall phenomenological presentations were divided into affective, cognitive, behavioural and physiological symptoms.

In affect/emotion related phenomena, irritable mood and emotional dysregulation were equally prevalent across the groups. In cognitive phenomena, reduced concentration, dissociative and obsessive phenomena were equally prevalent. In the behavioural phenomena, overspending (demanding behaviours), substance use, increased screen time and oppositional/ conduct features were equally prevalent. In physiological phenomena, reduced sleep, hypersomnia, nightmares and hyperarousal were equally prevalent. Psychotic phenomena, were significantly different across groups, being commonest in

mania, followed by mixed state and then depression.

Discussion: We found that guilt, negative cognitions as well as suicidal ideations were higher in those without comorbid NDD. On the other hand, diagnosis of mania was equally distributed among those with and without a diagnosis of NDD. Mental status examination of mood disorders in children suggests considerable phenomenological overlap with irritable mood, emotional and behavioural dysregulation, dissociative symptoms, obsessive symptoms, sleep disturbances, nightmares and hyperarousal seen in mania, depression and mixed states. These phenomena may, therefore, not be suitable in differentiating these clinical diagnoses. Psychotic phenomena are more characteristic of childhood mania and may warrant the possibility of manic or mixed affective state, rather than depression.

P-33-005

Catatonia in an Adolescent with Neurodevelopmental Comorbidities: A Case Report

Submitter: Victoria Lagorio Rodríguez, Spain

Co-Authors: V. Lagorio Rodríguez

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Catatonia is a psychomotor syndrome characterized by a cluster of motor, behavioral and speech abnormalities, including stupor, mutism, negativism, posturing, rigidity and echolalia. Although historically associated exclusively with schizophrenia, catatonia is now recognized as an independent and transdiagnostic syndrome that can occur in a wide spectrum of mental and medical disorders (Morfin Rodríguez, 2024). Risk factors have been described as male gender, genetic syndromes, autism spectrum disorders, intellectual disability, epilepsy, exposure to certain psychotropic medications and metabolic disturbances.

Despite the fact it is well recognized in adults, its occurrence in children and adolescents is considered rare and likely underdiagnosed. Reported prevalence in hospitalized pediatric patients ranges from 0.6% to 17% (Shaw & DeMaso, 2020).

Thus, this case report aims to highlight the diagnostic and therapeutic challenges of catatonia in the pediatric population, particularly in individuals with neurodevelopmental disorders, in which symptom overlap and communication difficulties complicate the clinical picture.

Methods: We describe the case of a 17-year-old female with a history of extreme prematurity (28 weeks' gestation, birth weight 1300 g) and perinatal asphyxia leading to severe mixed tetraparesis, moderate intellectual disability and lumbar scoliosis. The patient, who uses an electric wheelchair with independent mobility, developed progressive mutism, refusal to eat, insomnia and marked psychomotor withdrawal over a three-week period. Upon admission, physical and neurological examination revealed immobility, mutism, minimal spontaneous movement and reduced responsiveness to external stimuli. No focal neurological deficits were identified. Laboratory investigations, including a comprehensive metabolic panel, toxicological screening and complete blood count, were within normal limits. Video-EEG showed no epileptiform activity. Lumbar puncture and cranial MRI excluded immune-mediated encephalitis and structural brain abnormalities beyond those consistent with underlying conditions (extreme prematurity and leukomalacia).

Results: Current literature identifies unipolar and bipolar depression, schizophrenia, psychotic disorders, post-traumatic stress disorder, functional and dissociative disorders, obsessive-compulsive disorder, and personality disorders as the main causes of catatonic syndrome.

Based on the clinical presentation and the exclusion of organic causes, a diagnosis of catatonic syndrome of affective origin was established. Pharmacological treatment was

initiated with lorazepam, followed by the introduction of sertraline to address underlying affective symptoms. The patient showed a gradual and sustained improvement over several weeks, with recovery of verbal communication, normalization of feeding behavior and improvement in sleep patterns.

Discussion: This case illustrates the rarity and diagnostic complexity of catatonia in adolescents, especially those with preexisting neurodevelopmental disorders. In this population, catatonic symptoms may be misattributed to baseline functional impairment, behavioral disturbance or neurological sequelae.

The absence of specific laboratory or imaging findings necessitates a high index of clinical suspicion for its detection. Early recognition is critical, as catatonia is a treatable and reversible condition. Nonetheless, without proper treatment, catatonia can become life-threatening, progressing to its most severe form (malignant catatonia), characterized by autonomic instability, hyperthermia and a mortality rate of over 10% if left untreated (Ferreyra & Iveli, 2021).

This report supports the growing evidence that catatonia is an underrecognized, yet treatable syndrome in children and adolescents, including those with neurodevelopmental disabilities. Increased awareness among child and adolescent mental health professionals and treatment of the underlying pathology are essential to improve outcomes and ensure timely intervention.

Adverse effects of psychopharmacological treatment in autism spectrum disorder. A case report

Submitter: Sokratis Karaoulanis, Greece

Co-Authors: S. Karaoulanis, P. Vranas, D. Kremeti, C. Tsaltas

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Autism spectrum disorder is often associated with behavioral disturbances. These disturbances cause significant impairment in all aspects of life of these people. Antipsychotic drugs are often used to resolve this problem. The question is whether these drugs can be used safely in this population.

Methods: We present a case report of the pharmacological approach of an autistic adult girl with severe behavioral disturbances. The girl is 25 years old and hospitalized in a psychiatric clinic. Because of severe aggressiveness the parents could not suffer her explosiveness. She used to hit her head heavily on the walls and attack suddenly to others. Her treatment consisted of diazepam, clonazepam and carbamazepine. It was a dangerous situation and both parents needed help. Therefore, she was hospitalized and began to take psychiatric drugs. Risperidone was tried first without any improvement of the patient. Afterward she was given haloperidol but the result was no good. Consequently, lithium was tried. The patient was better and showed partial remission. In order to eliminate the explosiveness zuclopenthixol was added

Results: The combination of lithium and zuclopenthixol proved beneficial for the patient. The behavioral problems stopped and she was able to attend her school again. But after ten days she had an epileptic seizure. The electroencephalogram was abnormal. Lithium and zuclopenthixol were discontinued and epilepsy never happened again.

Discussion: Behavioral disturbance in autism is a common problem and it is usually treatment resistant. Therefore, a combination of psychiatric drugs is often used. But it is important to remember that a multidrug approach can cause serious adverse effects.

P-33-008

Resilience After Acute Stress in an Autistic Child: A Case Report

Submitter: Melodi Dincel, Türkiye

Co-Authors: M. Dincel, N. Motavalli Mukaddes

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Autistic children are considered to be at increased risk for developing post-traumatic stress symptoms following traumatic events. However, protective and resilience-related factors in this population are less frequently described in the literature.

Methods: An 11-year-old autistic girl, normal intelligence, no history of psychiatric medication experienced an acute traumatic event when her home was severely flooded following extreme rainfall. Before the event, she was functioning independently, with no sleep or anxiety problems. Soon after the flood, she developed prominent stress-related symptoms, including sleep disturbance, hypervigilance, increased startle response to environmental sounds, separation anxiety, increased motor stereotypies, and frequent verbalization of the flood. No regression was observed in other developmental domains such as speech, social functioning, or toilet training. The patient was evaluated within the first week and followed closely without pharmacological treatment. Supportive psychiatric monitoring, family psychoeducation, stabilization of daily routines, and expressive drawing were implemented. Drawing was used to facilitate emotional processing. Initially, her drawings focused on flooded household objects marked with cross-out symbols. Over time, these symbols disappeared, and flood-related themes became less dominant.

Results: Within one month, most symptoms showed significant improvement. A brief partial reactivation occurred during a subsequent storm but resolved with continued support. Although some stress-related symptoms were observed, the patient did not meet the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD), has remained clinically stable for three months, and follow-up is ongoing.

Discussion: This case suggests that early psychiatric intervention, strong caregiver support, environmental stabilization, and opportunities for symbolic expression may serve as key protective factors against the development of PTSD in autistic children following acute stress. Understanding resilience and recovery mechanisms in children with ASD may guide more effective and individualized trauma-informed interventions.

P-33-009

Emotional, behavioral and sleep difficulties in children with Autism Spectrum Disorder: effect on parental distress

Submitter: Anna Huguet, Spain

Co-Authors: A. Huguet, V. Pera Guardiola, N. Coiduras Vidaller, V. Faurat Rafel, N. Cornudella Solans, M. Pamias, E. Castan

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Findings revealed a highly connection network between sleep problems and emotional and behavioral dysregulation in children with autism (ASD). The literature suggest that parents with children with ASD experience higher parental stress.

The objectives of the study were:

To investigate the relationship between emotional and behavioral dysregulation and sleep problems in children diagnosed with ASD.

To know the parental distress in raising a child with ASD.

To investigate the influence of emotional dysregulation and sleep difficulties on parental distress.

Methods: The study sample was composed by 92 children between 6 and 11 years old diagnosed with ASD and their parents of 50 children attended in Child and Adolescence Mental Health Service (CAMHS). Assessment included K-BIT, ADOS-2, Bruni scale, BRIEF-2, dysregulation profile of Achenbach scale, Children's Global Assessment Scale (CGAS) and parenting stress index short form (PSI-SF).

Results: 80% were boys, with a mean age of 8 years old. 15% of the children presented another mental health disorder associated. 6.5% received pharmacological treatment. The mean score obtained in CGAS was of 53.

77% of the children showed significant difficulties on emotional dysregulation ($p = 0.03$).

56% of the children showed sleep problems ($p = 0.02$). 70% of the children showed emotional dysregulation and 47% sleep difficulties. Positive and significant correlation was shown between sleep disturbance and emotional regulation ($r=0.68$, $p < 0.001$). 76% of the parents reported parent distress and 67% reported parent-child dysfunctional interaction.

Discussion: To conclude, a connection network is shown between emotional and behavioral difficulties and sleep problems. Furthermore, this difficulties have an impact in parental distress.

Therapeutic intervention plans for children with ASD should include emotional and behavioral regulation strategies and sleep habits to promote parent-child functional interaction.

P-34

Depression: From Epidemiology to Innovative Treatment Approaches

P-34-001

Maternal prenatal depression and anxiety and steroid hormones in amniotic fluid

Submitter: Tiina Seikku, Finland

Co-Authors: T. Seikku, M. Lahti-Pulkkinen, N. Homer, K. Räikkönen

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Maternal prenatal depression and anxiety (PDA) are common, with 20% of pregnant women reporting clinically significant symptoms. PDA has been associated with increased risks of adverse birth outcomes, suboptimal cognitive, motor and socio-emotional development, and mental and behavioural disorders in children. The biological mechanisms linking PDA to child development are not fully understood. While fetal exposure to too high or low levels of steroid hormones has been proposed as a potential biological mechanism underlying these effects, few studies have directly investigated this hypothesis using fetal tissue samples, and the existing studies have been limited to examining cortisol, cortisone or testosterone. To address these critical knowledge gaps, we studied whether PDA was associated with alterations in a panel of 17 steroid hormones measured in second trimester amniotic fluid. Since steroid hormones are interconnected within the same biosynthesis pathway and therefore intercorrelated, we explored them collectively in relation to PDA.

Methods: We quantified with LC-MS/MS a panel of 17 amniotic fluid steroid hormones - including progestogens, mineralocorticoids, glucocorticoids, androgens and estrogens - in 173 women with singleton pregnancies undergoing amniocentesis during second trimester (GW 14-22). We defined PDA as meeting at least one of the following criteria: reported symptoms (CES-D, STAI) above clinical cut off during pregnancy, lifetime diagnosis (ICD-10: F31-33, F41-43), and/or lifetime medication purchases (ATC: N06A, N05B). To select the most relevant steroid hormones while accounting for their intercorrelations, we used elastic net regression and bivariate linear mixed models. We extended the bivariate model for use with multivariate analysis and simultaneously entered all 17 steroid hormones as the outcome and PDA as the predictor variable. We also tested the associations of PDA diagnoses, medications and symptoms separately with steroid hormones, and whether fetal sex or maternal diabetic or hypertensive disorders affected the results.

Results: Out of the 17 second trimester amniotic fluid steroid hormones, maternal PDA was associated with two glucocorticoid metabolites, 20alpha-dihydrocortisol and 5beta-tetrahydrocortisol. The levels of these metabolites in amniotic fluid were 0.37 (95% CI = [-0.68; -0.07]) and 0.40 (95% CI = [-0.70; -0.10]) SDs lower in the fetuses of mothers with PDA compared to mothers with no PDA ($p = .002$). Together they shared 6.87% of variance with PDA, and their combined association with PDA was not explained by mother- or fetus-related factors, remained significant in sensitivity analyses excluding mothers with common pregnancy complications, and did not differ by fetal sex. Of the separate PDA

definitions, only symptoms during pregnancy were significantly associated with the two glucocorticoid metabolites, although the associations with lifetime diagnoses and medication purchases were in the same direction.

Discussion: Most of the amniotic fluid steroid hormones investigated here, including 20alpha-dihydrocortisol and 5beta-tetrahydrocortisol, have not been previously studied in relation to maternal PDA. While it has generally been assumed that higher cortisol levels in the mother are responsible for the transmission of PDA effects on the fetus, levels of prenatal glucocorticoids that are too low may also be detrimental for fetal development. In addition, the normative rise in glucocorticoids during pregnancy, together with the fact that prolonged psychological stress may lead to blunted cortisol reactivity and lower HPA-axis activity, could elicit an endocrine response that is not as straightforward as has been suggested.

This study provides support for the prenatal programming hypothesis of PDA influencing fetal environment and possibly later child development and highlights the need to expand the view from a few biomarkers to a broader panel to capture variation throughout the entire pathway.

P-34-002

Maternal hypertension and offspring depression

Submitter: Subina Upadhyaya, Finland

Co-Authors: S. Upadhyaya

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Background: Limited studies have examined the association between maternal hypertension and offspring depression and are based on small sample size. We aim to examine the association between maternal hypertension during pregnancy and offspring depression. We hypothesize that maternal hypertension during pregnancy increases the risk for offspring depression.

Methods: Methods: This nationwide register-based study was based on a nested case-control study design. It utilized several Finnish national registers to collect the information on the cases, the controls, and their parents. This study included 37,677 cases of depression and 145,068 controls, identified from Finnish national registers. Conditional logistic regression models were used to examine the association between maternal hypertension and depression, adjusting for several potential covariates. The potential covariates were tested using the Pearson's chi-square test for categorical covariates and t test for continuous covariates for the association with exposures among controls. The association between maternal hypertension and offspring depression were also studied by stratifying by biological sex.

Results: Results: In the adjusted model, significant association was observed between gestational hypertension and offspring depression (aOR 1.24 (95% CI 1.10-1.38)) but no significant associations were observed for chronic hypertension (aOR 0.99 (95% CI 0.93-1.06)) and preeclampsia (aOR 1.10 (95% CI 0.92-1.31)) and offspring depression. When stratified by biological sex, significant association was only observed for gestational hypertension and depression among girls (aOR 1.27 (95% CI 1.10-1.46)).

Discussion: Conclusion: Gestational hypertension play an important role in development of offspring depression, and the association was more prevalent among girls than boys.

P-34-003

Is Family Size Causally Related to Depressive Symptoms in Later Life? Evidence from a nationally representative study in India

Submitter: Yanshang Wang, United Kingdom of Great Britain and Northern Ireland

Co-Authors: Y. Wang, S. Wayal, T. Baernighausen

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Depressive symptoms in later life constitute a major public health challenge, particularly in Low- and Middle-Income Countries (LMICs), where population ageing is accelerating and access to mental health services remains limited. Family structure, especially the number of children, is frequently hypothesized to influence parents' mental health in old age by shaping economic security, caregiving demands, and social support. Empirical evidence, however, remains inconsistent, and these findings may be biased by unobserved confounding and reverse causality. Moreover, causal evidence from LMIC settings is scarce, and little is known about whether observed associations between fertility and later-life depression reflect causal effects or selection into childbearing. This study aims to investigate whether family size has a causal effect on depressive symptoms among older parents in India, and to assess whether observed associations differ by sex.

Methods: We used nationally representative data from Wave 1 of the Longitudinal Ageing Study in India. The analytical sample comprised 21,768 individuals aged 50 years and older with at least one biological child. Depressive symptoms were measured using the 10-item Center for Epidemiologic Studies Depression Scale (CES-D). We first estimated associations between the number of children (beyond the first child) and depressive symptoms using ordinary least squares (OLS) regression. To address potential confounding and reverse causality in fertility decisions, we then employed a two-stage least squares (2SLS) instrumental variable (IV) approach, using the sex of the firstborn child as an instrument for completed family size. This strategy exploits India's strong son preference, whereby parents whose first child is a daughter are more likely to continue childbearing. Analyses were stratified by sex, adjusted for a comprehensive set of sociodemographic covariates.

Results: OLS analyses indicated a positive association between family size and depressive symptoms. Each additional child beyond the first was associated with higher CES-D scores in the overall sample ($B = 0.113$, 95% CI: 0.064 to 0.161), with similar associations observed among men ($B = 0.127$, 95% CI: 0.060 to 0.194) and women ($B = 0.102$, 95% CI: 0.032 to 0.173). However, instrumental variable analyses revealed no evidence of a causal effect of family size on depressive symptoms. In the full sample, the IV estimate was small and statistically insignificant ($B = 0.124$, 95% CI: 0.740 to 0.492). Sex-stratified IV estimates were also null for both men ($B = 0.660$, 95% CI: 1.592 to 0.272) and women ($B = 0.331$, 95% CI: 0.529 to 1.190), despite a strong first-stage relationship (F statistics > 60).

Discussion: Although larger family size is associated with higher levels of depressive symptoms in observational analyses, these associations do not appear to be causal once fertility-related selection is accounted for. The null IV findings suggest that previously reported relationships between family size and late-life depression are shaped by cross-cultural and contextual factors, including socioeconomic factors, family expectations, gender norms rather than the direct effect of additional children. This underscores the importance of transcultural perspectives and cautions against generalizing fertility-depression associations as causal, particularly in LMIC contexts.

P-34-004

The effects of childhood neglect on anhedonia among adolescents with depressive episodes: the mediating roles of structural-functional connectivity coupling

Submitter: Jianping Lu, People's Republic of China

Co-Authors: J. LU, N. Liang, Z. Xue

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Adolescents with depressive episodes (DEs) with childhood trauma (CT) often exhibit increased anhedonia, but the role of reward-related brain networks in this relationship is not well understood. Research suggests that the structure-function relationship varies across cognitive levels. This study explored changes in structure-function coupling and its association with CT and anhedonia in adolescents with DEs.

Methods: Multimodal neuroimaging data from 83 adolescents with DEs and 40 healthy controls (HCs) were used to construct both structural and functional networks. Structural-functional connectivity (SC-FC) coupling was assessed at the nodal level for 10 regions of interest (ROIs) within the reward network, as well as at the global level. The anhedonia subscale of the Children's Depression Inventory and the Childhood Trauma Questionnaire-Short Form (CTQ-SF) were evaluated in all participants.

Results: Compared with HCs, the DE group had higher anhedonia scores, as well as higher CTQ total and subscale scores. The DE group had decreased levels of SC-FC coupling just in the right putamen compared with the HCs ($p < 0.001$). Regression analysis revealed that emotional neglect in combination with SC-FC coupling, physical neglect in combination with SC-FC coupling, and emotional abuse in combination with SC-FC coupling in the right putamen each independently predicted anhedonia (all $p < 0.05$). Furthermore, SC-FC coupling in the right putamen mediated the relationships between emotional neglect and anhedonia (effect = 0.0487, bootstrapped 95% CI = 0.0022-0.1235), physical neglect and anhedonia (effect = 0.056, bootstrapped 95% CI = 0.0030-0.1305), and childhood neglect and anhedonia (effect = 0.0291, bootstrapped 95% CI = 0.0003-0.0707).

Discussion: These findings highlight the CT-brain-anhedonia relationship by highlighting reward network topology. Reduced SC-FC coupling in the right putamen suggests resilience to stress, potentially linked to neural plasticity changes, and may serve as a window into neuroregulation.

P-34-005

Characterization of depressive symptoms in children and adolescents - Differences in symptom profiles between girls and boys

Submitter: Aline Scherff, Germany

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Epidemiological studies show notable gender differences in the prevalence of unipolar depression emerging during adolescence, with consistently higher prevalence rates in teenage girls compared to boys (3:1). Far less is known about potential gender differences in the phenomenology of depressive symptoms during childhood and adolescence. Available findings indicate that specifically feelings of guilt and low self-esteem are likely more pronounced in adolescent girls.

Yet, beyond that, existing research has largely focused on global symptom prevalence or severity, leaving gender differences at the level of individual depressive symptoms insufficiently examined, particularly across developmental stages. Studies based on clinical samples that span a broad age range from childhood to adolescence remain scarce. The present study seeks to address this gap by investigating gender-specific patterns of individual depressive symptoms in a well-characterized clinical sample covering a wider age range.

Methods: The cross-sectional study examines gender-specific symptom profiles in unipolar major depression in a clinical sample of over 500 pre- and post-pubertal children and adolescents (aged 8-18) from the BioMD-Y study (study protocol in Scherff et al., 2024 BMJOpen, 14(3)).

Symptoms were assessed using standardized diagnostic interviews (Diagnostic interview for mental disorders in children and adolescents; Kinder-DIPS) based on ICD-10 and DSM-5 criteria, conducted with participants and their parents. Individual manifestations of major depression were recorded on ten symptom dimensions, for current and past episodes. This allows for a comparison between boys and girls considering age of onset, episode severity, and presence of individual depressive symptoms.

Logistic regression analyses were used to assess gender differences in the probability of reporting individual depressive symptoms, with gender entered as the primary predictor and age included as a covariate.

Results: Preliminary results show gender differences regarding episode severity and symptom distribution. There were no gender differences in age of onset in the sample. Girls and boys were found to be similar in their depressive symptom profile, but girls were significantly more likely to report the symptom excessive or inappropriate guilt.

Discussion: The study will provide new insights into gender-specific characteristics of unipolar major depression in children and adolescents. Findings on gender differences are

particularly relevant for the development of gender-sensitive diagnostic procedures and therapeutic approaches.

P-34-006

Yoga for Children and Adolescents with Depression in a Tertiary Care Setting: A Pilot Feasibility and Acceptability Study

Submitter: Mirza Sarwar Baig, India

Co-Authors: M. Baig, A. Sharma, N. Chauhan, A. Anand, K. Sony, N. Sharma, P. Sharma

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To assess feasibility and acceptability of a structured yoga programme delivered alongside treatment as usual for children and adolescents with depression in a tertiary care child and adolescent psychiatry service in North India.

Methods: Ten participants aged 8-17 years with depression were enrolled from the outpatient and inpatient child and adolescent psychiatry services of a tertiary care hospital in North India, in a single-arm pilot study. Parental consent and the subject's assent were obtained at the time of recruitment. The intervention comprised 16 sessions over 8 weeks (2 in-person sessions followed by 14 online sessions; ~55 minutes/session; including asanas, pranayama, and meditation). Feasibility outcomes included retention rate (RR), completion rate (CR), and adherence rated by the treating clinician (AR'C) and yoga instructor (AR'YI). Treatment Feasibility Index (TFI) was calculated as $(RR + AR'C + AR'YI + CR) / 4$. Safety was assessed after each session.

Results: Mean age was 14.9 ± 2.23 years; 70% were female; 60% were from urban background. Participants attended a mean of 10.1 ± 4.6 out of 16 sessions (range: 3-16). RR and CR were 80% each. Mean adherence was $63.1 \pm 28.8\%$ as rated by the treating clinician (AR'C) and $99.0 \pm 3.2\%$ as rated by the yoga instructor (AR'YI), yielding a TFI of 80.5% (moderate feasibility). The intervention was acceptable in this clinical sample, reflected in 80% retention and completion despite a predominantly online delivery format. Four participants (40%) reported mild, self-limiting adverse effects: transient breathing discomfort (10%), dizziness (10%), and muscle strain (20%). No serious adverse events occurred.

Discussion: This pilot study showed that a structured yoga programme delivered in a hybrid format appeared feasible, acceptable, and safe for children and adolescents with depression in a tertiary care setting. These pilot findings warrant larger scale studies of yoga intervention to evaluate effectiveness and longer-term outcomes in children and adolescents with depression.

P-34-007

Targeting the Gut-Brain Axis in Adolescent Depression: Study Protocol and Early Implementation of a Double-Blind Randomized Controlled Trial of Probiotics

Submitter: Cherry Leung, United States of America

Co-Authors: C. Leung, T. Yang

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Depression among adolescents is a growing public health concern, with 13-20% experiencing clinically significant symptoms annually. It increases risk for recurrent adult depression, functional impairment, and medical comorbidities. Current treatments, including SSRIs and psychotherapy, have limited efficacy, adverse effects, or accessibility barriers. Novel, low-risk interventions are needed. The gut-brain axis, linking microbiota, immune function, and the central nervous system, is a promising target. Probiotics may modulate this pathway, yet no trials have examined their effects in adolescents with depression. Observational studies suggest adolescents with stress or emotional difficulties have altered gut microbiota, including reduced Bifidobacterium. This double-blind randomized controlled trial (RCT) aims to examine: (1) changes in left hippocampus-precuneus resting-state functional connectivity (HP RSFC) after an 8-week probiotic intervention, (2) gut microbiome composition changes, and (3) associations between microbiome alterations and HP RSFC, with secondary aims of reporting early progress and implementation challenges.

Methods: This ongoing RCT evaluates Visbiome® 450 billion CFU twice daily versus placebo over 8 weeks in adolescents aged 15-24 years with a DSM-5 depressive disorder. Target enrollment is 77 participants, with 3-4 participants per month, and ~25% attrition expected. Recruitment occurs via community outreach, social media, and electronic medical record access, with remote screening through surveys, phone, and video. Participants self-collect stool samples at baseline and post-intervention for microbiome profiling (alpha/beta diversity, taxonomic composition) and undergo functional MRI for left HP RSFC. Depressive symptoms are measured with the Beck Depression Inventory-II. Linear and generalized linear mixed-effects models will assess HP RSFC, microbiome outcomes, and their associations. Progress and implementation metrics (recruitment, completion, biospecimen return) are summarized descriptively. The protocol is registered at ClinicalTrials.gov (NCT06898788) and approved by the University of California, San Francisco IRB.

Results: Recruitment began in February 2025. To date, 18 participants are enrolled. As the study is ongoing and primary outcomes have not yet been analyzed, these results reflect early recruitment and implementation progress, including protocol refinements to support stool sample collection and participant retention. Early challenges included slow recruitment and logistical barriers to stool collection and shipment. Weekly study team meetings were maintained to systematically address barriers, during which the protocol

was refined and flexible options for stool collection and shipping were implemented. Recruitment strategies were expanded to include targeted social media outreach and electronic medical record-based recruitment. Retention was supported through consistent communication and personalized text reminders. Following these refinements, recruitment and biospecimen collection have improved, and study procedures are proceeding as planned.

Discussion: This trial is the first RCT to examine probiotic administration and gut-brain mechanisms in adolescents with depression. In addition to neurobiological and microbiome outcomes, the study demonstrates feasibility and addresses early implementation challenges. Weekly team monitoring, flexible stool collection options, and targeted recruitment strategies have strengthened enrollment and adherence. Findings will inform larger-scale trials and support the development of low-risk microbiome-focused interventions for adolescent depression.

P-34-008

Ketamine for major depression in adolescents: A systematic review and meta-analysis of efficacy and safety

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Major depressive disorder (MDD) significantly impairs adolescents' development, with increasing rates of treatment resistance and suicide risk. Ketamine has emerged as a promising, rapid-acting antidepressant in adults, but its efficacy and safety in adolescents remain unclear. This systematic review and meta-analysis aimed to evaluate short-term outcomes of ketamine administration in youth with mood disorders.

Methods: Following PRISMA guidelines and PROSPERO registration (CRD42024568658), four studies were included, comprising 272 adolescents aged 12-18 years. Three studies (n = 189) contributed data to the meta-analysis.

Results: At 24 hours post-administration, ketamine showed a small, non-significant effect on depressive symptoms compared to placebo (SMD = -0.19; 95% CI: -0.41 to 0.04). Clinical response and remission were not significantly different between groups, but ketamine was associated with a significantly higher rate of suicidal ideation remission (RR = 1.49; 95% CI: 1.06 to 2.08). Adverse events were generally mild, transient, and consistent with known pharmacological effects.

Discussion: While findings support ketamine's potential role in acute presentations, current evidence is preliminary. Larger randomized controlled trials with extended follow-up are needed to clarify the clinical utility, optimal protocols, and long-term safety of this approach in adolescent populations.

Clinical Use of Transcranial Magnetic Stimulation in an Adolescent with Major Depressive Disorder and Suicidal Ideation: A Case Report

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: In recent years, in addition to standard pharmacological treatments and psychosocial interventions, neuromodulation techniques have also been investigated in the treatment of childhood and adolescent depression, and transcranial magnetic stimulation (TMS) is one of the neuromodulation techniques used in children and adolescents. This case report will discuss the effect of adjunctive TMS treatment on the clinical condition of a girl with persistent depressive symptoms and suicidal thoughts.

Methods: A 17-year-old girl presented with depressive symptoms. Her psychiatric history included self-harm and a previous suicide attempt. Sertraline was initiated, titrated to 100 mg/day and concomitant psychotherapy was applied. During the four-month follow-up period, the patient attempted suicide through medication overdose. Following management of acute suicidal risk and stabilization, pharmacological treatment was adjusted to sertraline 200 mg/day and extended-release quetiapine 50 mg/day. Despite optimization of treatment, the patient's depressive symptoms and suicidal thoughts persisted, so TMS was initiated as an adjunctive treatment. High-frequency TMS (10 Hz, 120% of resting motor threshold, 3000 pulses per session) was applied to the left dorsolateral prefrontal cortex, five sessions per week for a total of 20 sessions. The patient was assessed weekly using the Beck Depression Inventory (BDI), the Hamilton Depression Rating Scale (HAM-D), and the Montgomery-Asberg Depression Rating Scale (MADRS).

Results: During TMS sessions, no adverse effects other than headache, requiring analgesics twice, were observed. The patient reported feeling better from the fourth session onwards and in subsequent sessions, her daily functioning and self-care improved. Weekly assessments demonstrated progressive reductions in depressive symptom severity, with BDI scores of 43, 29, 19, and 14; HAM-D scores of 20, 17, 12, and 10; and MADRS scores of 32, 24, 17, and 13, respectively. Also, decreases in suicidal ideation item scores were observed across all scales. Following the completion of TMS sessions, the patient's depressive symptoms subsided, and suicidal thoughts was no longer present. After six months of continued well-being, the patient was referred to adult psychiatry.

Discussion: In this case, clinical improvement was observed with adjunctive TMS in a patient with depression who had not responded sufficiently to pharmacological treatment and psychotherapy. Current evidence indicates that TMS is effective, safe, and well-tolerated in the treatment of depression in children and adolescents. A stronger antidepressant effect can be achieved by a combination of TMS and pharmacotherapy. It

has also been shown that TMS can reduce suicidal thoughts. Therefore, existing literature suggests that TMS may be a promising treatment option for adolescent depression and suicidal thoughts.

* Informed consent was obtained from the patient's parents.

P-34-010

Treatment-Resistant Depression: Clinical response to TMS and the genetic finding on NBEA

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To describe the clinical course and response to TMS in an adolescent with Early-Onset Major Depressive Disorder, with treatment resistant depression, and to explore the possible relevance of the NBEA gene findings.

Methods: A 16 year old man presents treatment resistant depression

When 12 years old, related to COVID-19 pandemic lifestyle changes, presents sadness, anhedonia, social isolation, fatigue, sleep changes and academic worsening; the course of symptoms where to chronicity and worsening; 6 months later presents psychosis which lead to first hospital treatment due to suicidal ideation.

Over the next years he was prescribed multiple drug treatments (SSRI, SNRIS and antipsychotics) with Cognitive-Behavioral Therapy (CBT). Even though the treatments were established in enough time and doses, the clinical response was insufficient. Later three more hospital treatments. The patient later started marihuana and ethanol. Due to lack of response, TMS was started.

Repetitive Excitatory TMS in the Left Prefrontal Dorsolateral was applied with a theta-burst protocol at 120% umbral motor, 30 sessions; also, inhibitory TMS in the Right Prefrontal Dorsolateral also 30 sessions. There were no adverse effects reported.

Results: Clinical improvement in the affective symptoms, functionality and quality of life was observed. The punctuation in the GAD-7 scale reduced from 17 (severe) to 2; in the MADRS scale went down form 31 (severe depression) to 4.

Complementary outcomes: The clinical genetic sequencing study identified a heterozygous variant in the NBEA gene (c.6002C>T; p.Ala2001Val), classified as a variant of uncertain significance (VUS, class 3) according to ACMG criteria. Not other variation with clinical relevance was found.

Discussion: This case shows the complex etiopathogenesis of treatment-resistant depression in adolescents, and give us the highlight about TMS as a safe and effective intervention. Even though NBEA gene isn't a direct correlation, is part of the patients individual vulnerability.

Further studies are needed around these gene variants and their role in neuromodulation response.

P-35

Obsessive-Compulsive and Related Disorders

P-35-001

Obsessive-Compulsive Disorder And Neurodevelopmental Disorders and Obstetric Complications in a High-Risk Population: Offspring of Parents with Obsessive-Compulsive Disorder

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Obsessive-compulsive disorder (OCD) is a neuropsychiatric condition characterized by intrusive thoughts, images, or impulses and repetitive motor or mental rituals performed to reduce distress. It affects approximately 2-3% of the general population worldwide and typically shows a bimodal age of onset, with peaks in childhood/adolescence and early adulthood. OCD involves dysfunction in cortico-striato-thalamo-cortical circuits and genetic and biological risk factors, but it is not classified as a neurodevelopmental disorder. However, growing evidence suggests that early-onset OCD represents a neurodevelopmental subtype with distinct clinical and biological features. Recent meta-analytic evidence has also linked maternal OCD to an increased risk of obstetric complications. The present study aims to examine the prevalence of OCD and comorbid neurodevelopmental disorders, as well as obstetric complications, in children of parents formally diagnosed with OCD. We aim to characterize a high-risk population: the offspring of parents with OCD.

Methods: Data were collected on participants' sociodemographic characteristics; a semi-structured diagnostic interview for assessing mental health disorders (K-SADS in minors, SCID in adults); OCD symptom severity was assessed using the Yale-Brown Obsessive-Compulsive Scale (CY-BOCS in minors, Y-BOCS in adults); and the Obstetric Complications Scale (OCS) was administered to the parents of each child.

Results: To date, 97 children of parents with OCD have been evaluated, 74 families. The mean age was 13.5 years (range 5-25), and 43.7% were female. Nineteen participants (19.6%) met diagnostic criteria for OCD, with a mean CY-BOCS score of 17.1 and 15.4 in Y-BOCS. Autism spectrum disorder (ASD) was diagnosed in 4.2% of the sample, attention-deficit/hyperactivity disorder (ADHD) in 12.5%, and Tourette's syndrome or tic disorders in 12.5%.

OCS was completed by 84 participants. No significant associations were observed between the presence of obstetric complications and diagnoses of OCD, tics/Tourette's syndrome, ASD, or ADHD (all $p > .05$). Nevertheless, a higher descriptive proportion of ADHD was observed among children with obstetric complications, although this difference did not reach statistical significance.

Discussion: In this clinically well-characterized sample of offspring of parents with

obsessive-compulsive disorder, no statistically significant associations were identified between obstetric complications and the presence of OCD, ADHD, tic disorders, or ASD. Nevertheless, a higher descriptive proportion of ADHD was observed among children exposed to obstetric complications. These findings suggest that perinatal risk factors may contribute selectively to attentional vulnerability rather than to obsessive-compulsive or tic-related phenotypes. These results highlight the feasibility and clinical value of systematically assessing perinatal risk factors and neurodevelopmental outcomes in offspring of patients with OCD. Larger samples and longitudinal designs are warranted to clarify the role of obstetric factors in shaping neurodevelopmental outcomes in high-risk offspring.

P-35-002

Evidence for a neurodevelopmental subtype of early-onset bipolar disorder: insights from youth with OCD, tic disorders, and comorbid bipolar disorder

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Abnormal brain development likely contributes to a broad range of psychiatric conditions. Moving from categorical diagnoses toward a neurodevelopmental continuum, emerging evidence supports a neurodevelopmental subtype of bipolar disorder (BD). This subtype is characterized by early onset, increased psychosis rate, higher risk for other neurodevelopmental disorders (NDDs), neurological soft signs, cognitive deficits, and early adverse factors (i.e., pre/perinatal risk factors). Importantly, this subtype shows poorer lithium response and worse prognosis. (Kloiber, 2020; Lefrere, 2025).

Youth with chronic tic disorders (CTD) and early-onset obsessive-compulsive disorder (OCD) represent a clinically accessible group with high neurodevelopmental loading. Our study aimed to investigate BD prevalence and associated clinical factors in a tertiary OCD and tic disorders program, with a specific focus on whether OCD and tic comorbidity, overlap with other NDDs, and severe affective dysregulation (SAD), such as disruptive mood dysregulation disorder (DMDD), is associated with higher rates of BD.

Methods: We conducted a retrospective chart review of 664 youth evaluated at Massachusetts General Hospital's Pediatric Psychiatry OCD and Tic Disorders Program (2018-2025). Analyses included 601 patients who met criteria for OCD/CTD spectrum conditions (OCD, obsessive-compulsive behavior, CTD, or tics not meeting CTD criteria). CTD/OCD spectrum diagnoses, BD (I, II, unspecified), SAD (including DMDD), comorbidities, medication, medical and family history were identified via clinical documentation. BD prevalence was compared to the documented pediatric population BD rate (3.9%) (Van Meter, 2019). We used descriptive statistics and bivariate tests to evaluate subgroup differences (OCD-only; OCD+CTD; OCD+tics) and used multivariable logistic regression to test associations between potential factors and BD. We adjusted for age and sex, and ADHD and anxiety disorders given their high comorbidity with pediatric BD. Statistical significance was set at $p < 0.05$.

Results: BD prevalence in the OCD/CTD spectrum sample was 5.8% (35/601). BD rates were highest in OCD+CTD 11.4% (20/176) and OCD+tics 8.1% (7/87), vs. OCD-only 2.3% (5/218). The subgroups OCD/CTD spectrum; OCD+CTD; OCD+tics had significantly higher BD rates than the population prevalence. Compared with OCD only, OCD+CTD patients had a 5-fold increased BD risk (RR 5.0) and OCD+tics showed a 3.5-fold increased BD risk (RR 3.5). Prior SAD raised BD odds 9-fold (OR 9.1), with 24.3% of youth with SAD developing subsequent BD. BD was associated with significantly elevated rates of ADHD, ASD, LDs, anxiety disorders, sleep-wake disorders, neurological disorders, and melatonin use. In

adjusted logistic regression, OCD with comorbid CTD/tics increased BD odds 3.6-fold (OR 3.6).

Discussion: In a tertiary pediatric OCD/tic disorder cohort, pediatric BD prevalence (5.8%) was elevated relative to the estimated pediatric BP prevalence (3.9%). Tics appeared to disproportionately increase BD rates when comorbid with OCD, with the highest rates of BP among youth with comorbid OCD and CTD/tics. Coupled with the findings of higher NDDs (ADHD, ASD, LDs) and neurological comorbidities among those with BD, this pattern is consistent with neurodevelopmental contributions in early-onset BD. Prior SAD was strongly associated with subsequent BD (~9x). Sleep-wake disorders and melatonin use were also associated with BD, possibly reflecting additive effects of sleep vulnerability across NDDs and BD.

These findings could help identify high-risk youth in prodromal stages of BD, allowing for early interventions. Limitations include ascertainment and single-site, retrospective design. Additional studies are needed to confirm these findings and further clarify etiology and characteristics of pediatric BP.

OCD Symptoms as Key Predictors of Sensory Over-Responsivity in Children and Adolescents: Evidence from an Outpatient Sample

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Sensory over-responsivity (SOR), characterized by discomfort and exaggerated reactions to everyday sensory stimuli, is frequently observed in clinically referred children and adolescents and may contribute to difficulties in emotion regulation and daily functioning. Previous research has linked sensory processing difficulties to several symptom domains, including obsessive-compulsive symptoms, attention-related problems, and social communication difficulties. However, in child and adolescent psychiatry outpatient settings, it remains unclear which clinical symptoms uniquely predict SOR when these domains are considered together. Therefore, this study aimed to investigate how SOR may relate to clinical symptom profiles in a child and adolescent psychiatry outpatient sample.

Methods: We assessed SOR, OCD, ADHD, and social communication symptoms in 97 outpatients aged 7-18 using standardized parent-report measures (52 girls, 45 boys). SOR was assessed using the Ease of Excitation subscale of the Highly Sensitive Child Scale-21 Items (HSC-21). Obsessive-compulsive symptom severity was measured using the Child Behavior Checklist Obsessive-Compulsive Disorder subscale (CBCL-OCD). Attention-Deficit/Hyperactivity Disorder (ADHD) symptom severity was assessed using the Child Behavior Checklist ADHD subscale (CBCL-ADHD). Social functioning and autism-related social communication difficulties were evaluated using the Social Responsiveness Scale (SRS) to characterize social responsiveness and to control for subclinical social difficulties that may be associated with heightened sensory sensitivity. Predictive relationships were examined using multiple linear regression analyses. Statistical significance was set at $p < 0.05$.

Results: A multiple linear regression analysis was conducted to examine whether obsessive-compulsive symptoms, ADHD symptom severity, and social communication difficulties predicted SOR. The overall model predicting the EOE subscale score of the HSC-21 was statistically significant ($R^2 = 0.180$, adjusted $R^2 = 0.154$, $p < 0.001$). CBCL-OCD scores emerged as a significant positive predictor of SOR ($\beta = 0.460$, $p < 0.001$). In contrast, SRS Total was not significantly associated with SOR ($\beta = -0.061$, $p = 0.556$), and CBCL-ADHD scores did not significantly predict SOR after controlling for other predictors ($\beta = -0.043$, $p = 0.675$). OCD symptoms significantly predicted SOR, while ADHD and social communication difficulties did not.

Discussion: The present findings suggest that SOR in children and adolescents is more closely linked to OCD symptoms than to ADHD symptom severity or social communication difficulties. While sensory processing difficulties are often discussed in the context of broader neurodevelopmental traits, OCD symptoms emerged as the primary clinical correlate of SOR when these domains were examined together. This pattern implies that heightened sensory reactivity in clinically referred children and adolescents may be driven largely by obsessive-compulsive distress and trigger sensitivity, rather than by attention-related or social-communication features alone. Clinically, considering SOR alongside OCD symptoms may improve case formulation and support more tailored interventions by integrating sensory-focused regulation approaches. Future studies using diagnostic subgroup comparisons and longitudinal designs are needed to clarify directionality and underlying mechanisms.

P-35-004

Prospective Study of Biomarkers and Clinical Predictors of Long-Term Outcome and Response to Treatment in Obsessive-Compulsive Disorder: The Barcelona Child and Adolescent Ocd Cohort

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Patients with obsessive-compulsive disorder (OCD) benefit from therapies that have proven short term efficacy. However, the impact of these therapies on long-term functional recovery remains controversial and there is a clear need to identify the predictors and mechanisms of lingering symptomatology. We aim to create a longitudinal cohort of 100 child and adolescent patients with OCD. Specific aims include characterizing the symptom course phenotype and identifying the clinical and neurobiological predictors and mechanisms of chronic symptoms.

Methods: Patients will be followed for 18 months and will undergo three functional neuroimaging assessments and baseline DNA genotyping. Ecological momentary assessment (weekly evaluations) will be used to discriminate groups of patients as a function of their symptom trajectories, and clinical differences across these groups will identify predictors of these trajectories. We will use a novel approach combining dynamic functional connectivity and polygenic risk scores to characterize both the neurobiological predictors and mechanisms of chronic symptoms. Following the baseline assessment, patients received naturalistic treatment, consisting of either psychopharmacological treatment in accordance with international clinical guidelines or intensive psychological treatment in the form of weekly cognitive behavioral therapy with exposure and response prevention, with a total of 14 sessions.

Results: At present, 54 participants with a diagnosis of obsessive-compulsive disorder (OCD), 45 participants completed the visit 1, 30 participants completed the visit 2 and 18 participants have completed the 18-month follow-up. The mean age was 13.5 years at baseline [8.1-17.8], and 51 % were male. The mean baseline CY-BOCS score was 22.92. Mean CY-BOCS scores were 14.10 at visit 1, 12.60 at visit 2, and 12.53 at visit 3. Statistically significant differences were observed at first assessment compared to baseline ($p < 0.05$). A repeated-measures GLM showed a significant reduction in CY-BOCS total scores over the course of treatment, with significant linear and quadratic trends across assessments ($p < 0.05$), indicating a clinically meaningful improvement in OCD symptom severity, with greater symptom reduction occurring at initial phases of treatment.

Discussion: We report the preliminary findings from the first Spanish follow-up cohort of children and adolescents with OCD who underwent naturalistic psychopharmacological

and/or psychological treatment. The results indicate clinically meaningful improvements that were sustained over time. More comprehensive analyses of the clinical, neuroimaging, and biomarker data, which will become available shortly, are expected to enable personalized treatment strategies and ultimately reduce rates of chronicity in this population.

Prescription Survey of Selective Serotonin Reuptake Inhibitors for Obsessive-Compulsive Disorder at the Child and Adolescent Outpatient Clinic, Department of Psychiatry, Nara Medical University

Submitter: Yasumitsu Hamano, Japan

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Obsessive-compulsive disorder (OCD) has a bimodal age-of-onset distribution, with two peaks around 10 years and 21 years of age, and it is estimated that more than half of cases begin before 18 years old, suggesting the distinct characteristics and clinical importance of pediatric OCD. It is recommended that adequate therapeutic intervention during this period be provided to enhance relapse prevention and improve long-term outcomes. OCD has been shown to be a disorder with a clear biological basis; one contributing line of evidence is the effectiveness of medications acting on the serotonergic system, most notably selective serotonin reuptake inhibitors (SSRIs). However, reports describing prescribing patterns and treatment persistence remain scarce.

In this study, we investigated initial SSRI prescribing and medication changes within one year among children and adolescents with OCD who attended the Child and Adolescent Psychiatry outpatient clinic at the Department of Psychiatry, Nara Medical University.

Methods: Participants were patients diagnosed with OCD at the Child and Adolescent Psychiatry outpatient clinic of the Department of Psychiatry, Nara Medical University, classified according to DSM-5-TR, who newly initiated SSRI treatment between January 2021 and December 2023. We included 48 patients who were younger than 18 years at the time of SSRI initiation. Using medical records, we retrospectively collected data on sex; the type and dosage of prescribed SSRIs and antipsychotics; and any medication changes at treatment initiation, at 16 weeks, and at 52 weeks, along with the reasons for those changes. Patients who had already been taking an SSRI initiated by a previous provider at their first visit and continued it at our clinic were excluded.

Results: Among the 48 pediatric OCD patients, treatment was initiated with fluvoxamine in 41 cases, sertraline in 3, escitalopram in 2, and paroxetine in 2. Of those who started fluvoxamine, 16 patients remained on fluvoxamine at week 52. Medication was discontinued in 10 patients due to symptom improvement. Fluvoxamine was discontinued in 11 patients because of insufficient efficacy and in 4 patients because of adverse effects. Overall, 7 patients received concomitant antipsychotic medication; among them, 3 had comorbid autism spectrum disorder, 1 had attention-deficit/hyperactivity disorder, and 1 had comorbid Tourette syndrome.

Discussion: In our facility, 85.4% of children and adolescents with OCD received

fluvoxamine as the first-line SSRI. When combining patients who continued fluvoxamine at week 52 with those who discontinued medication due to symptom improvement, 63.4% achieved favorable outcomes with fluvoxamine, indicating that more than half of the patients had a good clinical course on this agent. Fluvoxamine is the only SSRI covered by Japan's national health insurance for pediatric OCD, and our findings suggest that insurance coverage is carefully considered when selecting pharmacotherapy in our setting. In addition, among patients receiving concomitant antipsychotic medication, 71.4% had comorbid neurodevelopmental disorders.

When Office ERP Does Not Generalize: Therapist-Guided Home Exposure in Severe Adolescent Contamination OCD

Submitter: Müzeyyen Tonyali, Türkiye

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Contamination focused OCD in youth created added clinical complexity during the COVID 19 pandemic. Exposure and response prevention (ERP) is the first line treatment, yet extinction learning is context dependent and often fails to generalize from the clinic to the home due to renewal effects. We report a case of a severe adolescent in which the most impairing triggers were home bound, and repeated office based ERP plus prior pharmacotherapy failed to produce home engagement. We aim to demonstrate how a single therapist guided in home exposure session, delivered in the natural trigger context with modeling and response prevention, can initiate approach behavior and enable expectancy violation, rendering independent homework feasible.

Methods: A 16 year old male presented with severe contamination fears, spending one to two hours daily in the bathroom and refusing to touch "contaminated" bedroom items. He had a history of non response to adequate trials of sertraline, clomipramine, and aripiprazole. Upon admission, his Children's Yale Brown Obsessive Compulsive Scale (CY-BOCS) score was 32 out of 40, which falls in the extreme range. Treatment included fluoxetine titrated to 60 mg per day and office based CBT with ERP. He showed persistent non completion of home exposure tasks. Consequently, a therapist assisted home session was conducted. The therapist modeled contact with feared triggers and guided response prevention in vivo. Anxiety was monitored using SUDs on a 0 to 10 scale. Written informed consent was obtained.

Results: During office based imaginal exposure, the patient predicted high anxiety (anticipatory SUDS 7 to 8 out of 10). In contrast, during the home session, observed anxiety was markedly lower (peak SUDS 2 out of 10) despite engaging in high hierarchy tasks, such as lying on his bed in outside clothes. He successfully maintained response prevention during and after the visit. Following this session, he began completing home ERP independently. Four sessions later, his CY BOCS score decreased from 32 to 9, and Revised Child Anxiety and Depression Scale scores normalized. Fluoxetine was subsequently reduced to 20 mg/day for maintenance. The mismatch between predicted and observed distress functioned as a salient expectancy violation.

Discussion: This case illustrates the limitations of office only ERP when dominant triggers are context specific to the home. Context shifts can promote the return of fear, whereas matching exposure to the natural context may mitigate this issue. The therapist in home presence likely facilitated approach behavior through modeling and temporary external

support, enabling the patient to test feared predictions directly. While interpreting the therapist role as a safety signal requires caution to avoid reinforcing safety behaviors, it may serve as a necessary scaffold for initial inhibitory learning. Although limited by the single case design and concurrent medication, these findings support therapist guided home exposure as a catalyst when generalization fails.

Preventing Dust and Microbial Exposure in Atopic Dermatitis - Medical and Cultural Necessity versus Obsessive-Compulsive Disorder

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Introduction

Atopic dermatitis (AD) is a chronic inflammatory condition characterized by itching, scaling, and recurring eczema lesions. Allergens, infections, and environmental factors often exacerbate it. AD also has a major impact on psychological well-being, leading to anxiety, depression, and obsessive-compulsive disorder (OCD). Adolescents are especially at risk due to pubertal changes, increased self-consciousness, and peer pressure, which can heighten concern about visible skin lesions. Although contamination-focused OCD has been reported in AD, there are very few accounts describing how compulsive washing overlaps with medically necessary hygiene and culturally important cleaning rituals in adolescents.

This report discusses the complexities of managing OCD in a 14-year-old whose compulsive actions relate to medical needs and Islamic cleaning traditions. It emphasises the need for a collaborative approach including dermatology and psychiatry.

Understanding how AD, OCD, and cultural practices interact is vital for avoiding functional difficulties and worsening dermatological outcomes.

Methods: Case Presentation

A 14-year-old girl with a lifelong history of AD and chronic steroid use was referred for evaluation of intrusive contamination thoughts leading to excessive washing for two months. She recently had a severe AD relapse, requiring two months of inpatient care. After discharge, she spent over an hour nightly bathing, avoided school toilets, and limited food and water intake to avoid contamination. Though washing rituals overlapped with her religious practices, she extended these beyond what was required, turning them into lengthy compulsions and repeatedly sought reassurance. This contributed to functional impairment, family issues, and worsening skin lesions. Her mood was euthymic, with good insight and average cognitive function. She received low-dose sertraline with gradual titration, along with supervised cognitive-behavioral therapy (CBT), coordinated with dermatology to balance medical needs. Family psychoeducation emphasized avoiding reinforcement of compulsions while ensuring necessary skin care and accommodating religious rituals.

Results: Discussion

This case highlights the difficulty of distinguishing adaptive from pathological behaviors in adolescents with chronic AD, especially when cultural or religious hygiene practices

overlap with contamination OCD. Although additional hygiene may be necessary for skin care, excessive washing worsened dermatitis, disrupted routines, and increased stress. Steroids may heighten anxiety and compulsive behaviors in susceptible individuals. Adolescents are particularly vulnerable due to heightened self-consciousness about appearance and peer pressure. An interdisciplinary approach involving dermatology, psychiatry, and psychology is essential. CBT should be tailored to reduce compulsions without undermining necessary medical or cultural practices, while pharmacological treatment controls obsessive symptoms. Evidence suggests inflammatory processes in AD may contribute to neuropsychiatric symptoms, underscoring the bidirectional dermatological-psychiatric relationship. Although AD-OCD comorbidity is documented, this complex case underscores the need for personalized strategies that address medical, cultural, psychological concerns in adolescents, respecting cultural practices while preventing pathological compulsions.

Discussion: Conclusion

Clinicians should stay vigilant for OCD in adolescents with chronic AD, especially when cultural or religious hygiene practices are involved. Any treatment plan has to strike a balance, respecting the medical needs and cultural practices, while also managing the psychiatric side to avoid deterioration of skin and mental health. Early detection, interdisciplinary collaboration, and family-centered psychoeducation are essential for improving both dermatological and psychological outcomes.

The Role of Shame, Perceived Stigmatization, and Complex Trauma in Obsessive-Compulsive Symptoms During Adolescence: A Case Report

Submitter: Ekin Yigit, Türkiye

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Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Obsessive-compulsive disorder (OCD) in adolescence is a heterogeneous condition shaped by biological vulnerability and psychosocial stressors. Beyond symptom-specific mechanisms, factors such as shame, perceived stigmatization, and identity-related distress may significantly influence symptom severity and persistence. Contamination-related symptoms may extend beyond fear of physical dirt and involve experiences of mental or moral contamination, characterized by feelings of internal dirtiness without direct physical contact. Recent literature indicates that the co-occurrence of OCD and complex post-traumatic stress disorder (C-PTSD) is associated with greater symptom severity and increased anxiety burden, suggesting that early developmental trauma may affect the clinical course of OCD. This case report aims to examine the role of shame, perceived social stigma, and trauma-related processes as potential maintaining factors in adolescent OCD and to emphasize the importance of psychosocial and family-based interventions alongside pharmacological treatment.

Methods: A 16-year-old male adolescent presented with excessive hand washing, prolonged bathing rituals lasting approximately one hour daily, and repetitive monitoring of social media driven by fears of social intrusion. He reported intense feelings of being "dirty" following peer-related jokes concerning sexual orientation, with temporary relief through bathing rituals. Psychiatric evaluation was conducted via clinical interviews and behavioral observation, identifying contamination obsessions and cleaning compulsions. Obsessions were intrusive and ego-dystonic, with partial insight preserved. The patient met DSM-5 criteria for obsessive-compulsive disorder. Pharmacological treatment consisted of fluoxetine titrated to 60 mg/day, augmented with aripiprazole 2.5 mg/day. Supportive psychotherapy focused on emotional regulation, shame-related distress, and coping strategies. Family-based sessions provided psychoeducation and addressed accommodation behaviors. Clinical improvement was monitored through longitudinal interviews, observation, and functional indicators; standardized symptom rating scales were not administered.

Results: During psychotherapy, exploration of symptom triggers revealed prominent themes of shame, fear of negative social evaluation, and perceived stigmatization. Contamination experiences were closely associated with feelings of moral threat and internalized social judgment rather than concerns limited to physical impurity. These experiences were conceptualized within a mental contamination framework, suggesting

the influence of trauma-related emotional processes. Clinical interviews indicated that interpersonal stressors and perceived social rejection activated contamination distress, consistent with patterns observed in complex trauma presentations. As these emotional domains were addressed within a supportive therapeutic environment and with active family involvement, a marked reduction in obsessive distress and cleaning rituals was observed. Ritual duration decreased substantially, avoidance behaviors diminished, and daily functioning improved. Notably, these improvements occurred without modification of the pharmacological regimen, supporting the contribution of psychosocial and trauma-informed interventions to symptom reduction and overall functional recovery.

Discussion: This case illustrates that obsessive-compulsive symptoms during adolescence may be embedded within a broader psychosocial and trauma-related context. The patient's clinical presentation was consistent with the concept of mental contamination, in which perceived social rejection, emotional violations, and internalized stigma generate persistent feelings of internal dirtiness. Existing literature indicates that the co-occurrence of OCD and complex post-traumatic stress disorder is associated with increased symptom severity and heightened anxiety burden. Although the present case did not meet formal diagnostic criteria for complex PTSD, trauma related processes particularly chronic shame, perceived stigmatization, and identity related distress appeared to contribute to symptom maintenance. These findings emphasize the importance of routinely assessing developmental trauma in adolescents with OCD. Integrating pharmacological treatment with trauma-informed psychotherapy and family involvement may reduce internalized stigma, enhance emotional regulation, and improve overall clinical outcomes.

P-35-009

Obsessive Compulsive Disorder (OCD) and Psychosis in Adolescence and Transitional Age Youth (TAY)

Submitter: Timothy Vandeusen, United States of America

Co-Authors: T. Vandeusen

Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: The diagnosis of obsessive-compulsive disorder (OCD) is easily mistaken for schizophrenia. However, OCD does show an elevated relationship with schizophrenia and is comorbid in 5-25% of cases during adolescence. Obsessive compulsive symptoms can become apparent during the prodromal time leading to first episode psychosis. These symptoms have been associated with higher rate of onset of illness, more negative symptoms, and male gender. Overlying symptoms of OCD and schizophrenia involve odd and intrusive thoughts, unusual and reoccurring behaviors, perseveration, poor attention, and depressed mood. One way to separate the two diagnoses is that youth with OCD find their symptoms ego dystonic and have insight about the senselessness of their intrusive thoughts and abnormal behaviors. Also, OCD symptoms may precede psychotic symptoms and may lead to more serious clinical outcomes. Youth with OCD and psychosis tend to have more legal issues, higher substance misuse, suicidal behavior, and greater cognitive deficits.

Methods: The presenter will give an overview of the co-occurrence of OCD and psychosis during adolescence and the transitional age youth years. He will illustrate the difficulty in parsing out the two diagnoses by presenting a case vignette of an 18-year-old male patient, his symptoms, and treatment. This case will reinforce learning amongst the attendees.

Results: Individuals with OCD experience more depressive psychotic symptoms resembling negative symptoms of schizophrenia. A factor which may explain the large range of prevalence rates may be the difficulties in figuring out obsessions from delusions, especially in individuals with poor insight. Studies show that some symptoms may be hybrid in nature, intrusive and repetitive like obsessions, but the content may appear delusional. One study found that those individuals diagnosed with OCD are 12 times more likely of receiving a diagnosis of schizophrenia.

Discussion: Co-morbidities are common in OCD and Major Depression is the most common one. It's very important to distinguish between negative symptoms of psychosis from those typical of mood disorders. For example, sadness, hopelessness, suicidal ideation, and pessimism are associated with mood disorders. Alogia, apathy, and blunted affect are linked to psychosis. Anhedonia, anergia, and avolition can appear in both illnesses. Also both disorders have different treatment challenges. Studies have shown that prescribing second generation antipsychotics may worsen OCD symptoms, and

selective serotonin re-uptake inhibitors (SSRIs) may worsen psychotic symptoms.

P-35-010

Primary Hair Pulling Disorder (Trichotillomania) in a 9-year-old female child, and Major Depressive Disorder with comorbid Hair Pulling Disorder (Trichotillomania) in a 13-year-old female child: A comparative case report

Submitter: Nover Louie R. Arizobal, Philippines

Co-Authors: N. Arizobal, J. Lim

Topic: Specific CAP Conditions / j. Obsessive-Compulsive and Related Disorders

Objective: Trichotillomania (TTM) or Hair Pulling Disorder involves the repeated behavior of pulling one's own hair in areas where it is present with the most commonly involved areas in decreasing frequency being the scalp, eyebrows, and eyelashes. Among all age groups and genders, adolescent females are most commonly afflicted with TTM. Methods of pulling include using the index and thumb, but tweezers and cosmetic devices such as combs may be used. It may occur as a solitary diagnosis, or may as a co-morbidity of anxiety or depression which is more apparent in teenage years. Low self-esteem, shame, and distress have been attributed as psychosocial consequences of the disorder. There have been no FDA approved medications for the behavior. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin Dopamine Antagonists (SDAs) have been implicated in the management of TTM however with mixed results, primarily due to insufficient data in previous studies.

Methods: Two cases of TTM are presented in this study: Case 1 is a 9-year-old, female diagnosed with primary Hair Pulling Disorder (Trichotillomania), whereas Case 2 is a 14-year-old, female diagnosed with Major Depressive Disorder with comorbid Hair Pulling Disorder (Trichotillomania). The two cases are treated with an SSRI+SDA combination therapy using adequate doses of Fluoxetine (an SSRI) and Olanzapine (an SDA).

Results: Case 1 had poor results to treatment, and thus warranted supplementation with Habit Reversal Training augmented with Dialectical Behavioral Therapy - recommended psychotherapy for patients with TTM. Case 2 had remarkable results solely with pharmacotherapy, with remission of both Major Depressive Disorder and Hair Pulling Disorder.

Discussion: Management of patients with TTM should start with carefully identifying whether these patients are automatic or focused pullers, and have the disorder as the primary and sole diagnosis, or if this occurs with comorbid anxiety, mood, or other identified psychiatric conditions. Categorizing TTM under BFRBs, tic disorders, or OCRDs still warrant further studies, as current data are inconsistent. Although SSRI + SDA combination therapy may be effective in patients with TTM, it is more efficacious in those who have comorbid anxiety and mood disorders and/or are focused pullers. Behavior therapy, including habit reversal therapy, enhanced with dialectical behavioral therapy are

more effective in automatic pullers and/or those who have primary TTM.

P-36

Self-Harming Behavior and Suicidality II: From Patterns to Prevention

Validation of the Tunisian Version of the Inventory of Statements About Self-Injury (ISAS) in a Clinical Adolescent Population

Submitter: Samiha Laoures Meddouri, Tunisia

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Self-harm is a major public health problem among adolescents due to its negative consequences. These behaviors are often associated with various psychiatric disorders. The aims of our work were to validate the Inventory of Statements About Self-Harm (ISAS) questionnaire in our Tunisian socio-cultural context and to study the characteristics of self-harm in a clinical population of adolescents.

Methods: This was a cross-sectional study involving 202 adolescents aged between 12 and 18 years who had consulted the child and adolescent psychiatry department of Mongi Slim Hospital. We translated the ISAS questionnaire using a back-translation method. Construct validity was assessed using confirmatory factor analysis to test a two-factor model comprising interpersonal and intrapersonal dimensions. Reliability was evaluated by measuring the internal consistency of the questionnaire.

Results: In our study, 65.8% of adolescents reported having experienced at least one episode of self-harm.

Confirmatory factor analysis fit indicators of the translated version of the ISAS were satisfactory (Goodness of Fit Index=0.802; Root Mean Square Error of Approximation=0.10; Standardized Root Mean Square Residual=0.011). Reliability was good, with Cronbach's Alpha coefficients of 0.80 and 0.862 for both parts of the questionnaire, and 0.816 and 0.747 for the interpersonal and intrapersonal factors, respectively.

The most frequently reported function of the interpersonal factor was access to autonomy in 36.8% of cases, and that of the intrapersonal factor was emotional regulation in 48.9% of cases. Adolescent girls had a significantly higher frequency and score for the intrapersonal factor ($p=0.007$ and $p=0.013$). Suicide attempts were significantly associated with moderate and high severity methods ($p<0.001$).

Discussion: The psychometric properties of the Tunisian dialectal Arabic version of the ISAS questionnaire were found to be satisfactory. This questionnaire facilitates a more accurate assessment of self-harm among adolescents and supports the implementation of interventions that are adapted to and specifically targeted at this at-risk population.

P-36-002

When Do Adolescents Present with Suicidality? Preliminary Temporal Patterns from Emergency Psychiatric Consultations

Submitter: Sema Yildirim, Türkiye

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Suicidal ideation and behavior during adolescence constitute a substantial proportion of emergency department presentations. The existing literature has highlighted not only the frequency of self-harm and suicide-related presentations but also their temporal distribution. In particular, increased presentations during evening and nighttime hours have been suggested to be associated with circadian rhythm disturbances, mood fluctuations, and social-environmental factors.

However, studies examining the hourly or temporal patterns of emergency psychiatric presentations in child and adolescent populations remain limited, with most relying on large administrative databases. Analyses of real-world clinical data at the consultation level are crucial for identifying high-risk time periods and informing preventive strategies. Accordingly, this preliminary study aims to descriptively examine the temporal patterns of emergency psychiatric consultations for suicidal ideation or behavior in adolescents, as well as gender-related distributions of presentations.

Methods: This study was designed as a single-center, retrospective, descriptive preliminary study.

Adolescents aged 12-18 years who were referred for child and adolescent psychiatry consultation from the emergency department due to suicidal ideation, suicide attempt, or non-suicidal self-injury were included.

Electronic medical records and consultation forms were reviewed to extract data on age, gender, reason for presentation (suicidal ideation / suicide attempt / non-suicidal self-injury), psychiatric diagnosis, admission decision, and time of presentation. Presentation times were categorized into four predefined time blocks: 00:00-05:59, 06:00-11:59, 12:00-17:59, and 18:00-23:59.

Data were analyzed using descriptive statistics with SPSS software. Continuous variables were presented as mean $\pm$ standard deviation, and categorical variables as frequencies and percentages.

Results: A total of 30 adolescents referred for child and adolescent psychiatry consultation in the emergency department due to suicidal ideation, suicide attempts, or non-suicidal self-injury were included. The mean age was 15.6 ± 1.6 years, the majority were female (93.3%, n=28).

Regarding reasons for presentation, 70.0% of cases (n=21) were evaluated due to suicide attempts, 20.0% (n=6) due to suicidal ideation, and 10.0% (n=3) due to non-suicidal self-injury.

Temporal analysis showed that 56.7% of presentations occurred between 18:00 and 23:59, followed by 12:00-17:59 (16.7%), 00:00-05:59 (13.3%), and 06:00-11:59 (13.3%). When presentation type and time blocks were examined together, 57.1% of suicide attempts and 66.7% of suicidal ideation presentations occurred during evening hours. Non-suicidal self-injury showed an even distribution.

Discussion: This preliminary study suggests that emergency psychiatric presentations related to suicidal ideation, suicide attempts, and non-suicidal self-injury among children and adolescents are predominantly clustered during evening hours, particularly between 18:00 and 23:59. This temporal concentration is consistent with previously described circadian patterns and the concept of eveningness in adolescent populations. Several mechanisms may contribute to this pattern, including increased emotional burden toward the end of the day, escalation of family conflicts, reduced access to social support, and disruptions in sleep-wake cycles. The accumulation of distress and limited coping resources during evening hours may increase vulnerability to crisis presentations. In conclusion, suicidality-related emergency presentations in adolescents appear to be particularly concentrated in the evening. These preliminary findings based on real-world consultation data may inform emergency service staffing and time-focused preventive strategies, while ongoing data collection is expected to allow more detailed analyses.

Clinical, Trauma-Related, and Biological Characteristics of Adolescent Inpatients Following Suicide Attempts: A Preliminary Descriptive Study

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Suicide attempts in adolescence are a critical psychiatric emergency; however, empirical data from acute inpatient settings remain limited, particularly with respect to the integration of clinical and biological characteristics. The primary aim of this study is to descriptively map the psychosocial and biological profiles of adolescents hospitalized immediately following a suicide attempt using psychometric tools and peripheral blood sampling. A secondary aim is to establish a clinically meaningful framework to support future identification of risk factors associated with suicidal behavior.

Methods: This ongoing cross-sectional study is conducted in an acute child and adolescent psychiatry ward. Patients aged 10 to 17 years are recruited into three groups (patients hospitalized following a suicide attempt (SA group), a comparison group of patients hospitalized for suicidal ideation without a recent attempt, and a control group of children without a history of mental health treatment). Adolescents in the clinical groups undergo a psychiatric examination and clinical assessment that includes depressive symptomatology (Children's Depression Inventory [CDI]; Children's Depression Rating Scale-Revised [CDRS-R]), trauma (Yale-Vermont Adversity in Childhood Scale - Child Self-Report [Y-VACS-SR]), suicidality (Columbia Suicide Severity Rating Scale [C-SSRS]), and general psychopathology (Symptom Checklist-90 [SCL-90]). Peripheral biological markers examined include blood count parameters, biochemical results, and inflammatory markers (e.g., tumor necrosis factor alpha [TNF-alpha], interleukin 1 beta [IL-1beta], interleukin 10 [IL-10], and fibrinogen).

Results: The cohort (n = 28) consists exclusively of female patients (mean age 14.57 ± 1.75). Most attempts involved pharmacological overdose (82.14%). Participants exhibited high global distress (SCL-90 Global Severity Index: 2.10 ± 0.80) and clinically significant depression severity (CDRS-R raw score: 59.54 ± 13.58 ; CDI score: 31.00 ± 9.65), alongside high intensity of suicidal ideation (C-SSRS intensity of ideation subscale: 17.21 ± 3.84). Biological profiling (n = 27) revealed mean TNF-alpha levels of 3.14 ± 1.31 pg/mL and a neutrophil-to-lymphocyte ratio of 1.86 ± 1.70 . Mean fibrinogen and IL-10 levels were 2.79 ± 0.67 g/L and 1.79 ± 0.70 pg/mL, respectively. IL-1beta levels showed marked interindividual variability and a right-skewed distribution, averaging 3.78 ± 10.22 pg/mL (range: 1.05-54.87 pg/mL).

Discussion: This preliminary study provides an initial characterization of adolescent females hospitalized after suicide attempts in an acute psychiatric setting, highlighting the

clinical complexity and heterogeneity of this population. While limited by sample size and ongoing recruitment, our findings underscore the importance of integrating trauma history, symptom severity, and biological markers into a comprehensive clinical assessment. The future inclusion of a suicidal ideation comparison group will allow for analyses examining features associated with the transition from suicidal ideation to suicide attempt.

Ultimately, these data may contribute to the development of more refined and clinically applicable risk stratification approaches in adolescent suicidality. This research was financially supported by the VEGA grant 01/0183/24 of the Ministry of Education, Research, Development and Youth of the Slovak Republic.

Retrospective Analysis of Background Factors Associated with the Need for Medical Inpatient Care in Cases of Overdose Among Young Patients

Submitter: Satoshi Miwa, Japan

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: In Japan, overdose involving over-the-counter or prescription medications among young people constitutes a significant clinical and public health concern, with motivations encompassing suicide attempts, self-harm, and affect regulation. Such overdoses frequently require emergency medical transport and hospitalization in medical or psychiatric settings and may, in severe cases, result in fatal outcomes. Similar challenges have been reported in international contexts. This exploratory study aimed to elucidate the association between the degree of medical intervention and background characteristics among young individuals who engaged in medication overdose, with the objective of generating evidence to inform future preventive and early intervention strategies.

Methods: This study included adolescent patients newly admitted to the child and adolescent psychiatric ward of our hospital between March 2022 and October 2025 following overdose of over-the-counter or prescription medications. "Admission due to overdose" was defined as cases explicitly documented as such in psychiatrists' medical records or admissions occurring after referral from a general medical department. The primary outcome was admission to a medical department. A retrospective analysis was conducted using medical records and referral documentation. Associations were examined using Firth-corrected logistic regression analysis.

Results: Age- and sex-adjusted Firth-corrected logistic regression analyses were performed to evaluate associations between the need for medical inpatient care and background characteristics. No statistically significant relationships were observed between medical ward admission and benzodiazepine receptor agonist use, suicidal ideation at overdose, histories of self-harm, suicide attempts, psychiatric hospitalization, family mental illness, or experiences of abuse or bullying. Although a prior history of overdose was associated with a lower odds of requiring medical hospitalization, this association did not reach statistical significance.

Discussion: This study indicates that the requirement for medical inpatient admission among young individuals who experience overdose cannot be fully accounted for by background characteristics alone. Among those with a history of prior overdoses, several factors may be associated with a reduced likelihood of inpatient admission, including earlier intervention by healthcare professionals, modifications in prescription practices, and experiential learning regarding less lethal substances and dosages. Moreover, the

observed association between prior overdose and lower admission risk is consistent with clinical perspectives that a subset of overdoses constitutes non-lethal self-harm behaviors. Nonetheless, the estimates were characterized by substantial uncertainty, potentially reflecting limited sample size and event frequency. Given the retrospective design, the influence of incomplete or inconsistent medical record documentation cannot be excluded. Future large-scale prospective studies are warranted to better delineate the risk of severe outcomes and to inform the development of appropriate intervention strategies for this population.

Monitoring Within-Person Dynamics in Adolescents Hospitalized for Acute Suicidal Distress: An Intensive Longitudinal Research Project

Submitter: Maude Schneider, Switzerland

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Adolescence represents a developmental period marked by heightened vulnerability to suicidal thoughts and behaviors (STBs), which remain a leading cause of death among youth. Yet, the temporal unfolding and within-person dynamics underlying these fluctuating phenomena in hospitalized adolescents remain insufficiently understood. Intensive longitudinal and momentary assessment approaches are therefore essential to capture how STBs and related psychological processes (e.g., perceived burdensomeness) vary over time. Thus, this study aims to characterize fine-grained temporal trajectories and intraindividual mechanisms linked to STBs and ideation-to-action processes derived from recent suicide theories, as well as daily patterns of sleep and physical activity, in adolescents admitted for acute suicidal distress.

Methods: We aim to recruit 100 adolescents hospitalized in French-speaking Switzerland. The study employs a multistage longitudinal design: (1) a baseline assessment at admission within 72 hours; (2) two periods of ecological momentary assessment (EMA) - two weeks of four daily in-clinic surveys followed by ten days of two daily post-clinic surveys - to capture daily fluctuations in STBs and related constructs; and (3) follow-up interviews at discharge and after the second EMA period. Actigraphy runs in parallel, providing continuous longitudinal measures of sleep and physical activity. Planned analyses include extended multilevel modelling to examine momentary coupling and lagged associations between STBs and related within-person processes, as well as latent profile approaches to characterize longitudinal temporal patterns across the transition from hospitalization to subsequent outpatient care.

Results: The presentation will describe the study protocol which resulted from a participatory design process with clinicians and patients as young partners, and will also present preliminary results (n=20/30), including early patterns emerging from ongoing longitudinal EMA.

Discussion: By focusing on daily fluctuations, this study will provide a nuanced developmental perspective on how STBs and related psychological and behavioral processes interact over time during a critical period of distress. These insights aim to inform targeted, personalized interventions and ultimately strengthen clinical decision-making, offering better support for vulnerable adolescents transitioning from inpatient to

outpatient care.

P-36-006

A qualitative study on emergency nurses' experiences caring for patients who attempted suicide

Submitter: Ajesh Kumar Thundathil Karthikeyan, India

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Emergency nurses are frequently the first point of contact for patients who have attempted suicide. This qualitative study explores the experiences of emergency nurses working with suicide-attempt patients in a tertiary care teaching hospital.

Methods: Semi-structured, in-depth interviews were conducted with 16 registered nurses working in the emergency department of a tertiary care teaching hospital. Participants were purposively sampled to include a range of clinical experience (1-24 years). Interviews were audio-recorded, transcribed verbatim and analysed using Braun and Clarke's six-phase thematic analysis.

Results: Four major themes were identified (1) immediate clinical and safety challenges, (2) emotional labour and moral distress, (3) gaps in training and systemic support, and (4) coping strategies and sources of resilience. Nurses described intense emotional pressure to stabilise life threatening conditions while simultaneously managing suicide risk and relatives' distress.

Discussion: Caring for suicide-attempt patients in emergency settings places substantial clinical and psychological demands on nurses. Strengthening training in suicide risk assessment, integrating liaison psychiatry into the emergency workflow, and providing structured psychosocial support for emergency nurses to improve patient care and nurses overall wellbeing.

P-36-007

Exploring adolescent suicidal behaviour within Indian families: A Qualitative study

Submitter: Cathy Roshini Vincent Paul, India

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Adolescent suicide is a complex, multifaceted phenomenon influenced by individual, familial, and sociocultural factors. Families play a crucial role in shaping adolescent development and well-being across cultures, especially in collectivist societies like India. Despite growing family involvement in treatment, existing Western therapeutic interventions rarely address broader relational and systemic processes, highlighting the need for approaches that empower families and situate suicidal behaviour within a holistic family systemic framework. This study presents the first phase of a comprehensive doctoral project aimed at developing and testing the feasibility of an intensive family intervention for adolescents with suicidal behaviours.

Methods: A sequential mixed-method research design is adopted for the doctoral study. The first qualitative phase aims to explore determinants, family processes, and therapeutic gaps in managing adolescent suicidal behaviours through in-depth interviews with adolescents (n=5) and their parents (n=8) receiving treatment at CAMHS, NIMHANS, analysed using reflexive thematic analysis. Findings will inform the development and content validation of the intervention, which will later be tested for feasibility using a quasi-experimental design.

Results: The preliminary analysis of adolescent interviews reveals the presence of neurodevelopmental vulnerabilities, perfectionistic traits, and negative emotional experiences across familial and school contexts, contributing to a fragile sense of self, internalised guilt, hopelessness, shame, and ambivalence towards help-seeking. These experiences intersected with parental narratives, highlighting unspoken family dynamics, inconsistent parenting, disproportionate roles in parenting, limited paternal attunement, and emotional vulnerabilities of parents. The impact on parents' physical and emotional well-being was predominant as they struggled to safeguard their child. The estimated sample size of the qualitative phase is approximately (n=15) adolescents with suicidal behaviours and their parents. Currently, this phase of the study is ongoing, and the final results will be ready for presentation at the IACAPAP 2026 congress.

Discussion: The emerging findings underscore the systemic, relational, and cultural embeddedness of adolescent suicidality. It strengthens the need for an integrated family intervention model when working with adolescents exhibiting suicidal behaviours.

Strengthening Inter-Agency Responses to Youth Suicidality through Gatekeeper Training and Shared Suicide Screening Instrument

Submitter: Joëlle Wallérus, Austria

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Adolescents in acute suicidal crises often receive care at the intersection of multiple psychosocial systems, where unclear responsibilities and fragmented communication can compromise continuity of care. This challenge is intensified by increasing rates of acute suicidality seen in child and adolescent psychiatric services. Young people living in foster care are a particularly vulnerable group. Therefore, it is essential that the child and youth welfare services and the child and adolescent psychiatry build a common language and a shared risk assessment strategy. The SUSHI project (Suicidality and Self-Injury: Heed and Intervene) addresses this gap by strengthening the competencies of child and youth welfare professionals through evidence-based gatekeeper training and by introducing a shared suicidality screening instrument. The project aims to support early identification and assessment of suicidality outside the healthcare system and to enhance inter-agency collaboration and structured decision-making processes.

Methods: A qualitative needs assessment involving professionals from child and youth welfare services and child and adolescent psychiatry was conducted to identify key barriers related to communication, risk assessment, and responsibilities in suicidality-related cases. Based on these findings, a two-day training program focusing on suicidality and non-suicidal self-injury (NSSI) was developed. The program aimed to increase participants' suicide literacy, perceived knowledge, and confidence in action when managing suicidal crises. A shared suicide screening instrument was introduced as part of the intervention. 176 child and youth welfare professionals completed the training. Outcomes were assessed using pre-, post-, and three-month follow-up measures.

Results: Participants showed a significant increase in suicide literacy from pre- to post-training ($p < .001$, $t = -17.19$, $d = -1.35$), which remained significant at three-month follow-up ($p < .001$, $t = -7.74$, $d = -.95$). Perceived knowledge of NSSI also increased significantly after the training ($p < .001$, $z = -6.24$, $r = .83$) and remained stable over three months ($p < .001$, $z = -3.47$, $r = .84$). Confidence in action regarding suicidality improved significantly from pre- to post-training ($p < .001$, $t = -18.99$, $d = -1.50$) and was sustained at follow-up ($p < .001$, $t = -8.696$, $d = -1.08$). Comparable effects were observed for confidence in action related to NSSI (post: $p < .001$, $z = -5.34$, $r = .62$; follow-up: $p < .001$, $z = -3.64$, $r = .71$).

Discussion: The findings indicate that a targeted gatekeeper training can lead to sustained improvements in suicide literacy, perceived knowledge, and confidence in action among

child and youth welfare professionals. By strengthening cross-organizational action competence, the intervention addresses a critical gap in the early detection and management of suicidality outside clinical settings and contributes to the current debate on the increasing number of suicidality among young people. Future work should examine the transferability of this model to other psychosocial care contexts and its impact on inter-agency collaboration in routine practice.

P-36-010

Mobile application for family involvement in the prevention and treatment of youth suicidality: a literature-based design study

Submitter: Sofia Cruz E Freire , Brazil

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: The main objective of the present study was to develop, based on a review of well-established concepts in the literature, a mobile application design that provides supportive tools aimed at promoting family involvement in the treatment and prevention of suicide among children and adolescents.

Methods: As an initial step in creating an intervention-focused application, we conducted a comprehensive literature review on the treatment and prevention of suicide in children and adolescents, which provided a theoretical foundation for the development of features designed to promote family involvement in the care of this age group. The search terms used were "adolescents and children suicide interventions", "suicide prevention", and "family involvement". Articles in Portuguese and English, published between 2020 and 2026, were selected.

Results: The app will focus on two complementary approaches: an open-access section dedicated to psychoeducation for families, and a restricted-access section aimed at providing supportive features for individualized treatment of children and adolescents. The public section will provide informative content to help identify symptoms suggestive of psychological distress and common mental health disorders in youth. It will also offer guidance on open, respectful communication between families and children or adolescents, strengthening trust and preventing adverse outcomes. Additionally, users will receive instructions on how to seek professional help for both long-term treatment and acute suicidal crisis interventions. The restricted-access section, available to families of patients already under psychological or psychiatric care, will contain information on prescribed medications and also provide a digital diary for recording mood changes and observations, which can be explored during joint sessions with the family, in accordance with each patient's individualized treatment.

Discussion: Suicide is a growing public health issue and is the third leading cause of death among 15-29-year-olds, with an increase of approximately 50% over the past decade among children and adolescents in Brazil. It is a multifaceted behavior influenced by numerous factors. Among these, the family context can either serve as a significant risk factor, when marked by inconsistency, criticism, and hostility, or as a protective factor, when caregivers are attentive, reliable, supportive, and validate their children's emotions. Hence, family involvement is a crucial approach in the treatment and prevention of youth

suicide attempts. Therefore, we advocate for the use of technology to help foster a supportive family environment for the patient, while simultaneously serving as a bridge between the patient and mental health services and interventions.

P-37

Emotional (Dys-) Regulation

P-37-001

Co-occurrence of Emotional and Behavioral Problems in School-Age Children in Shenzhen, China: An Immigrant City Shaped by 40 Years of Reform and Opening-Up

Submitter: Zhenpeng Xue, People's Republic of China

Co-Authors: Z. XUE, J. Lu

Topic: Epidemiology

Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: To examine the prevalence and co-occurrence of emotional and behavioral problems among school-age children in Shenzhen, a major immigrant city transformed by four decades of reform and opening-up. With its rapid economic growth, high migrant population, and fast-paced urban environment, Shenzhen presents unique psychosocial stressors. This large-scale epidemiological study aimed to determine detection rates of specific problems (conduct disorder, ADHD symptoms, learning problems, psychosomatic problems, hyperactivity/impulsivity, anxiety), patterns of comorbidity, and associated risk factors, providing evidence to inform targeted prevention and intervention in similar rapidly urbanizing settings.

Methods: From September to December 2019, cluster sampling was conducted across 14 primary schools in Shenzhen. Parents of 11,997 children aged 6-12 years (mean 8.85 ± 1.85; 54.9% male) completed the Conners Parent Symptom Questionnaire (Chinese norms). Demographic data included gender, age, only-child status, migrant background, academic performance, learning pressure, interpersonal relationships (classmates, teachers, family), and family income. Quality control involved trained investigators, informed consent, and optical mark reader data entry. Prevalence, comorbidity, and predictors were analyzed using chi-square tests and logistic regression in SPSS 19.0.

Results: Overall, 22.5% of children showed at least one emotional or behavioral problem; 9.4% exhibited two or more (comorbidity rate 41.9% among those affected). ADHD symptoms demonstrated the highest co-occurrence (96-98%), most commonly with conduct disorder (71-73%), learning problems (53-58%), and hyperactivity/impulsivity (59-67%). Conduct disorder, learning problems, and hyperactivity/impulsivity also showed substantial overlap. Female gender (adjusted OR 1.29), poor academic performance (OR 1.35), strained relationships with classmates (OR 1.40) and family (OR 1.56), and low family income (OR 1.59) significantly predicted comorbidity. Age-specific patterns emerged, with younger children more prone to externalizing problems and older children to anxiety and psychosomatic issues.

Discussion: In this representative sample from Shenzhen-an immigrant-dominated city profoundly shaped by 40 years of reform and opening-up-the prevalence of emotional and behavioral problems (22.5%) aligns with school-based estimates in other urban Chinese settings, exceeding community rates. High comorbidity, particularly involving ADHD and

conduct disorder, underscores the need for comprehensive assessment rather than isolated diagnosis. Identified risk factors-female gender, academic difficulties, poor interpersonal relationships, and low socioeconomic status-are consistent with prior literature yet amplified in Shenzhen's context of migration stress, intense competition, and rapid social change. These findings highlight the importance of school-based screening, family support, and socioeconomic interventions in fast-urbanizing immigrant cities. Tailored strategies addressing age-and gender-specific patterns could reduce long-term mental health burden in similar populations.

P-37-002

Late Bedtime and Risk of Emotional-Behavioral Problems in children: A Longitudinal Analysis from the IRACEMA-COVID Cohort

Submitter: Shamyr Sulyvan Castro, Brazil

Co-Authors: S. Castro, A. Carioca, A. Saldanha, M. Castro, M. Machado

Topic: Epidemiology

Objective: Sleep health is crucial for cognitive, emotional, and behavioral development in early childhood. Among sleep dimensions, bedtime has garnered attention due to its potential influence on circadian regulation. This longitudinal analysis within the Iracema-COVID cohort investigates the association between children's bedtime and their emotional, behavioral, and developmental outcomes, assessed across two waves separated by a six-month interval.

Methods: Data from the fifth and sixth survey waves, comprising 301 children, were analyzed. Sleep was assessed using the Brief Infant Sleep Questionnaire (BISQ), while developmental, behavioral, and emotional milestones were evaluated using the Survey of Well-Being of Young Children (SWYC). Crude and adjusted regression models were fitted for each SWYC domain, adopting a 5% significance level.

Results: The sample consisted of 51.2% boys, with predominant maternal education at the high school level (48.5%); 65.5% of families received government assistance. At baseline (5th wave), 41.6% of children had a bedtime between 6:00 PM and 9:30 PM, while 26.4% slept after 10:00 PM. Sleep duration patterns showed high temporal stability. Later bedtimes were associated with poorer emotional and behavioral outcomes. Children with bedtimes after 10:00 PM presented significantly higher symptom scores at follow-up (adjusted coefficient = 3.07; 95% CI: 0.04-6.10; p-trend = 0.046) and increased odds of emotional/behavioral problems (adjusted OR = 4.05; 95% CI: 1.50-10.94; p-trend = 0.005). No significant associations were observed between bedtime and general developmental milestones.

Discussion: A bedtime after 10:00 PM was consistently associated with higher levels of emotional and behavioral problems at six-month follow-up, independent of sociodemographic, familial, and behavioral confounders. These findings underscore the importance of bedtime regulation as a potential modifiable factor for child mental health.

P-37-003

Beyond the Dyad: Correlations Between Parental Mental Health and Child Emotional - Behavioural Problems in Child and Adolescent Psychiatry from a Family Systems Framework

Submitter: Ruziana Binti Masiran, Malaysia

Co-Authors: R. Masiran

Topic: Epidemiology

Objective: This study examined the correlations between child emotional and behavioural problems and parental stress, anxiety, and depression levels among attendees of a Child and Adolescent Psychiatric Clinic in a Malaysian teaching hospital.

Methods: We conducted a cross-sectional study on 121 parent-child dyads using the parent-administered Strengths and Difficulties Questionnaire (SDQ) for children's behaviour and the Depression, Anxiety, and Stress Scale (DASS-21) for parental mental health (stress, anxiety, depression). The Pearson correlation coefficient was used to quantify the strength and direction of the linear relationship between the two continuous scores.

Results: There were small to moderately strong positive correlations between the SDQ Total Difficulties Score and parental stress, anxiety, and depression scores, with correlation coefficients of $r = .245$ ($p = .006$), $r = .408$ ($p < .001$), and $r = .291$ ($p = .001$), respectively. A higher level of children's emotional and behavioural difficulties is correlated with increased parental stress, anxiety, and depression.

Discussion: The significant correlations between parental mental health indices and children's emotional and behavioural problems underscore the bidirectional influences described by family systems theory. The findings also support the need for integrated, family-based interventions that address parental mental health alongside child treatment to improve emotional and psychosocial outcomes for children.

Prevalence and Correlates of Emotion Dysregulation in Children and Adolescents with Cancer: Data from a Tertiary Care Center in Lebanon

Submitter: Chelsy Eid, Lebanon

Co-Authors: C. Eid, E. Baroud, A. Sabalbal, F. Zgheib, D. Noun, W. Shamseddeen

Topic: Epidemiology

Objective: The objectives of this study were to (1) estimate the prevalence of emotion dysregulation (ED) among children and adolescents with cancer, (2) identify the correlates of screening positive for emotion dysregulation in children and adolescents with cancer, and to (3) explore which emotion regulation strategies children and adolescents with cancer access in order to regulate their emotions.

Methods: This is a preliminary analysis (N=61) of an ongoing cross-sectional study of youth aged 8-17 years diagnosed with cancer, along with one participating parent per child (target sample 100 dyads). Child self-report measures included the Screen for Child Anxiety Related Emotional Disorders (SCARED), Mood and Feelings Questionnaire (MFQ), Strengths and Difficulties Questionnaire (SDQ), Conflict Behavior Questionnaire (CBQ), and Emotion Regulation Questionnaire (ERQ). Parents completed a sociodemographic questionnaire, the General Health Questionnaire (GHQ), and parent-report versions of the SDQ, CBQ, SCARED, and MFQ. ED was assessed using the parent-reported SDQ Dysregulation Profile, based on preset subscale criteria, with a cutoff score of greater or equal to 5 indicating the presence of ED. Descriptive statistics were used to estimate prevalence. Associations with clinical and socio-demographic variables were explored using bivariate and multivariable analyses. Backward regression derived a parsimonious model after controlling for other predictors.

Results: Of the 61 participants, 13 screened positive for ED (21.3%). At the bivariate level, ED was associated with higher parent CBQ scores (11.54 ± 2.88 vs 9.17 ± 3.23 ; $p = 0.020$) indicating higher parent-child conflict, higher SDQ conduct scores, higher SCARED score (positive anxiety screen trend), and higher GHQ score indicating worse parental mental health ($p < 0.05$). Two items within the conduct subscale contribute to the dysregulation profile, indicating partial item overlap between the measures. Males were more likely to experience ED than females, although among older youth, gender differences attenuated. In the backward multivariable logistic regression, adjusting for age and sex, higher parent CBQ total scores (aOR = 1.31, 95% CI [1.04-1.67], $p = 0.024$) remained independently associated with ED. The conduct subscale was not included in the final model to avoid redundancy related to item overlap with the outcome.

Discussion: In this sample of youth with cancer, 21.31% screened positive for ED, compared to 11.26% in a nationally representative sample. ED was associated with parent-child conflict and poorer parental mental health, findings which resemble those in non-

medically ill youth. Results suggest that screening caregivers for emotional symptoms is important and that parent-child interaction and parental mental health are potential intervention targets. Anxiety showed a signal of association which did not persist after adjustment, suggesting that anxiety may reflect contextual family factors rather than an independent effect. Alternatively, the sample size may not be large enough yet to detect an association. Younger children were more likely to experience ED. Indeed, they may not yet possess the cognitive and developmental skills to recognize, appraise and adequately modulate emotions. It is important to screen younger children with cancer for ED and tailor potential intervention strategies their developmental level.

P-37-006

Insights into Adolescence: A Meta-Analysis revealing the connection between problematic internet use and emotion regulation

Submitter: Mirona Paun, Romania

Co-Authors: M. Paun, E. Stanculescu

Topic: Epidemiology

Objective: Problematic Internet Use (PIU) is increasingly linked to poorer adolescent mental health. Emotion regulation (ER) is a key developmental capacity during adolescence, and difficulties in ER may increase vulnerability to maladaptive digital behaviors. This meta-analysis examined the association between PIU and emotion regulation difficulties in adolescent samples and explored potential moderators.

Methods: Following PRISMA guidelines and a PROSPERO-registered protocol (CRD42024578971), a systematic search was conducted across six databases (Web of Science, PubMed, Scopus, ScienceDirect, ProQuest, Litmaps) between August 1-3, 2024. Quantitative studies including adolescents aged 10-19 were eligible if they reported correlations (or convertible statistics) between PIU and ER. Random-effects models were applied using Fisher's r-to-z transformation and restricted maximum likelihood estimation.

Results: Fifteen studies were included. The pooled effect indicated a significant positive association between PIU and emotion regulation difficulties ($r = 0.231$, 95% CI: 0.062-0.400, $p = 0.007$). Heterogeneity was extremely high ($I^2 = 99.38\%$, $Q(14) = 1750.25$, $p < .001$). Publication bias analyses showed no evidence of funnel plot asymmetry (Begg's $p = 0.435$; Egger's $p = 0.736$), though trim-and-fill suggested two potentially missing studies. Meta-regressions using mean age, proportion of girls, and cultural background were not significant. Sensitivity analyses supported the robustness of the findings.

Discussion: Results support a small-to-moderate positive relationship between PIU and emotion regulation difficulties in adolescents. The very high heterogeneity suggests substantial variation across contexts and measures, highlighting the need for more refined research. Future research should employ longitudinal and mechanism-focused designs to clarify when and for whom ER difficulties predict PIU, and to differentiate PIU subtypes (e.g., gaming vs. social media). Clinically, strengthening ER capacities (e.g., adaptive coping, distress tolerance, emotional awareness) may be beneficial for prevention and intervention efforts addressing adolescent PIU.

P-37-007

Emotion dysregulation and youth top problems as candidate transdiagnostic treatment mechanisms - A clinical case series

Submitter: Anna-Lena Jesussek, Germany

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Topic: Epidemiology

Objective: Due to high comorbidity rates of mental disorders in adolescents, there is a need for transdiagnostic treatment approaches such as the Unified Protocol for Adolescents (UP-A; Ehrenreich-May, J., Kennedy, S.M., Sherman, J.A., Bilek, E.L., Buzzella, B.A., Bennett, S.M., Barlow, D.H., 2017) that address shared mechanisms across disorders. While the UP-A has proven effective, there is a lack of understanding of the temporal unfolding of transdiagnostic mechanisms such as emotion dysregulation during treatment that may account for clinical improvement. The present clinical case series aimed to investigate emotion dysregulation and youth top problems as candidate transdiagnostic mechanisms over the course of the treatment with the adapted German Unified Protocol for Adolescents (UP-A) for adolescents with internalizing disorders.

Methods: In this clinical case series, we examined N = 9 patients with internalizing disorders (4 girls, 1 non-binary person, ages 13 - 17) treated in a German university outpatient psychotherapy clinic for children and adolescents. Emotion dysregulation and transdiagnostic symptoms were assessed pre- and post-treatment as outcome measures. Transdiagnostic mechanisms were weekly assessed emotion dysregulation and youth top problems. Descriptive statistics and reliable change indices were calculated for the outcome measures and the transdiagnostic mechanisms (weekly assessed emotion dysregulation, top problems) will be displayed visually. Additionally, a Bayesian multilevel model will be computed to examine the interrelation between the individual trajectories of emotion dysregulation and top problems over the course of treatment with the change in symptoms from pre- to post-treatment.

Results: Overall, treatment with the UP-A seemed to have a positive impact on patients' wellbeing. Six out of nine patients ended treatment successfully after enrollment in the case series. Four patients showed clinically significant reduction in overall emotion dysregulation and symptom scores. Treatment trajectories in emotion dysregulation and individual top problems were heterogeneous. Exploratory analyses indicated a negative association between reduction in emotion dysregulation and post-treatment symptoms. Detailed information on the temporal unfolding of emotion dysregulation and youth top problems as candidate transdiagnostic mechanisms for the adapted German UP-A, and their impact on change in adolescents' symptom levels will be presented.

Discussion: This clinical case series does not only describe clinical improvements but also

applies a Bayesian approach for gaining statistical insight into treatment trajectories of candidate transdiagnostic mechanisms. While this clinical case series provides an important step into understanding mechanisms of change in a high resolution across transdiagnostic treatments, future controlled studies are needed to replicate the findings.

P-37-008

Dialectical Behavior Therapy Skills Training for adolescents (DBT-A-ST) as a transdiagnostic intervention for emotional disorders: protocol for a partially randomized patient preference trial

Submitter: Jui-En Shen, Taiwan

Co-Authors: J. Shen, S. Liu

Topic: Epidemiology

Objective: Emotional disorders in adolescents are highly prevalent and frequently comorbid, yet access to evidence-based, transdiagnostic treatments in Asia remains limited. This study aims to develop and evaluate a culturally adapted Dialectical Behavior Therapy Skills Training for adolescents (DBT-A-ST) in Taiwan. As a transdiagnostic intervention, the project seeks to improve suicidality and quality of life for adolescents with diverse emotional disorders, addressing a significant research gap in the region.

Methods: The study recruits adolescents aged 12-18 with primary diagnoses of mood disorders, anxiety disorders, adjustment disorder, or ADHD confirmed via K-SADS-E and screening scores (PHQ-9 score at least 8, GAD-7 at least 8, or SDQ at least 10). The design is a partially randomized patient preference (PRPP) trial. This hybrid approach allows participants who cannot adhere to random assignment due to heavy academic schedules to choose between a DBT-A-ST group or an activity-based comparison group. Following a 1-year pilot study, the activity-based group was changed to the Satir model group due to manpower shortage. In the DBT-A-ST group, the first 5 sessions involve both parents and adolescents, while the final 10 sessions are for adolescents only. The Satir group involves 10 sessions for the adolescents, and the last 5 sessions for both parents and adolescents.

Results: This research is currently in progress and has received formal approval from the National Science and Technology Council (NSTC) and the Institutional Review Board (IRB) of Mackay Memorial Hospital. The primary outcomes focus on general psychopathology assessed via the Youth Self Report (YSR), the caregiver-rated Child Behavior Checklist (CBCL), clinician-rated Hamilton Depression Scale (HAM-D), and Hamilton Anxiety Scale (HAM-A). Other outcomes include clinician-rated Clinical Global Impressions-Severity (CGI-S); self-rated PHQ-9, GAD-7, Strengths and Difficulties Questionnaire (SDQ), etc. Research assistants have completed standardized training for these tools to ensure inter-rater reliability. Data collection is conducted across five time points, T1 (baseline), T2 (session 4), T3 (session 8), T4 (post-treatment), and T5 (3-month follow-up), in order to track treatment trajectories and evaluate the effectiveness of the DBT-A-ST intervention compared to the Satir model group.

Discussion: The study is expected to confirm the clinical feasibility and effectiveness of DBT-A-ST for Taiwanese adolescents. We hypothesize that the DBT-A-ST group will show better outcomes compared to the Satir model group. By utilizing a transdiagnostic

framework, the intervention aims to address comorbidities more efficiently than traditional disorder-specific protocols. Cultural adaptation, including the use of locally relevant metaphors and concepts, is anticipated to improve treatment engagement. Ultimately, this research will provide evidence-based support for emotion regulation mechanisms and offer a flexible therapeutic option for mental health services in Taiwan.

A DBT-Based Intensive Skills Training Program for the Treatment of Emotion Regulation Disorders in Acute Care at Vadaskert Hospital, Budapest

Submitter: Cristian Puskás, Hungary

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Topic: Epidemiology

Objective: In recent years, there has been a significant increase in the number of young people presenting with self-harming and suicidal behaviors, creating specific challenges for acute child and adolescent psychiatric care in Hungary.

Over the past three years, several departments of Vadaskert Hospital in Budapest have implemented group-based skills training programs grounded in Dialectical Behavior Therapy (DBT), targeting adolescents with emotional regulation disorders. Among these, the KIKÖTÖ program, operating on the acute adolescent inpatient unit, primarily addresses youths in crisis or at an early stage of their "emotion regulation disorder trajectory."

As a result of this skills training intervention, a reduction has been observed in readmissions to acute care and in the number of inpatient days, alongside more effective everyday functioning. In addition, clinical improvement can be demonstrated through psychometric assessments.

Methods: Over the past three years, 29 KIKÖTÖ groups have been completed, with 33 groups planned by July, involving 224 adolescents to date and an expected total exceeding 250. Participants were aged 13-18 years and were typically admitted to acute care due to difficulties in emotion regulation, from where they were referred to the skills training program. Within the program, adolescents learn emotion regulation techniques applicable to everyday crises, grounded in core DBT principles. Changes in clinical status were evaluated through empirical indicators (e.g., return to emergency or inpatient care) as well as standardized psychometric assessments. To examine outcomes, a sociodemographic questionnaire and validated self-report measures were administered at the beginning and end of the two-week program, including the Children's Depression Inventory (CDI), Paykel Suicide Scale (PSS), Ruminative Thinking Style Questionnaire (RTSQ), Difficulties in Emotion Regulation Scale (DERS), and the Five Facet Mindfulness Questionnaire (FFMQ).

Results: Preliminary analyses of the data processed to date indicate that participation in the program is associated with statistically significant improvement across multiple outcome domains.

The reduction in depressive symptoms can be described as well as an alleviation of suicidal ideation. Measurable improvement is observed in repetitive thoughts and problem-focused thinking. Further improvements can be observed in the maintenance of goal-directed behaviors, emotional awareness, impulse control, access to emotion-regulation strategies, and emotional clarity.

These findings correlate with observations in routine clinical practice, namely that adolescents participating in the program require emergency and inpatient care less frequently.

Discussion: Short-duration DBT adaptations similar to our program are scarce. Available evidence shows promising effectiveness. In an inpatient adolescent unit, DBT reduced behavioral and violent incidents during hospitalization compared with treatment as usual (TAU), while both groups improved in parasuicidal behavior, depressive symptoms, and suicidal ideation at one-year follow-up (Katz et al., 2004). A larger retrospective study in an acute inpatient setting found DBT was associated with fewer hours of constant observation for self-harm, fewer suicide attempts and self-injurious events, reduced restrictive interventions, and shorter hospital stays compared with TAU, supporting advantages for service delivery and patient safety (Tebbett-Mock et al., 2020). An intensive DBT program in partial hospitalization showed significant, medium-to-large improvements in suicidal behaviors, emotional regulation difficulties within 20 days (Tung et al., 2024). These findings support implementing a two-week, crisis-oriented DBT skills group in acute adolescent care settings.

P-37-010

Brief Multifamily Dialectical Behaviour Therapy for Adolescents with Emotional Dysregulation in an Acute Inpatient Unit: A Pilot Implementation Study

Submitter: Eulàlia Anglada Farré, Spain

Co-Authors: E. Anglada Farré, A. Morer, A. Ortiz, M. llobet

Topic: Epidemiology

Objective: Emotional dysregulation in adolescents is characterized by high sensitivity to emotional stimuli, intense emotional responses, and slow return to baseline, often leading to impulsive behaviours such as self-injury, suicidal ideation, school absenteeism, and other risk behaviours. These patients frequently require intensive mental health care, show limited response to standard psychosocial and pharmacological treatments, and represent a significant proportion of acute psychiatric admissions. Despite evidence supporting Dialectical Behaviour Therapy (DBT) access to this intervention remains limited, and studies examining DBT for adolescents (DBT-A) in acute inpatient settings are lacking. This project aims to evaluate the impact of a brief three-session multifamily DBT-A intervention delivered during acute hospitalization (DBT-A express program), gathering qualitative and quantitative evidence on its effectiveness in reducing emotional dysregulation symptoms that contributed to admission and prevent psychiatric readmissions.

Methods: A quasi-experimental design was implemented in an acute child and adolescent psychiatry unit. The participants were 40 adolescents admitted with clinically significant emotional dysregulation and their caregivers. The intervention consisted of three structured multifamily DBT-A sessions focused on distress tolerance and mindfulness. Quantitative measures of emotional dysregulation were collected at admission and after completion of the sessions. Qualitative data were obtained through brief semi-structured interviews with adolescents, caregivers, and clinical staff, exploring perceived usefulness, feasibility, and impact on communication and engagement. The control group included 40 adolescents with a diagnosis of emotional dysregulation from the prior year. There is 90 days follow up. The intervention was integrated into the routine inpatient program without extending length of stay.

Results: Adolescents showed improved emotion identification, distress tolerance skills, and faster return to emotional baseline. Caregivers reported better understanding of emotional dysregulation and more effective crisis communication. In a preliminary inpatient sample (N 14), implementation of the DBT Express program was associated with a significant reduction in total HoNOSCA scores from pre intervention (M 26.75, SD 11.77) to post intervention (M 13.13, SD 12.06), Welch t 3.18, p 0.0034, mean difference 13.62, representing a 51 percent improvement. This change was confirmed by non parametric analysis (z 2.83, p 0.0047). Self injury prevalence decreased from 92.9 percent to 21.4 percent, an absolute reduction of 71.4 percentage points. Satisfaction scores were high for adolescents (M 3.77) and families (M 4.50). Effect size was large (Hedges g 1.11).The

intervention was feasible during short admissions.No adverse events occurred.

Discussion: This study contributes to the limited evidence on DBT-A interventions adapted for acute inpatient units, particularly in formats shorter than one month. The integration of multifamily DBT-A proved feasible and appeared to strengthen therapeutic alliance, enhance skill generalization, and support more efficient inpatient care. The findings align with prior studies demonstrating reductions in self-harm and suicidal ideation with DBT-A but extend this work by demonstrating the potential of a brief multifamily model. The results suggest that brief DBT-A interventions may improve emotional regulation and family capacity during crisis admissions. Further research with controlled designs is warranted.

P-38

Psychotherapy

Long-term effects of psychotherapy in children and adolescents: Design of a participatory systematic review and database development in the LaKiJu META project

Submitter: Clara Fenja Burmeister, Germany

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Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Mental disorders are highly prevalent among children and adolescents worldwide, with 8.8 to 15.5% of children and adolescents suffering from at least one mental disorder. These disorders are associated with adverse educational, occupational, and economic outcomes later in life. When left untreated, childhood mental disorders have a high risk of persisting into adulthood and may become chronic. Psychotherapy is recommended as the first-line treatment for most of these disorders, with demonstrated short-term efficacy. To date, evidence regarding the long-term effects of psychotherapy in youth is scarce, despite the importance of sustained benefits given the long life expectancy after treatment. The LaKiJu META project aims to address this gap by (1) establishing an open-access, up-to-date database of clinical trials on long-term psychotherapy outcomes in youths, (2) synthesizing the existing evidence on this topic, and (3) involving stakeholder groups throughout the review process.

Methods: The LaKiJu META database will be built from a systematic search across nine databases following Cochrane standards for (cluster-)randomized controlled trials examining long-term effects (i.e., ≥ 6 months post-treatment) of any psychotherapy in children and adolescents aged 6-17 years. The database will be documented according to FAIR principles (findable, accessible, interoperable, and reusable). Multilevel meta-analyses of transdiagnostic and disorder-specific follow-up outcomes will address key questions regarding the long-term efficacy of psychotherapy. Outcome measures will encompass symptom change, response rates, and reliable change indices. Moderator analyses will examine study-, intervention-, and patient-level characteristics. Key stakeholders - including children and adolescents with lived experience, their caregivers and psychotherapists - will participate in focus groups over five sessions. Outcomes for the meta-analyses will be prioritized according to their perceived importance to key stakeholders. Additionally, stakeholders will co-develop dissemination strategies of the review findings.

Results: Alongside presenting the project concept, preliminary findings of the systematic literature search will be displayed using a PRISMA flowchart. Moreover, the selection of primary and secondary outcomes for the systematic review will be presented based on the results of focus group sessions.

Discussion: By providing a systematic review and data synthesis on long-term effects of psychotherapy in children and adolescents, this project will close a major evidence gap in

the field. Publishing the LaKiJu META database in line with FAIR principles will enable international researchers to perform systematic reviews, supporting the development of clinical guidelines. Involving stakeholder groups in the review process ensures that the review results are relevant and usable for key stakeholder groups, thereby laying the foundation for informed decision-making.

Preregistration-ID: CRD420251003208

P-38-002

Amplifying Youth Voices: Experts by Experience in a Pilot Psychotherapy Programme: A Qualitative Study

Submitter: Hend Jemli, Tunisia

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Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Mental-health care in low- and middle-income countries such as Tunisia remains largely hospital-centred, with limited collaboration between mental-health professionals and Experts by Experience (EBE). The aim of this pilot study was to explore the experiences of youth EBE on their involvement in developing a culturally sensitive pilot group psychotherapy programme.

Methods: Twelve EBE aged from 14 to 18 years old participated in semi-structured individual interviews exploring their views on the co-production process of the psychotherapy programme. Reflexive thematic analysis was used to analyse the data.

Results: EBE worked collaboratively with mental health professionals to identify culturally relevant themes, adapt medical terminology to Tunisian Arabic dialect and co-design session structures. Four themes were generated: (1) Empowerment through sharing their personal experiences, EBEs reported a sense of pride, increased self-esteem, and a connection to their own personal recovery; (2) Culturally meaningful input, as EBE valued shaping content that reflected Tunisian social norms and lived realities; (3) Psychological safety, characterised by respectful dialogue, flexible participation, and supportive facilitation; and (4) Challenges of co-production, including emotional discomfort when discussing personal experiences, self stigma, and logistical constraints

Discussion: EBE involvement in co-production positively shaped both the programme's development and their own recovery journeys. They highlighted the importance of psychological safety, which enabled deeper engagement with sensitive themes. Overall, co-production was experienced as meaningful, supportive, and beneficial, despite the emotional demands inherent to the process.

P-38-003

Communicative spaces in digital treatments for adolescents: An exploration of therapist behaviors and interactions

Submitter: Nikita Marie Sørensen, Denmark

Co-Authors: N. Sørensen

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Internet-based cognitive behavioral therapy (ICBT) treatments are increasingly being implemented in clinical practices to provide greater and early access to evidence-based treatment. To this date, several ICBT programs have been developed and evaluated with adolescents, with meta-analyses of the efficacy of ICBT showing small to medium effect sizes. Most of these programs are delivered with therapist guidance, in which a therapist provides ongoing support throughout the treatment often using an asynchronous written format such as e-mails or slow chat. Despite the widespread use of these programs, little is generally known about the impact and content of therapist guidance. The current study explores the communicative space that emerges between therapists and adolescents in ICBT, when conversations are written and asynchronous.

Methods: Therapist behaviors were explored using a content analysis of therapist messages. Additionally, we conducted an analysis of turn-taking to understand the dialogical relationship in conversations, and any differences in communication depending on who initiated conversation.

Results: Most of the content in therapist messages was related to the category of 'help'. However, we identified four different ways of providing 'help', potentially reflecting the complexities of providing relevant, tailored, and empathic support. Additionally, an analysis of turn-taking in conversations revealed that adolescents seldom responded to therapists' messages, leaving therapists in a 'digital vacuum' characterized by 'digital silence'. In some cases, this led to an influx of therapist check-ins and reminders, with therapists sending multiple messages in a row, or longer messages including large amounts of diverse information, reflecting a type of 'hypercommunication' behavior. Only posing direct questions and responding quickly (i.e., on the same or following day) seemed to engage adolescents in conversation.

Discussion: Providing written guidance is a complex task and the role of therapists in ICBT is poorly understood. Although the impact of these behaviors is unclear, these findings address the currently underexplored challenges of providing written therapist support in ICBT and highlight the need for clear clinical practice guidelines.

P-38-004

Development of multidimensional psychological intervention for adolescent with specific learning disorder (SLD)

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Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Repeated failure or poor performance despite of continuous efforts and practice can negatively impact the life of adolescent with specific learning disorder (SLD). Researchers also indicated that adolescents with SLD may experience more psychological problems as compared to their peers without SLD and general population, indicating greater need for psychological interventions. However, limited efforts have been taken in this context, indicated by the paucity of literature on psychological intervention for this population. Hence, the aim of this study is to develop a multidimensional psychological intervention for adolescents with SLD to improve adolescents' social-emotional wellbeing.

Methods: Extensive literature search and 27 stakeholders interview (8 adolescents with SLD, 11 parents of adolescents with SLD, and 8 mental health professionals) were conducted to identify areas of concern. A thematic analysis was done. Intervention strategies were identified based on themes. The intervention was assembled into a manualized format and Experts' feedback about the content and structure of developed intervention was taken along with three adolescents with SLD.

Results: The design and application of the multidimensional psychological intervention program integrate several intervention areas and techniques, including psychoeducation for both parents and adolescents, socioemotional vocabulary and functioning, techniques for internalizing and externalizing symptoms, identity and self-esteem. Stress management training was also included for both child and parents.

Discussion: Multidimensional psychological intervention program for adolescents with SLD has been developed, keeping with all stakeholders' perspectives. Further study is on the way to assess its acceptability, feasibility, and effectiveness.

P-38-005

Preliminary feasibility and acceptability of a CFT-based intervention for adolescents with neurodevelopmental disorders and their parents: a pilot study

Submitter: Kayoko Taguchi, Japan

Co-Authors: K. Taguchi, E. Oshita, M. Furukawa

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Adolescents with neurodevelopmental disorders (NDD), such as autism spectrum disorder and attention-deficit/hyperactivity disorder, and their parents often experience elevated self-criticism, stigma, and emotional distress. Existing interventions frequently emphasize symptom management and behavioral strategies, while less attention has been paid to self-stigma, self-criticism, and compassion. Compassion-Focused Therapy (CFT) has shown promise in reducing shame and self-criticism; however, its application to families affected by NDD remains limited. This pilot study aims to examine the feasibility, acceptability, and preliminary outcomes of a structured CFT-based parent-child intervention for adolescents with NDD and their parents. In addition, using a mixed-methods approach, this study explores how adolescents with NDD experience and make sense of shame, self-criticism, which may be experienced, expressed, or verbalized differently from typically developing populations. Qualitative interviews examine how compassion-focused concepts can be meaningfully introduced and applied in this population.

Methods: This is an ongoing prospective single-arm pilot intervention study. Participants are adolescents and young adults aged 13-24 years with a DSM-5 diagnosis of NDD (primarily ASD and/or ADHD) and their parents. The intervention consists of a 8-session CFT-based parent-child program delivered weekly (50 minutes per session), either face-to-face or online. Assessments are conducted at baseline, post-intervention, and one-month follow-up. Primary outcomes include feasibility indicators (retention and completion rates) and acceptability assessed through questionnaires and semi-structured interviews. Secondary outcomes include self-compassion, emotional and behavioral difficulties, self-efficacy, and parenting resilience, measured using validated self-report scales for both children and parents. Qualitative interviews explore participants' experiences, perceived usefulness, and feasibility of the program.

Results: Participant recruitment and intervention delivery are currently ongoing. Preliminary observations from early participants indicate high engagement and satisfactory session completion rates. Initial qualitative feedback suggests that both children and parents find the program content understandable and relevant to daily challenges related to NDD, particularly in addressing self-criticism, emotional regulation, and parent-child communication. Quantitative outcome data collection is in progress, and full statistical analyses have not yet been completed. Preliminary feasibility and acceptability data, as well as early outcome trends, will be presented at the conference.

Discussion: This ongoing pilot study examines the feasibility and acceptability of a CFT-based parent-child intervention tailored for families affected by neurodevelopmental disorders. Preliminary observations indicate that the program is acceptable to both adolescents and parents and can be delivered with satisfactory engagement and completion. A compassion-focused approach may offer a meaningful framework for addressing self-stigma, emotional regulation, and parent-child interactions in this population. The mixed-methods design further allows exploration of how experiences of shame and self-criticism are perceived and expressed among adolescents with NDD, which may differ from typically developing populations. These findings will inform refinement of the intervention and key feasibility parameters for a future randomized controlled trial. While conclusions regarding clinical effectiveness cannot yet be drawn, this study represents an important step toward developing developmentally sensitive, compassion-based family interventions for NDD.

P-38-006

A Pilot Study of Brief Psychological Intervention for Adolescents with Functional Neurological Symptom Disorder

Submitter: Vivek Agarwal, India

Co-Authors: V. Agarwal, S. Verma, P. Gupta

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Functional neurological symptom disorder (FND) in adolescents is associated with disabling symptoms, school disruption, and high health-care use. There is a dearth of interventions in this population. This study aimed to evaluate the efficacy of brief psychological intervention (BPI) for adolescents with FND

Methods: In this interventional study at a Child and Adolescent Psychiatry OPD in North India, adolescents aged 10-16 years meeting DSM-5 criteria for FND were enrolled. BPI was based on Indian clinical practice guidelines for dissociative disorders in children and adolescents. BPI comprised six sessions delivered twice weekly: psychoeducation/assurance with relaxation and grounding; psychosocial stressors addressed with structured problem-solving; promotion of positive behaviour and activity scheduling; reduction of sick role/secondary gain; and coping skills (distraction, attention shifting, and cognitive restructuring). Adolescents were assessed at baseline and at weeks 1-4, 6, and 8 using Dissociative Neurological Symptom Disorder Rating Scale (DNSD), the Clinical Global Impression Severity (CGI-S), Clinical Global Impression Improvement (CGI-I), and the WHO-5 Well-being Index.

Results: 26 adolescents (19 female, 7 male), with a mean age of 13.2+ 1.5 years, were included. Significant improvement was seen as early as week 2 onwards, as measured on the DNSD rating scale (20.5+3.5 at baseline to 3.1+3.9 at week 8, $p<0.001$), CGI-S ($p<0.001$), and CGI-I ($p<0.001$), which indicated overall improvement in most participants, with improvements in psychological well-being on WHO-5. No intervention-related adverse events were reported.

Discussion: A brief psychological intervention was feasible and clinically useful for adolescents with FND, with early and sustained gains in symptoms and well-being in the short term. However, controlled trials on a larger sample size with longer follow-up are warranted.

Efficacy of the 'Voyage Forward' Psychological Intervention Program for Pediatric Brain and Solid Tumor Survivors and Their Caregivers: A Randomized Controlled Trial

Submitter: Jung Lee, Korea, Republic of

Co-Authors: J. Lee, J. Yeo, G. Lee, E. Lee, M. Park, S. Won, Y. Shin, J. Kim

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: The primary objective of this study was to evaluate the efficacy of "Voyage Forward," a structured psychological intervention program developed to support pediatric brain and solid tumor survivors aged 10-24. The program targets two distinct phases: during active treatment and within the early survivorship period (up to two years post-treatment). As childhood cancer transitions into a chronic condition, survivors face persistent neurocognitive and psychosocial challenges. This research aimed to improve the health-related Quality of Life (QoL) of this high-risk population by fostering resilience and adaptive coping.

Methods: A randomized controlled trial was conducted with two tailored modules: one for patients during active treatment (n = 12; mean age 14.1 ± 3.9 years; 4 females) and another for those in early survivorship (n = 17; mean age 13.4 ± 4.2 years; 8 females). The study also included paired caregivers (n = 10 during treatment; n = 16 in early survivorship). Both modules integrated trauma-focused Cognitive Behavioral Therapy (CBT), mindfulness, healthy coping strategies, and family integration sessions. The early survivorship module additionally incorporated cognitive skills training to address executive dysfunction and memory problems. QoL was measured using the Pediatric Quality of Life Inventory and the Caregiver Quality of Life Index-Cancer: Korean Version. Statistical analyses included Mann-Whitney U, Wilcoxon signed-rank, and Friedman tests.

Results: For patients during treatment, the intervention group showed a significant increase in QoL (Median change = 10.3, p = 0.036), representing a statistically significant improvement compared to the control group (p = 0.004). Caregivers in this group also exhibited significantly greater QoL improvement than controls (p = 0.033). In the early-survivorship patient group, a significant time-effect was observed within the experimental group (p = 0.03), with significant improvement from baseline to the end of the program (p = 0.035). Caregivers after treatment showed an upward trend in QoL scores, though statistical power was limited by the sample size.

Discussion: These findings demonstrate that "Voyage Forward" is an effective and feasible psychological intervention, particularly for improving the QoL of pediatric cancer survivors and caregivers during active treatment. By integrating evidence-based techniques like trauma-focused CBT and cognitive skills training, the program addresses both emotional distress and neurocognitive deficits. The significant results in the acute treatment phase underscore the importance of early psychosocial intervention. Future large-scale research

is warranted to further validate the long-term benefits during the transition to early survivorship and to overcome statistical power limitations in post-treatment cohorts.

P-38-008

Pilot Study on the Effectiveness of Dialectical Behavior Therapy for Adolescents in High-Risk Youth at the Children's Clinical University Hospital

Submitter: Patricija Paula Priga, Latvia

Co-Authors: P. Priga, L. Keverē, A. Bromulte

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Dialectical Behavior Therapy for adolescents (DBT-A) has shown effectiveness in reducing suicidal ideation, negative emotions, and self-injurious behavior among youths with borderline personality traits. DBT-A was introduced at the Children's Clinical University Hospital in Latvia in 2023, but its effectiveness had not yet been evaluated. The objective is to assess the impact of DBT-A on self-harm and suicidal urges, substance and prescribed medication use, and emotional intensity during therapy.

Methods: This retrospective pilot study analyzed data from 15 adolescents (mean age = 15.93 years; 86.7% female) who completed six months of DBT-A. Information was collected from weekly DBT-A diary cards at the beginning, midpoint, and end of therapy. Data was analyzed using paired-sample t-tests, and effect sizes were calculated with Cohen's d.

Results: The urge to use addictive substances decreased from 2.25 to 1.98 mid-therapy but returned to baseline at the end ($p > 0.05$; $d = 0.29$; -0.10). Negative emotions increased mid-therapy (pain: 2.74 to 2.92; sadness: 2.83 to 3.32; shame: 1.68 to 2.06; anger: 2.36 to 2.59; fear: 1.85 to 2.32) ($p > 0.05$; $d = 0.17$ - 0.33). Marijuana use dropped from 9.14% to 5.03% mid-therapy, then rose to 7.55% ($p > 0.05$). Alcohol use declined from 15.74% to 11.61%, then increased to 22.42% ($p = 0.008$; $d = -0.71$). Medication use rose from 71.24% to 86.62% ($p = 0.052$; $d = -0.47$) and later decreased to 74.39% ($p = 0.018$; $d = 0.6$).

Discussion: Self-harm, suicidal urges, and overall substance use remained largely unchanged. DBT-A had a small, temporary effect on reducing substance-use urges. The mid-therapy rise in negative emotions likely reflects improved emotional awareness, while the late-therapy decline may relate to rebound effects or separation anxiety.

P-38-010

Fatherlessness as a Legacy: A Multigenerational Structural Family Therapy Psychotherapy Case Series on Parenting Patterns and Recurrent Adolescent Self-Harm

Submitter: Suzy Yusna Dewi, Indonesia

Co-Authors: S. Dewi, Y. Idhsa, R. Yarnia, A. Karamina, K. Suwignyo

Topic: CAP Interventions and Services / e. Psychotherapy

Objective: Adolescent self-harm is not always best understood as an individual symptom alone. In clinical practice, it often emerges as a response within maladaptive family relationship systems, particularly in fatherless family dynamics, whether due to the father's physical absence or the absence of emotional/functional involvement. This study describes family patterns in three adolescents with self-harm in the context of fatherlessness and examines changes in symptoms and family functioning following Structural Family Therapy (SFT).

Methods: This case series involved three female adolescents aged 16-17 years diagnosed with bipolar disorder, current severe depressive episode with psychotic features, recurrent self-harm, and suicidal behaviors. All three received outpatient care and pharmacotherapy; however, frequent relapses led to repeated psychiatric hospitalizations. Using an SFT framework, assessment and intervention were conducted through interviews and observation involving a multigenerational family system, including the father, mother, sibling, grandmother, and representatives of the extended family. Family interactions were directly observed. Treatment targets included boundary clarification, restructuring of family hierarchy, strengthening of the parental subsystem, reduction of maladaptive coalitions, and de-triangulation. Qualitative evaluation was conducted continuously throughout the therapy process and follow-up. Therapist reflexivity, including the management of countertransference related to fatherlessness themes, was documented as part of the therapeutic process.

Results: All three cases showed consistent patterns: emotional/functional fatherlessness, rigid or distant father-child relationships, excessive maternal involvement, and a weakened parental subsystem. Adolescents tended to assume the role of emotional regulators through chronic triangulation. Self-harm served as a coping mechanism to reduce tension arising from family conflict. Following family therapy, all patients demonstrated reductions in self-harm urges, suicidal ideation, and affective instability. Clinical improvements occurred alongside clearer relational boundaries, reduced mother-child enmeshment, and partial restoration of parental functioning, even in cases with severe comorbidity and limited paternal involvement.

Discussion: These findings support the view that self-harm in adolescents with severe mood disorders should be conceptualized as an expression of maladaptive family

structures rather than solely intrapsychic problems. Emotional paternal absence weakens the family's regulatory capacity and increases relational dependency, allowing self-harm to function as a systemic "stabilizer." SFT helps target relational patterns that maintain symptoms through restructuring of hierarchy and boundaries. Noticing one's personal sensitivity to fatherlessness can help a therapist stay more clinically tuned in, but it should be handled with deliberate reflection and self-differentiation so the therapist does not inadvertently support enmeshed patterns. The results reinforce the need for both a systemic lens and reflective practice in addressing self-harm in fatherless family dynamics.

P-39

Risk and Resilience Factors III: Social Contexts and Youth Well-Being

P-39-001

The Nexus of Need: A Framework for Rethinking Child and Adolescent Psychiatry through the Lens of Social Determinants in Low-Income School Environments

Submitter: Frilya Rachma Putri, Indonesia

Co-Authors: F. Putri

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: This study aims to explore how social determinants influence the lived experience of mental health among students and to conceptualise a framework that repositions psychiatry within these contextual realities.

Methods: A qualitative, exploratory design was employed using an in-depth case study approach. Data were collected from three low-resource public schools through semi-structured interviews with 15 participants, including students, teachers, school counsellors, and mental-health professionals. Observations of school activities and psychosocial programs complemented the interviews. Data are being analysed thematically using a framework grounded in ecological systems theory and implementation science to identify interconnections between social context, educational processes, and psychiatric care needs.

Results: Emerging themes suggest that the interplay between structural vulnerabilities, school climate, and fragmented access to care shapes students' mental health experiences. Early analysis indicates three potential thematic domains: (1) Structural Stressors, (2) School-Based Mediators, and (3) Clinical Adaptation Points. These preliminary findings are being refined to inform the development of the proposed Nexus of Need framework, which situates psychiatric practice within an intersectoral, school-embedded ecosystem.

Discussion: While full analysis is ongoing, initial findings support the need to integrate social-determinant perspectives and school-based engagement into child and adolescent psychiatric models. The Nexus of Need framework is expected to offer a conceptual foundation for designing contextually responsive, equity-oriented mental-health interventions in low-income educational settings.

P-39-002

Adolescent Mental Health in Context: Risky Behaviors, Academic Performance, and Social Trends Across Seven European Countries

Submitter: Melak Alani, United States of America

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Recent work in the United States has highlighted concerning shifts in adolescent mental health occurring alongside changes in risky behaviors and academic outcomes. European surveillance studies have generated extensive data on adolescent academic performance, mental health symptoms, social connectedness, and risky behaviors, but these outcomes are often reported in isolation, limiting understanding of how multiple domains change together over time. The objective of this study was to describe time trends in academic performance, mental health symptoms, social connectedness, and risky behaviors among adolescents in seven European countries (Germany, France, Italy, Spain, Poland, the Netherlands, and Finland) selected as a well-characterized sample with consistent data availability across academic, behavioral, mental health, and social indicators. This descriptive analysis summarizes population-level trends (2012-2022) to provide an integrated, cross-domain picture of adolescent well-being within these countries. These descriptive summaries can inform hypothesis generation and guide more rigorous analytic studies.

Methods: We conducted descriptive longitudinal trend analyses using school-based, publicly available, de-identified aggregate data from three datasets, focusing on adolescents aged 15 years (the common age assessed across sources). Analyses were descriptive and did not include inferential statistical testing. Academic performance was assessed using the OECD Programme for International Student Assessment (PISA), examining median standardized test scores in mathematics, reading, and science (2012-2022). Mental health symptoms, subjective well-being, and social connectedness were summarized using the Health Behaviour in School-aged Children (HBSC) study (2014-2022): life satisfaction, feeling low and feeling nervous more than once per week, liking school a lot, high family support, and ease of communication with mothers. Risky behaviors were summarized from ESPAD (2014-2022): alcohol use, smoking, cannabis use, repeated intoxication, and sexual intercourse. Analyses used country-level values and medians across the seven countries. Datasets were IRB-exempt, public, and non-identifiable.

Results: Academic performance declined overall. Median PISA mathematics scores decreased from 514 in 2012 to 475 in 2022, reading from 508 to 480, and science from ~522 to 488. Risky behaviors declined (median 2014-2022): ever drinking alcohol 68% to 51%, ever smoking 26.5% to 15.5%, ever used cannabis 18.5% to 12.5%, being drunk at least twice 26.5% to 15%, and ever having sexual intercourse 19% to 14%. Mental health

symptom indicators increased: feeling low more than once per week 27% to 31.5% and feeling nervous more than once per week 26.5% to 31.5%. Despite these changes, life satisfaction remained high (7.25 in 2014; 7.35 in 2018 and 2022), high family support plateaued (68% in 2014; 70% in 2018; 67% in 2022), communication with mothers stayed ~80%, and liking school a lot increased from 13.5% to 18%.

Discussion: Across the European countries studied, declining risky behaviors coincided with worsening mental health symptoms, suggesting emerging psychological strain. Academic performance declined prior to the COVID-19 pandemic, while life satisfaction, family support, and liking school a lot remained stable or strengthened. This pattern highlights the complexity of adolescent well-being: distress symptoms increased even as overall subjective well-being and family support remained high, suggesting that broader family and social environments may shape how symptoms translate into perceived well-being. Although this study of time trends using cross-sectional data across three large datasets cannot determine cause and effect, the findings highlight the need for future research that jointly examines educational outcomes, mental health symptoms, and family/social environments to better understand the ongoing worsening of adolescent mental health. Such work may help identify modifiable protective factors, including family support, social connection, and other contextual influences on adolescent well-being.

Gendered Dynamics in the Participation in Paid or Unpaid Work and the Mental Health of Adolescents in Benin, Ghana, Nigeria and Togo

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The World Health Organization defines adolescence as the phase of life between the ages of 10 and 19. Adolescents in West Africa engage in various forms of work. They engage in economic activities outside the home including hawking, farming as well as unpaid activities such as domestic chores. Studies have found negative associations between the participation of children and adolescents in labour and their mental health. More studies report an association between exposure to work and internalizing problems compared to externalizing problems. There is a need for more research into the gendered dynamics of the relationship between work and mental wellbeing as well as to identify forms of work that are harmful to adolescents. The aim of this study is to conduct a gendered analysis of the relationship between participation in work (paid or unpaid) and the mental health of adolescents in Benin, Ghana, Nigeria and Togo.

Methods: This study is based on data collected in the sixth wave of the United Nations Children's Fund Multiple Indicator Cluster Survey. The analysis included a sample of 26,174 adolescents between the ages of 10 and 17 from the four West African countries. The survey sample had been selected through multistage cluster sampling. The dependent variables in the analysis were anxiety symptoms and depressive symptoms, predictor variables were gender, engagement in paid work, engagement in unpaid work, and control variables were, age, whether the adolescent is in school, the wealth index of the adolescent's household, household size, parent's level of education, parent's marital status, whether the adolescent lives with their parents, and whether the family receives social assistance. Multilevel multivariate logistic regressions were used to examine the relationship between engagement in paid or unpaid work and depressive and anxiety symptoms.

Results: The mean age of the adolescents was 13.3 and 50.5% were male. Across the 4 countries, 38.7% of the adolescents were engaged in paid work, 95.3% in unpaid domestic work with 38.7% spending more than 10 hours a week in unpaid domestic work. Males were more likely to be engaged in paid work (65% vs 58%, $p < 0.001$) while females spent more hours on unpaid domestic work. Sixteen percent of the adolescents had daily or weekly depressive symptoms while 18% had daily or weekly anxiety symptoms. Running multilevel models with control variables, there was no significant difference based on gender in the level of depressive or anxiety symptoms however adolescents engaged in paid work were more likely to have depressive and anxiety symptoms. Long hours of unpaid domestic work

had a greater negative effect on the mental health of adolescent boys.

Discussion: A lot of the research on adolescent work has focused on the negative mental health effects of paid economic activities without enough attention to unpaid domestic work. This study shows the gender dynamics of the participation in paid and unpaid work with boys more likely engaging in paid economic activities and girls in unpaid domestic duties. Also, this study confirms findings from other parts of the world on the negative impacts of work on mental health. Yet, it adds on by highlighting the different gendered pathways through which this occurs as boys are more vulnerable to the mental health effects of unpaid domestic work. This could be due to the heightened stigma against participation in domestic work among boys. The findings of this study show the need for gender transformative policy to tackle adolescent labour in West Africa for better mental health outcomes. Funded by the Gates Foundation.

Nutrition Access and Behavioral Health Outcomes in Children from Two Vulnerable Brazilian Regions: A Comparative Field-Based Observational Experience

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: This study aimed to compare nutritional patterns and associated behavioral, cognitive, and health outcomes among children living in two socially vulnerable and geographically distinct regions of Brazil: the semi-arid region of Bahia and Marajó Island. The objective was to explore how local food systems, environmental conditions, and access to health care initiatives influence child development and mental health-related outcomes.

Methods: This observational, cross-sectional, and anonymous study is based on data collected during voluntary routine medical consultations conducted in temporary clinics set up in schools due to local infrastructure limitations. The field-based comparative experience was carried out through community and primary health care activities promoted by a non-governmental organization that annually provides free medical, dental, and social assistance to socially vulnerable populations in Brazil over a one-week period. Activities were performed by a multidisciplinary team of approximately 350 healthcare professionals, resulting in over 1,000 pediatric consultations. The study population included children and adolescents aged 0 to 16 years. Data were obtained through clinical anamnesis, physical examination, and standardized questionnaires assessing cognitive status and child development. All information was collected anonymously and analyzed in aggregate form, enabling comparative analysis of nutritional status, oral health, caregiving practices, and behavioral indicators across regions.

Results: Significant differences were observed between the two contexts. In the semi-arid region of Bahia, characterized by severe drought, environmental scarcity, and low human development indices, marked nutritional precariousness and food insecurity were identified. Children more frequently presented signs of undernutrition, a higher incidence of dental caries, reduced behavioral engagement, and cognitive and developmental impairments, reflecting pronounced social vulnerability and limited access to nutritionally diverse foods. In contrast, children from Marajó Island, despite similarly low socioeconomic indicators, demonstrated comparatively better nutritional status. The region's extensive river systems, rich in fish resources, and its role as a major producer of açai support diets associated with better oral health, improved cognitive development, greater physical vitality, and more active social and communicative behaviors. Caregivers in this context appeared more empowered in daily child care practices, supported by

culturally rooted feeding habits and shared community knowledge.

Discussion: This comparative observational experience highlights the central role of nutrition and territorially rooted food practices in shaping child health and mitigating vulnerability in low-resource settings. Despite similarly low human development indices in the studied municipalities of Bahia and the Marajó region, distinct nutritional environments resulted in markedly different child health and behavioral outcomes.

P-39-005

**CASE STUDY OF A SEKOLAH RAKYAT BOARDING SCHOOL IN MALANG, INDONESIA:
MENTAL HEALTH CONDITION AMONG STUDENTS**

Submitter: Kresna Septiandy Runtuk, Indonesia

Co-Authors: K. Runtuk, F. Putri, S. Ambarini

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: To describe the mental health condition among students in a Sekolah Rakyat boarding school in Malang, Indonesia

Methods: : This case study used a mixed-methods approach. Quantitative screening assessed psychological distress and common emotional/behavioral problems among enrolled students using the Strengths and Difficulties Questionnaire, peer support interview and examination's Indonesia Sehat Jiwa reports.

Results: Screening suggested that a substantial proportion of students experienced psychological distress and some difficulties. Qualitative findings highlighted three dominant themes: (1) transition and separation stress (homesickness, adjustment to communal living), (2) help-seeking barriers (stigma, fear of discipline, limited confidential spaces), alongside facilitating factors such as supportive dorm mentors, religious/spiritual coping, and structured daily schedules. Students expressed preference for accessible counseling, psychoeducation, and peer-support mechanisms that preserve confidentiality.

Discussion: Mental health concerns among students in a Malang's Sekolah Rakyat boarding school appear common School-based mental health strategies, routine screening, psychoeducation, confidential counseling pathways, anti-bullying programs, and staff training in early identification, may strengthen student well-being in similar boarding school settings

Revisiting College Adjustment in the Digital Era: An Exploratory Factor Analysis among Indian University Students

Submitter: Rohini Malik, India

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The internet's and digital technologies' exponential growth has significantly altered social interactions, presenting challenges for youth. India has the second-largest higher education system in the world. The ability to cope with educational demands, mental well-being, social relationships, and institutional expectations is interpreted as college adjustment. The College Adjustment Scale (CAS), developed in 1991, has been widely used to measure college adjustment, though it was designed before the rise of digitization. Digitalisation has increased in the post-COVID-19 era and has led to cybercrime. The factor structure of the CAS has hardly ever been re-examined in modern or non-Western contexts, despite its continued use. Thus, the goal of the current study was to use exploratory factor analysis to investigate the underlying factor structure of the College Adjustment Scale among Indian higher education students and to evaluate its applicability in the contemporary academic and digital environment.

Methods: A total of approximately 500 undergraduate and postgraduate students from Indian higher education institutions completed the College Adjustment Scale (CAS) and the Cyberbullying Inventory for University Students. Data suitability for factor analysis was assessed using the Kaiser-Meyer-Olkin measure of sampling adequacy and Bartlett's Test of Sphericity. Exploratory Factor Analysis was conducted using Maximum Likelihood extraction. Given the conceptual overlap among adjustment domains, a Varimax rotation was applied to aid the interpretability of the factor solution. Items with factor loadings of .40 or higher and minimal cross-loadings were retained.

Results: The data demonstrated excellent suitability for factor analysis (KMO = .93; Bartlett's Test of Sphericity, $p < .001$). Exploratory Factor Analysis supported a six-factor solution, diverging from the original nine-factor structure of the College Adjustment Scale. The extracted factors reflected academic and institutional engagement, emotional well-being, social and interpersonal adjustment, self-management, campus integration, and personal autonomy. Factor loadings were moderate to high, and the factors demonstrated satisfactory internal consistency. Associations with cyber-victimisation supported the construct validity of the revised structure, with higher cyber-victimisation linked to poorer adjustment across emotional, social, and institutional domains.

Discussion: The findings suggest that college adjustment among contemporary Indian university students is best represented by a six-factor model rather than the original nine-factor structure proposed in 1991. The results highlight the evolving, integrated nature of

students' adjustment experiences in modern academic and digital contexts. Reconfiguring the College Adjustment Scale into six sub-scales may offer a more contextually appropriate and meaningful assessment of student adjustment. These findings have implications for research, assessment practices, and the development of student support and mental health interventions in higher education settings.

Cultivating the Campus Ecosystem: Reimagining Life Skills, Identity, and Wellbeing in Residential Colleges

Submitter: Vasundharaa Santhosh Nair, India

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The transitional period of moving towards higher education, especially within residential campuses, brings about a unique set of challenges such as adapting to a new environment, managing academic expectations and schedules, navigating new interpersonal relationships, and developing a sense of autonomy (Hefner & Eisenberg, 2009). In light of the escalating psychosocial vulnerabilities among college students, particularly those residing on residential campuses, the integration of structured interventions has become an indispensable necessity. New academic and social pressures shift the care from families to campus peers, which impact student identities, sense of self, help-seeking behaviours, and sense of belonging based on accessible and culturally responsive campus systems. Hence, the objective of the study is to explore the experiences of college students and other stakeholders helping to develop and evaluate a Life Skills Training Module grounded in the stepped-care framework for residential university campuses in India.

Methods: We look at a residential private university as a case where we explore the concerns of students and accordingly can propose interventions for better care. As an exploratory qualitative study, employing a narrative and a needs based design (Creswell, 2013), to explore and address the lived experiences, perceived gaps and psychosocial needs of the university stakeholders. The purpose was twofold: To qualitatively explore the mental health experiences and perceived needs of university stakeholders, and to utilize these findings to inform the design and contextual adaptation of a Life Skills Training Module based on the stepped-care framework. Thus, data collection served a dual function as both a qualitative inquiry into student well-being and as a foundational process for the development and refinement of the intervention module aimed at strengthening peer-based and preventive mental health support within residential campuses.

Results: In order to systematically interpret the data collected through the transcripts, we used conceptual content analysis (CCA) due to its suitability to capture nuanced meanings from interviews with qualitative data. This process involved the identification, coding, and categorizing or recurring themes and patterns across interviews that align with the objectives of the research. Through this method of analysis, we can identify the intentions and focus on communication trends of individual students living on the residential campus (Hsieh et al, 2005; Krippendorff, 2018). To ensure the rigor of the study, these codes were then checked by the third author and then again by the second authors to establish a final calibration value of 86-90% in finalizing the CCA (Krippendorff, 2018). the interviews

brought forth the following eight concerns most prominently; Homesickness, Loneliness, Sense of Belonging, Interpersonal Relationships, Body Image, Social/Academic Balance, Stress, Sexual Health.

Discussion: The Life Skills Training Module, focusing on enhancing emotional resilience, interpersonal effectiveness, and adaptive coping, is proposed as an intervention within the university following the analysis. Anchored in the PERMA and WHO's ten core life skills framework (WHO, 1997), the module addresses key competencies including self-awareness; self-reflection, mental health, awareness; self-care, building, healthy habits & routine, interpersonal skills, coping with stress: stress management and relaxation techniques, handling, loneliness; isolation, and resilience; problem-solving. The interventions were seamlessly integrated in the case of this university, involving faculty members, students, administrative members, and mental health professionals as facilitators and implementers. This intervention is its experiential and multidisciplinary nature, combining visual, auditory, and reflective modalities to engage a variety of learning styles. The sessions created a safe and inclusive space conducive to vulnerability, emotional expression, and peer connection essential for the development of self-awareness and community support.

P-39-009

Perceived Stress and Resilient Coping Among University Students During the COVID-19 Pandemic: a Report from the Cross-sectional Study

Submitter: Justina Racaite, Lithuania

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The emergence of the COVID-19 pandemic has exposed populations globally to unprecedented levels of uncertainty and psychosocial stress, exacerbating mental health and well-being. The aim of study was to examine the Covid-19 pandemic impact on university students perceived stress, reported mental health outcomes, and their resilient coping.

Methods: A cross-sectional anonymous online survey among university students was conducted in November and December 2020. The sample size of 307 students was included in the study. The questionnaire consisted of the Perception of Stress Scale-10, Brief Resilient Coping Scale (BRCS), the demographic questionnaire and an assessment tool for depressive and anxiety symptoms. Descriptive and comparison analysis were conducted. Relative risks with 95% CIs, Fisher's exact, McNemar's, and Wilcoxon signed-rank tests, with subgroup analyses by gender and, resilience level were conducted using R and Jamovi ($p < 0.05$).

Results: The study participants included 67.8% females and 30.9% males. Higher proportion of males (8.4 %) self-reported an increase in stress levels than females (4.3 %) while PSS-10 scale showed a nearly identical increase in perceived stress for both genders (32.2 % for women and 31.6 % for men). Female resilience significantly decreased ($p = 0.016$) during the pandemic. PSS-10 scores have significantly increased during the pandemic regardless of the resilience level ($p \leq 0.01$), however, only a low resilience level participants indicated a significant increase in stress, anxiety and depression symptom counts. The proportion of females reporting no stress symptoms in post-COVID-19 period doubled from 11.1% to 23.6%. In contrast, the proportion of males reporting no stress symptoms remained similar, with 29.5% pre-COVID-19 and 32.6% post-COVID-19 period.

Discussion: The conducted study indicated that stress increased among university students during COVID-19, with low-resilience individuals reporting more acute symptoms. Although decrease of resilience among female students there notable, they generally tended to not report stress, anxiety, or depression symptoms.

Resilience and its correlates in adolescence: Preliminary results

Submitter: Setenay Adiguzel, Türkiye

Co-Authors: S. Adiguzel, B. Ersöz Alan, Y. Çavdar Kolbüken

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Resilience is the ability to adapt successfully and maintain competence when facing adversity or trauma. It is a dynamic process shaped by the interaction of risk and protective factors (Gizir, 2007). Understanding what really supports resilience in adolescents is crucial for designing better preventive and therapeutic interventions, deciding when, by whom, and for whom help should come. In this study, we explored how both individual factors, such as emotional regulation and emotional-behavioral difficulties, and contextual factors, including attachment patterns, family protective characteristics, and childhood trauma exposure, relate to resilience among adolescents.

Methods: This cross-sectional study was conducted with adolescents aged 12-18 years who applied to the Child and Adolescent Psychiatry Outpatient Clinic of Hacettepe University Faculty of Medicine. After obtaining written informed consent from both adolescents and their parents, participants completed the following standardized self-report instruments: Child and Youth Resilience Measure (CYRM-12; Arslan, 2015), Inventory of Parent and Peer Attachment Short Form (IPPA; Armsden & Greenberg, 1987; Günaydin et al., 2005), Inventory of Family Protective Factors (IFPF; Gardner et al., 2008; Gökler-Danisman & Köksal, 2010), Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Güvenir et al., 2008), Difficulties in Emotion Regulation Scale-Short Form (DERS-16; Yigit & Güney Yigit, 2017), and Childhood Trauma Questionnaire (CTQ; Sar et al., 2012). Sociodemographic and diagnostic data were obtained from medical records. Pearson correlations and multiple linear regression analyses were performed using SPSS v28.

Results: The sample consisted of 36 adolescents (61.5% girls; mean age = 15.0 ± 1.8 years). Major DSM-5 diagnoses included ADHD (23.1%), depression (19.2%), and anxiety disorders (11.5%). CYRM scores showed significant positive correlations with attachment to mother ($r = 0.625$, $p < 0.001$), attachment to father ($r = 0.564$, $p < 0.001$), and all subscales of the IFPF ($r = 0.438-0.783$, all $p < 0.01$). Negative correlations were found with SDQ total ($r = -0.641$, $p < 0.001$), DERS total ($r = -0.587$, $p < 0.001$), and CTQ total ($r = -0.633$, $p < 0.001$). In linear regression, only IFPF remained a significant predictor of resilience, explaining 61% of the variance ($R^2 = 0.61$, $p < 0.001$).

Discussion: Previous studies have shown that resilience is associated with multiple psychosocial factors, including secure attachment relationships, emotion regulation skills, positive self-perception, openness to socialization, and supportive peer interactions (Luthar, 2006; Masten, 2001). Consistent with these findings, our results indicate that

adolescents with better attachment security and emotional regulation capacities display higher resilience, whereas those with greater emotional-behavioral difficulties and childhood trauma show lower resilience levels. Family protective factors emerged as the strongest predictor, underscoring the central role of the family environment in reinforcing adaptive coping processes. These results highlight that resilience develops through a dynamic interaction between individual strengths and contextual supports. Integrating interventions that enhance both intrapersonal regulation skills and family functioning may therefore be essential to promote resilience in adolescents, particularly those exposed to multiple risks. Further analyses with a larger sample are ongoing to validate and extend these findings.

P-40

Identity Development, Stigma and Climate
Change

P-40-001

An Experiential Analysis of Privilege Using a Virtual Walk Model among youth

Submitter: Tavishi Sharan, India

Co-Authors: T. Sharan, J. Banerjee

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: To demonstrate how social identifiers that are out of individual's control affect their privilege and community membership.

Methods: Forty youth (15-25 years) interested in/ under training in mental health were approached for the activity based on the diversity of their identities (purposive sample). Respondents filled out an anonymous survey. Thirty-one participants responded. The 30 questions on privileges were related to class (8 items), ethnicity/ religion (9 items), gender (3 items), stereotyping (3 items), discrimination based on social grouping (6 items), and attempts to conform (1 item).

The activity was introduced on the google form (e-Privilege walk). The google form also presented the response prompts (e.g., If English is spoken at home, give yourself a point) and open-ended question (e.g., in your opinion, where are you placed? in the front [privileged]? in the middle? in the back [unprivileged]? How do you feel about it?).

Results: The average privilege score was 59%. One third of individuals were privileged in relation to more than 20 questions, half in terms of 10-20 questions and one-fifth were privileged in terms of less than (or equal to) 10 questions. In terms of individuals, one individual mentioned that s/he was privileged with respect to 97% of questions, while two individuals mentioned that they were privileged with respect to only 13% of questions. The average privilege score on class was 66%, on ethnicity/religion 59%, gender 54%, stereotyping 59%, discrimination based on social grouping 59%, and attempts to conform 32%. The qualitative aspects of privilege will be discussed.

Discussion: Privileges or marginalizations are integral to the person's being. Instead of casting off either privilege or marginalization, one must reconcile with these, and have a better relationship with oneself and others.

P-40-002

Anti-Black Racism and Mental Health in Education: A Policy Analysis of Western Canadian Schools

Submitter: Emmanuel Marfo, Canada

Co-Authors: E. Marfo, E. Obeng-Nkansah, H. Musavar, B. Salami

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Black children and youth represent 41.9% of Canada's overall Black population. Their repeated exposure to anti-Black racism and systemic barriers in school settings is linked to disproportionately negative mental health outcomes. As the Black population grows rapidly across Western Canada, it is essential to examine how educational policies in this region address anti-Black racism and related mental health inequities.

Methods: We conducted a systematic search of publicly available documents, reviewing government websites from the three Prairie provinces along with four major school boards chosen for their size and demographic diversity. One researcher extracted the data, which was then independently reviewed by another. The Intersectionality Based Policy Analysis framework informed both the content analysis and narrative synthesis.

Results: Twenty nine policy documents were identified, including provincial policies (n=18) and school board policies (n=11). Only two documents (6.9%), one originating from Manitoba and one from Edmonton Public Schools, explicitly acknowledged anti-Black racism as shaping mental health outcomes in educational contexts. Most policies relied on broad and race-neutral terminology, reflecting a strong dependence on universal access approaches to mental health services. References to culturally grounded care were scarce, with only five provincial documents noting Afrocentric elements such as Black histories or cultural recognition. Although school board policies demonstrated somewhat stronger commitments, these remained inconsistent across jurisdictions.

Discussion: Current policy landscapes largely overlook the specific needs of Black children and youth. This absence, combined with continued dependence on race-neutral policy frameworks, reinforces inequities and maintains existing health gaps. Comprehensive policy reforms are urgently needed to integrate explicit recognition of anti-Black racism and to support culturally responsive mental health practices within school systems.

P-40-003

Self-Esteem Among Indigenous School-Going Adolescents from Rural Northeast India

Submitter: Sharad Philip, India

Co-Authors: L. Jamir, A. Singha, S. Philip

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Self-esteem, subjective in nature, refers to an individual's evaluation of their worth or value. During adolescence, self-esteem is an important component of psychosocial development, influencing emotional well-being, relationships, and academic engagement. An adolescent's self-esteem is linked to their 'Identity,' leading to exploration of ambitions, and developing coping skills. Indigenous adolescents in Northeast India grow up in distinct sociocultural contexts that shape self-perception; however, studies among this population remain scarce. The study assesses the level of self-esteem among 13-year-old indigenous school-going adolescents in Mirza, a rural area in Northeast India, and describes the sociodemographic correlates of self-esteem using the Assamese translation of the freely available and widely used Rosenberg Self-Esteem (RSE) Scale. The study also assessed differences in self-esteem scores of 13-year-old indigenous adolescents from three school settings: co-ed, girls-only, and boys-only.

Methods: This cross-sectional study was conducted as part of the pre-assessment for a larger Life Skills Training Curriculum. Six public schools were allotted for the training by the education department, from which the self-esteem of all 13-year-olds were assessed using the Assamese version of the RSE, developed using standard WHO Protocols. Instructions on how to use the Likert scale were provided by the administrator in an introductory session, following which a specific time period was given to the participants to complete the questionnaire. Confidentiality, anonymity, and data privacy were ensured. To further analyse the data, descriptive statistics were used.

Results: Data were collected from a total of 159 adolescents; two participants were excluded due to incomplete responses. Of the six schools, three schools were co-educational, two were boys-only, and 1 was girls-only. Mean RSE scores of the adolescents were 28.0 (SD = 2.73), with scores ranging from 22 to 35. The mean RSE scores in co-ed schools were 28.38 (SD= 2.56), while the mean RSE for boys-only schools and girls-only schools were 27.65 (SD= 2.46) and 27.29 (SD= 3.21), respectively. Mean RSE scores boys= ± 28.21 , and Mean RSE girls= ± 27.80 .

Discussion: Findings indicate that indigenous adolescents in the study setting demonstrate moderate levels of self-esteem, with similar scores observed among boys and girls. Hence, no statistically significant difference was noted among self-esteem scores of boys and girls.

P-40-004

Sports and Self Identity Development in Children and Adolescents

Submitter: Horacio Hojman, United States of America

Co-Authors: H. Hojman

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Describe how self-concept plays a key role in sport activities, addressing positive and negative experiences that impact self-esteem formation in children and adolescents. Athletic participation allows children and adolescents not only experience social interaction and group membership but also experience success and achievement therefore fostering positive self-esteem and self-concept.

Other important variables that can contribute to the relational aspects of self-esteem and sports are discussed such as attention, concrete formal operations, and sports performance within the realm of psychological readiness. Moral Implications and social readiness will be also described as important implications that also build up the concept of self-worth in children and adolescents.

Methods: A review of seminal articles about sports and self-concept will be conducted.

Results: The impact of positive and negative feedback as well as excessive stress, anxiety, and pressure from role models such as parents, coaches and peers are discussed towards making children and adolescents define themselves, their abilities, competencies, and self-worth. Inappropriate expectations of parents, coaches and teammates for success can impair the ability of the child to reach his or her own potential and promote behaviors detrimental to their physical and psychological wellbeing. These variables can change the developmental trajectories of children and adolescents that could require psychological and psychiatric involvement.

Discussion: Sports have a particularly key role in the developmental trajectories of children and adolescents regarding their self-esteem and well-being. Positive and negative psychological implications that can affect their self-worth are discussed in this presentation towards the preservation of their wellbeing and normal development. Adult nurturance, support, encouragement, consistency, and understanding of the athlete as a person are vital to normal development.

All the above points will be discussed during the oral presentation.

P-40-005

Daydreaming Patterns and Creativity in College-Going Young Adults

Submitter: Aratrika Roy, India

Co-Authors: A. Roy, S. Shourie

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: We live in an era marked by rapid technological advancement, heightened performance demands, and an increasingly overstimulating environment, particularly affecting young adults. In attempting to cope with the stressors of modern life, individuals often retreat into their inner world, one such manifestation being daydreaming. While daydreaming has traditionally been viewed as an adaptive cognitive activity with links to creativity, existing literature suggests that not all forms of daydreaming function in the same way. Differences in the content, structure, and emotional tone of daydreams may determine whether this inner activity supports creative engagement or becomes cognitively unproductive. This paper, based on an ongoing PhD study, outlines the rationale and conceptual framework for examining daydreaming patterns among college-going young adults and their relationship with creativity.

Methods: The study follows a cross-sectional design involving college-going young adults aged 18-25 years. Daydreaming patterns are assessed using the Short Imaginal Processes Inventory (SIPI), which conceptualizes daydreaming across three styles: Positive-Constructive, Guilty-Dysphoric, and Anxious-Distractible. Creativity is assessed using the Abbreviated Torrance Test for Adults (ATTA), an objective, performance-based measure designed to assess core creative processes beyond self-reported creative engagement. Data collection is currently ongoing. The proposed analytical approach includes descriptive analyses to map daydreaming patterns within the sample, followed by correlational analyses to examine associations between specific daydreaming styles and dimensions of creativity.

Results: While data collection and analysis are still underway, this study lays out a clear analytical framework to examine whether distinct daydreaming styles correspond to different patterns of creative functioning in young adults. These analyses are currently in progress

Discussion: This paper focuses on understanding daydreaming patterns and their possible relationship with creativity in young adults. Daydreaming is often regarded as a common and largely harmless mental activity; however, existing literature indicates that different forms of daydreaming may serve different functions. By distinguishing between daydreaming styles, the study attempts to move beyond viewing daydreaming as a uniform phenomenon and instead emphasizes its qualitative aspects.

Young adulthood is a period marked by increased imaginative engagement, identity exploration, and creative potential. Examining daydreaming patterns during this

developmental stage may help in understanding how imagination operates in everyday life. The framework outlined in this paper is intended to guide the empirical phase of the study and support later analyses examining whether certain patterns of daydreaming are more closely related to creative functioning than others.

P-40-006

The mediating role of object relations in the relationship between childhood traumatic experiences and identity development in late adolescence

Submitter: Ismail Inan, Türkiye

Co-Authors: I. Inan, Z. Tüzün

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Within a developmental object relations framework, object relations are shaped by early childhood experiences and constitute a foundational structure that through which identity development is subsequently organized. Identity development intensifies during adolescence and remain a central task in late adolescence. Previous research has demonstrated that childhood traumatic experiences adversely affect identity development, while also having enduring negative effects on individuals' object relations. Within this framework, the present study aimed to examine the potential mediating role of object relations in the association between childhood traumatic experiences and identity development among individuals in late adolescence.

Methods: A total of 201 university students aged between 18 and 22 years completed online the Assessment of Identity Development in Adolescence, the Childhood Trauma Questionnaire, and the Bell Object Relations Inventory. Of the participants, 38 were male, 162 were female, and one participant reported not wishing to disclose their gender. Regarding living arrangements, 52% of the participants resided in student dormitories, 30% lived with their families, 9.5% lived in shared housing, and 7.5% lived alone. Statistical analyses were conducted using SPSS version 23, and mediation analyses were performed using Hayes' PROCESS macro (Model 4).

Results: The regression analysis revealed a significant model ($F(2, 198) = 135,65, p < .001$), with childhood traumatic experiences and the level of object relations jointly accounting for approximately %58 of variance in identity development. Mediation analysis indicated that childhood traumatic experiences significantly predicted object relations ($b = .35, SE = .04, t = 7.89, p < .001$). When childhood traumatic experiences and object relations were entered simultaneously into the model, childhood traumatic experiences continued to significantly predict identity development ($b = .48, SE = .12, t = 4.02, p < .001$). Bootstrap analyses demonstrated significant indirect effect of childhood traumatic experiences on identity development through object relations ($b = .70, SE = .11, 95\% CI [.49, .94]$).

Discussion: These findings suggest that childhood traumatic experiences contribute to identity development difficulties in late adolescence both directly and indirectly through disruptions in object relations. Early traumatic experiences may impede the integration of self and other representations, thereby rendering identity formation more fragile during late adolescence. These results underscore the importance of addressing in interventions targeting identity diffusion, a core marker of many personality disorders, should sensitively

address childhood traumatic experiences and place the individual's disrupted object relational world at the center of treatment.

P-40-007

Climate Change: A Pediatric Mental Health Emergency

Submitter: Devashish Konar, India

Co-Authors: D. Konar

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Climate change and its effect, specifically on human beings and overall flora and fauna, have been a major point of discussion and action since Paris Agreement 2015. This topic is under purview of all scientists, administrative authorities, social workers and law makers. Somehow, its direct adverse effect on mental health of our children and adolescents is not as widely discussed, though it has direct effect on development and future productivity of our youth. We are seeing a surge in echo anxiety, post traumatic stress disorder and depression linked to climate instability.

This study aims to assess the effects of rapid climate change on the mental well-being of children and adolescents and to propose actionable responses for all relevant stakeholders.

Methods: Literature review of effect of climate change on developing mind of children and adolescents and possible solutions.

Results:

The major threat to children and adolescents:

A. Acute trauma: Immediate psychological shock from extreme weather (e.g., floods, wild fires, storms etc.)

B. Chronic stress: Long term anxiety caused by resource insecurity and loss of stable environment

C. Developmental Risk: Young brains are uniquely vulnerable, early climate trauma can lead to lifelong struggles with ill health and psychosocial adjustment difficulties.

Action areas and strategic goals:

A. Integration: Mandatory inclusion of child and adolescent metrics in all climate adaptation and mitigation agenda.

B. Resilience: Funding for school based mental health programs and community climate resilience hubs.

C. Research: Investment in longitudinal studies to track how climate stressors affect long-term social and economic participation.

Discussion: Failing to address the mental health impacts of the climate change today will result in less mentally healthy, less resilient and less productive workforce for tomorrow culminating into a less happy society. We must align climate governance with the biological reality of youth development.

While scientific evidence is mounting, political action, of late, is regressing. Mental health

is rarely integrated into national climate adaptive plans. Current policy failures are creating intergenerational inequity, leaving the youngest generation to bear the highest psychosocial and economic costs without them being aware, mostly.

P-40-008

Youth as ethical agents in climate justice: A trinational qualitative study

Submitter: Amber Acquaye, United States of America

Co-Authors: A. Acquaye, L. Benoit

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Children and adolescents are increasingly affected by climate change, yet their ethical perspectives remain largely absent from climate discourse. While recent literature has focused on youth distress, particularly ecoanxiety, this emphasis often obscures the moral expectations that underlie their concerns. This poster addresses that gap by examining how young people understand climate justice and define the responsibilities of adults, governments, and institutions.

Methods: Drawing on 115 interviews with youth aged 5-18 years across Brazil, France, and the United States, we conducted a thematic analysis informed by grounded theory to explore youth's moral reasoning and ethical expectations.

Results: We present 2 key findings. First, participants articulated clear positions on foundational climate justice issues including fairness, risk, responsibility, and intergenerational equity, emphasizing lived experience, relational harms, and systemic accountability. Second, we identified a set of recurring moral principles (fairness, accountability, integrity, autonomy, compassion, courage, and urgency) that constitute a youth-defined climate code of conduct.

Discussion: Rather than simply expressing emotional distress, youth offer a coherent ethical vision grounded in care, role-based responsibility, and moral clarity. Their expectations challenge dominant climate ethics frameworks and provide a normative guide for clinicians, educators, and policymakers seeking to act in children's names. If youth are to be treated not only as those most affected but also as legitimate moral agents, their ethical frameworks must shape climate response.

P-40-009

Growing Up in Cities: Urban Environmental Exposures and Mental Health Outcomes in Youth

Submitter: Janko Vecerina, Croatia

Co-Authors: J. Vecerina, B. Markovic, Z. Kusevic

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Urbanization has transformed the developmental environments of children and adolescents worldwide. While cities offer increased access to education, healthcare and social opportunities, they also expose young people to environmental stressors during sensitive periods of neurodevelopment. The objective of this work is to examine the association between everyday exposure to urban environments and mental health outcomes in children, adolescents and young adults, with a focus on anxiety and depressive symptoms, psychotic disorders, suicidality and substance use. In addition, this work explores whether specific characteristics of the built urban environment may function as modifiable risk or protective factors for youth mental health, with implications for prevention in child and adolescent psychiatry.

Methods: This work is based on a narrative synthesis of epidemiological, public health and urban health literature examining mental health outcomes in urban versus rural populations, with emphasis on child, adolescent and young adult cohorts. Reviewed studies address associations between mental health outcomes and urban environmental characteristics, including population density, access to green and blue spaces, traffic exposure, noise and visual overstimulation, mobility infrastructure and patterns of social interaction. Findings from international studies are considered alongside population-level data from Croatia to illustrate broader trends. The focus is on identifying consistent developmental and preventive patterns rather than establishing causal relationships.

Results: The reviewed evidence indicates a higher prevalence of anxiety disorders, depressive symptoms and psychotic disorders among young people living in urban environments compared to those in rural areas. Urban living is associated with greater social autonomy and improved access to healthcare, education and employment, which may positively influence mental well-being. Conversely, limited access to green spaces, increased traffic-related stress, sensory overload and frequent involuntary social interactions are associated with increased psychological distress. In contrast, higher rates of substance dependence, dementia and attempted or completed suicide are more frequently reported in rural populations, underscoring the complexity of place-related mental health risks.

Discussion: Urban environments represent a complex and developmentally significant context for child and adolescent mental health. The findings suggest that mental health risks associated with urban living are not inherent to cities themselves but are strongly

influenced by modifiable features of the built environment. Urban planning strategies that prioritize accessible public spaces, green and blue areas, safe active mobility infrastructure and reduced automobile dependency may mitigate mental health risks and promote well-being among young people. Integrating child and adolescent mental health perspectives into urban design and public policy should therefore be considered a key component of preventive psychiatry.

P-40-010

Exploring Climate Change's Impact on Youth Mental Health in Northern Pakistan

Submitter: Saba Un Nisa, Canada

Co-Authors: S. Nisa, S. Meherali

Topic: Psychosocial Development / b. Identity Development, Stigma

Objective: Climate change disproportionately affects low- and middle-income countries like Pakistan, especially its northern regions such as Kashmir, Gilgit Baltistan, and Swat. Frequent disasters, floods, landslides, droughts, and GLOFs have caused displacement, economic instability, and severe psychological strain. Youth aged 15-24 are particularly vulnerable, facing anxiety, depression, and Posttraumatic stress disorder.

Despite the growing impact of climate change on youth mental health, research on this issue, particularly in northern Pakistan, remains scarce. This study aims to address this gap by exploring the effects of climate-related events on youth mental health in Northern Pakistan and identifying effective strategies to mitigate these impacts. Through a qualitative study, it will explore the mental health challenges faced by young people in the region. The findings will contribute to evidence-based knowledge and inform policy recommendations to improve mental health support for affected youth in northern Pakistan.

Methods: Phase 1 will involve a systematic/scoping review of existing literature to gather evidence on the impact of climate change on youth mental health, focusing on studies from similar geographical and socio-economic contexts.

Phase 2 will adopt a qualitative approach, building on the findings from the scoping review. This phase will use in-depth interviews to explore the personal experiences, emotions, and coping mechanisms of youth in climate-affected areas of Gilgit Baltistan.

The data for this study will be gathered through semi-structured interviews conducted with 25 participants, both male and female, aged between 15 and 24, living in Northern Pakistan. An interview guide will be developed with the help of experts in the team. These interviews will allow in-depth exploration of the participants' experiences and perspectives. The collected data will be analyzed using thematic analysis, which will help identify recurring themes and patterns in the responses

Results: The project is in process.

Discussion: This study is significant as it will deepen the understanding of the mental health challenges faced by youth in climate-vulnerable regions, particularly in northern Pakistan. The findings will contribute to developing evidence-based, culturally relevant mental health interventions for youth, with insights applicable to other regions experiencing similar climate challenges. Additionally, the research can inform the integration of climate resilience strategies within healthcare frameworks and mental health policies, making it highly relevant at the policy level. It will underscore the crucial role of healthcare

professionals and leadership in advocating for and implementing policies that address climate change's unique mental health impacts on youth. By filling a critical knowledge gap, this study will lay the foundation for improved mental health support systems for young people in northern Pakistan and other climate-affected communities globally.

P-41

Neurodevelopment, Cognition, and Executive Functioning

P-41-001

Patterns of Cognitive Dysfunction in Very Low Birth Weight Children at the Age of Six

Submitter: Yukiko Morioka, Japan

Co-Authors: Y. Morioka, A. Hirako, A. Oiji, M. Takahashi, T. Enomoto, S. Aeba

Topic: Neuropsychology

Topic: Specific CAP Conditions / a. Intellectual Disability

Objective: The aim of this study is to examine cognitive outcome in very low birth weight (VLBW) children at the age of six and to identify patterns of cognitive dysfunction in VLBW children.

Methods: The subjects of this study were 229 VLBW children (103 males and 126 females) who were born in Yamagata Prefectural Central Hospital from 2000 to 2019 and received the follow-up examination at the age of 6. The mean fullscale IQ score of the subjects was 104.7 (SD 13.2). We administered Wechsler Intelligence Scale for Children III (WISC-III) for them and conducted cluster analysis on the data of WISC-III of all subjects. This study was approved by the ethical committee of the hospital. All authors have no conflict of interest relating to this study.

Results: Three clusters were extracted from the result of cluster analysis using the four Factor-based Index scores (Verbal Comprehension Index: VCI, Perceptual Organization Index: POI, Freedom from Distractibility Index: FDI, Processing Speed Index: PSI). Cluster 1 consisted of 69 children with low Perceptual Organization Index score and low Processing Speed Factor Index score who had unevenness in their intellectual development. Cluster 2 consisted of 42 children, in whom all index scores were low. Cluster 3 consisted of 56 children in whom all index scores were normal or high, who seemed to show normal intellectual development. Then the second cluster analysis was conducted for the data of the children of Cluster 1. Two subclusters were extracted from the second cluster analysis. Subcluster 1A consisted of children with relatively high VCI, low FDI and low PSI. Subcluster 1B consisted of children with normal FDI, normal PSI and low VCI.

Discussion: The result of this study suggests that there are four patterns of cognitive dysfunction among VLBW children. Clinicians should make different support plans for VLBW children according to these patterns.

P-41-002

Prevalence of comorbid psychiatric disorders in children and adolescents with intellectual disability in Korea

Submitter: Sang Chan Jeon, Korea, Republic of

Co-Authors: S. Jeon, N. Kang, M. Joo

Topic: Neuropsychology

Objective: In children and adolescents with intellectual disability (ID), comorbid psychiatric disorders account for substantial burden of disease. This study assessed comorbid psychiatric disorders in children and adolescents with ID and examined associations of ID with socio-demographic factors and comorbid psychiatric disorders in Korea.

Methods: This study used data from the National Health Insurance Service-National Health Information Database (NHIS-NHID) on 2-18 years old who were diagnosed the intellectual disability (F70-F79.9) in 2021. The prevalence of comorbid psychiatric disorders was analyzed and associated factors were evaluated through regression analysis.

Results: Total 10,638 patients diagnosed with intellectual disability. The comorbid psychiatric disorders in children and adolescents with ID was attention/deficit-hyperactivity disorder (ADHD) (41.77%), followed by depressive disorder (19.37%), autism spectrum disorder (ASD) (15.46%). Male patients was significantly associated with ADHD (Odds ratio (OR): 1.745), ASD (OR:1.658) and oppositional defiant disorder (OR:2.024). Male patients had a significant lower association with anxiety disorders (OR:0.575) and posttraumatic stress disorder (OR:0.28) than female. In adolescents with ID, it was significantly related to adjustment disorder (OR:2.716), post-traumatic stress disorder(OR:3.045), anxiety disorders (OR:2.63), depressive disorder (OR:2.022), schizophrenia(OR:1.207), and sleep disorder(OR:1.387).

Discussion: Evaluation and treatment of comorbid psychiatric disorders in intellectual disability is important. Clinical attention is needed for neurodevelopmental disorders such as ADHD and ASD and depressive disorders, and the onset of psychiatric disorders in adolescent ID patients should be carefully evaluated.

P-41-004

A 20-year long-term follow-up study of a case with comorbid developmental disorders and personality disorders

Submitter: Kazuya Ono, Japan

Co-Authors: K. Ono

Topic: Neuropsychology

Objective: One male and one female patient with comorbid personality disorder and developmental disorder were diagnosed as adolescents at the time of their first visit.

Methods: The progress over 20 years was investigated using medical records.

Results: Case 1 began treatment for borderline personality disorder from around the age of 17, but exhibited confusion, denial, and excessive impulsivity. Case 2 began treatment for adolescent depression at the age of 18, but showed strong resistance to treatment and occasional irritability, preventing progress. This patient subsequently received treatment under a diagnosis of narcissistic personality disorder, but the secondary depressive symptoms did not improve. In their early twenties, both patients were re-diagnosed as having developmental disorders. Subsequently, cognitive behavioral therapy and environmental adjustments tailored to their developmental characteristics were effective, resulting in significant stability, but the characteristics of their personality disorders remained as fundamental pathological structures. As they entered their thirties and their social adaptations improved, the personality pathology was no longer recognized, and their developmental characteristics actually contributed to stabilizing their adaptive state, resulting in their condition becoming non-disordered.

Discussion: In cases where developmental disorders and personality disorders coexist, personality issues may be secondary personality defense patterns formed by the underlying developmental disorder, and by selecting treatment tailored to the characteristics of the developmental disorder, the functional level improves, and the disorder is no longer recognized. How to achieve adaptation is important. In cases where developmental disorders and personality disorders coexist, evaluation must be conducted from both aspects, and changes in the pathology must be carefully observed through treatment focused on the precursor developmental disorder characteristics. It is thought that considering some personality disorders as the personality transformation of developmental characteristics may also be important from a therapeutic perspective.

P-41-005

Extended-release Guanfacine Hydrochloride Use in Children and Adolescents with Tic Disorders in Turkey: A multicenter Retrospective Study

Submitter: Fethiye Kiliçaslan, Türkiye

Co-Authors: M. Kütük, A. Tufan, F. Kiliçaslan, M. Öksüzoglu, Y. Imrek, N. Tastepe, M. Küçükdağ, M. Yazıcı, U. Tekeoglu, Y. Naralan, et al.

Topic: Neuropsychology

Objective: Tic disorders (TD) are neurodevelopmental conditions characterized by impairing, involuntary motor and/ or vocal tics. According to duration, they may be transient and chronic while Tourette syndrome consists of multiple motor and at least one vocal tic lasting > 12 months. Management consists of behavioral therapy, off-label dopamine antagonists and alpha-2 agonists as second line, primarily for children with comorbid attention deficit hyperactivity disorder (ADHD) among others. Extended-release guanfacine hydrochloride (GXR) is a selective alpha2A-adrenergic agonist approved as mono- and adjunctive therapy to psychostimulant medications for ADHD. Although alpha-2 agonists are known to be less effective than dopamine antagonists for management of tics, most of the available studies are from western countries and no data exists for Turkish patients. This multicenter retrospective study aimed to assess the patients with TD initiating treatment with GXR as mono- and adjunctive therapy.

Methods: 254 children with TD (83.5 % male, 73.2 % with comorbidities) from 18 study centers located in Turkey were included. All comorbidities and combinations of psychopharmacological treatments were allowed. Clinicians evaluated symptoms with Clinical Global Impressions (CGI) at baseline and at the sixth month. Descriptive, bivariate and multivariate analyses were used in analyses. P was set at 0.05 (two-tailed)

Results: Among children with TD with a median age of 9.0 years (IQR= 5.0) median initial and endpoint doses of GXR were 1.0 (IQR= 1.0) and 3.0 (IQR= 2.0) mg/ day, respectively. Median CGI-S scores baseline and at sixth month were 5.0 (IQR= 1.0) and 3.0 (IQR= 2.0), respectively. Median CGI-I and AE scores at 6th month were 2.0 (IQR= 1.0) and 1.0 (IQR= 1.0), respectively. Only 18 patients and their parents reported clinically significant adverse effects (7.1 %), supporting possible efficacy and limited adverse effects of GXR in this population.

Discussion: This multicenter retrospective study provides real-world data on extended-release guanfacine use in children and adolescents with tic disorders in Turkey. Guanfacine treatment was associated with clinically meaningful improvement in global symptom severity and overall clinical status at six months, with a low rate of clinically significant adverse effects. Despite limitations related to its retrospective design and reliance on global clinical impression scales, this large multicenter sample supports extended-release guanfacine as

a well-tolerated and clinically useful option in routine practice.

P-41-006

The relation between parental attitudes and accompanying anxiety, depression and obsessive-compulsive symptoms in children diagnosed with tic disorders: A case-control study

Submitter: Gulen Guler, Türkiye

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Topic: Neuropsychology

Objective: This study aimed to evaluate perceived parental attitudes in children diagnosed with chronic tic disorder (CTD) and Tourette syndrome (TS) and their relationship with subjectively reported anxiety, depression, and obsessive-compulsive symptoms.

Methods: A Total of 70 children (mean age 12.1 ± 2.5 years) with CTD/TS diagnosed according to DSM-5, and 83 age- and sex matched healthy children (mean age 12.8 ± 3.0 years) were recruited from Child and Adolescent Psychiatry clinics in Turkey. Children completed the Parental Attitudes Scale (PAS), Children's Depression Inventory (CDI), State-Trait Anxiety Inventory for Children (STAI-C), and Maudsley Obsessive-Compulsive Inventory (MOCI). Clinicians evaluated tic severity with the Yale Global Tic Severity Scale (YGTSS). Data were analyzed using SPSS 22.0 with MANCOVA, chi-square tests, and Pearson correlations. The significance level was set at $p < 0.05$.

Results: Among the group, 55.7% were diagnosed with TS and 44.3% with CTD. Nearly 70% had at least one psychiatric comorbidity, most commonly ADHD (47.1%), anxiety disorder (14.3%), and OCD (10.0%). Compared to controls, children with TD reported higher state anxiety ($p = 0.027$), obsessive-compulsive symptoms ($p = 0.033$), and lower democratic parenting attitudes ($p = 0.025$). In contrast, protective/demanding ($p = 0.021$) and authoritarian parental attitudes ($p = 0.017$) were higher. Correlation analyses showed authoritarian parenting was positively associated with depression ($r = 0.28$, $p = 0.001$) and trait anxiety ($r = 0.26$, $p = 0.031$); whereas democratic parenting was negatively associated with both (depression: $r = -0.37$, $p = 0.002$; state anxiety $r = -0.27$, $p = 0.025$; trait anxiety $r = -0.24$, $p = 0.05$). Maternal education influenced parental attitudes: mothers with lower education were seen more authoritarian and less democratic.

Discussion: Children with tic disorders perceived their parents as more authoritarian, protective, and demanding, and less democratic compared to healthy peers. Authoritarian parenting was associated with higher depression and anxiety, while democratic parenting was linked to fewer internalizing symptoms. These findings highlight the role of parenting styles in the psychological functioning of children with tic disorders. Interventions targeting parental attitudes and family involvement, including psychoeducational programs, should be considered in treatment planning for tic disorders.

P-41-007

The role of parenting in the development of executive functions: evidence from early childhood

Submitter: Marta Berni, Italy

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Topic: Neuropsychology

Objective: Executive functions (EFs) comprise a set of cognitive processes that are essential for behavioral regulation, environmental adaptation, and learning from early childhood onward. The scientific literature indicates that, beyond neurobiological maturation, the development of EFs is substantially shaped by early relational experiences, particularly by the quality of parenting (Frassoni & Marzocchi, 2020). However, the contribution of specific parenting dimensions to the development of individual executive functions, especially during early childhood, remains insufficiently explored. The present study aims to examine the relationship between different dimensions of parenting and executive functioning in children attending early childhood education and care services.

Methods: Participants were parents of 127 children aged between 20 and 42 months, recruited from early childhood educational services. Parenting was assessed using the Comprehensive Early Childhood Parenting Questionnaire - Italian Version, while executive functions were measured through the Behavior Rating Inventory of Executive Function - Preschool Version, completed by parents.

Results: Results indicated generally high levels of support, stimulation, and positive discipline within positive parenting practices, as well as overall age-appropriate executive functioning in the sample. Correlational analyses revealed significant associations between parental support and fewer difficulties in inhibition, cognitive flexibility, and working memory, as well as with the global executive composite score. Cognitive stimulation was also associated with better executive functioning, particularly working memory, whereas positive discipline was related to enhanced cognitive flexibility and emotional regulation.

Discussion: Overall, the findings suggest that multiple dimensions of positive parenting are associated with executive functioning in early childhood, highlighting the role of support, stimulation, and positive discipline in fostering specific components of executive functions. These results underscore the importance of parenting support interventions as a preventive and promotive strategy from the earliest years of life.

P-41-008

Neuroanatomical and neurochemical bases of theory of mind

Submitter: Sofija Stevanovic, Serbia

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Topic: Neuropsychology

Objective: Theory of Mind (ToM) refers to the capacity to attribute mental states-beliefs, emotions, desires, and intentions to oneself and others. It is a central component of social cognition, encompassing social perception, emotion recognition, social knowledge, and attributional style.

This review aims to synthesize current findings on the neuroanatomical structures and neurochemical systems underlying ToM. By integrating evidence from neuroimaging, neurophysiological, and neuropharmacological studies, it seeks to clarify how specific brain regions and neurotransmitter pathways contribute to ToM processes, emphasizing how disruptions in these systems relate to impairments observed in psychiatric conditions.

Methods: A nonsystematic review of the literature was conducted using PubMed and Google Scholar. Relevant articles were selected based on combinations of the keywords: "Theory of Mind," "Social Cognition," "Neuroanatomy," and "Neurochemistry."

Results: ToM depends on a distributed neural network including the temporo-parietal junction (TPJ), medial prefrontal cortex (mPFC), superior temporal sulcus (STS), precuneus, temporal lobes, and inferior frontal gyrus (IFG). The right TPJ is essential for belief reasoning, while the mPFC supports broader social information processing. The STS and IFG contribute to interpreting others' actions and emotions, with mirror neuron systems facilitating empathy. Dopaminergic and serotonergic pathways influence cognitive flexibility and social behavior and are implicated in ToM deficits in autism and schizophrenia. Oxytocin and vasopressin modulate social bonding and empathy, while GABA imbalances may underlie disrupted social cognition.

Discussion: Interest in ToM has increased within psychopathology research due to its relevance for understanding social dysfunction in disorders such as autism spectrum disorder and schizophrenia.

Understanding the neuroanatomical and neurochemical bases of ToM provides insight into brain mechanisms underlying social interaction and empathy. This function depends on coordinated cortical and subcortical networks- particularly the TPJ, prefrontal cortex, and precuneus, and is modulated by dopamine, serotonin, oxytocin, vasopressin, and GABA, with key implications for further psychiatric research.

P-41-009

Cognitive Training for Children with Attention and Executive Functioning Difficulties in Low-Resource Settings: A Feasibility Protocol

Submitter: Shubaya Naggayi, Uganda

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Topic: Neuropsychology

Objective: To design and evaluate the feasibility of a culturally adapted, gamified digital intervention to enhance attention, working memory, and inhibitory control among school-aged children (7-12 years) with attention and executive functioning (EF) difficulties in Uganda. The intervention will target attention and executive functioning difficulties arising from neurodevelopmental and chronic medical conditions commonly seen in this setting. These include sickle cell disease, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, severe malaria and human immunodeficiency virus (HIV). Specific aims are to: (1) co-design an engaging attention/EF-training game with children, parents, teachers, and clinicians; (2) assess feasibility, usability, and acceptability; and (3) estimate preliminary cognitive and behavioral effects to inform a future randomized trial.

Methods: A two-phase mixed-methods feasibility study will be conducted. Phase 1 will involve participatory co-design workshops to adapt game mechanics, language, reward systems and mode of delivery (e.g., tablets, smartphones, or laptops) to ensure usability and feasibility in the local context. Phase 2 will consist of a single-arm pilot involving 40 children in Kampala who will engage with the intervention for 20 minutes, three times weekly, over eight weeks. Feasibility outcomes will include recruitment, adherence, and System Usability Scale scores. Attention and EF outcomes will be assessed at baseline and post-intervention using Test of Variables of Attention (TOVA), Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) Working Memory Index, NEPSY-II (A Developmental NEuroPSYchological Assessment) subtests for executive function and Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2).

Results: Feasibility outcomes are expected to demonstrate adequate recruitment, adherence, and usability of the gamified intervention. Preliminary observations may indicate improvements in attention, working memory and inhibitory control among participants.

Discussion: If feasible, this intervention will inform the design of a future randomized controlled trial and may contribute to the development of scalable, low-cost cognitive rehabilitation tools for children with attention and EF difficulties in low-resource settings.

P-41-010

Investigation of the cognitive profile in gifted youth: A descriptive study with emphasis on intelligence, academic performance, processing speed, and executive functions

Submitter: Jamile Noele Andrade, Brazil

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Topic: Neuropsychology

Objective: The aim of this study was to describe the intellectually gifted population that came to the Ambulatório Borges da Costa - Minas Gerais, Brazil - in terms of their cognitive profile, focusing on IQ, academic performance, executive functions and processing speed.

Methods: 64 from a sample of 1092 participants that obtained a score above the 95th percentile on Raven's Progressive Matrices were selected ($M = 8$, $SD = 1.93$). The instruments used were Raven's Progressive Matrices - Intelligence measure -, Five Digit Test (FDT) - measure of processing speed and executive functions -, School Achievement Test (Teste de Desempenho Escolar - TDE) - for assessment of academic performance, Critério Brasil - assessment of sociodemographic characteristics, SNAP-IV, Child Behavior Checklist (CBCL) - measures of behavior characterization and Parenting Styles and Dimensions Questionnaire (PSDQ).

Results: The sample included 10 girls and 42 boys, mostly from public schools and diverse socioeconomic backgrounds. Notably, 30 participants exhibited clinical inattention, while 24 met criteria for hyperactivity and ODD. Overall, 36 were diagnosed with ADHD and one with ASD. CBCL scores revealed low levels of internalizing ($T = 43$, $SD = 25.29$), externalizing ($T = 39$, $SD = 26.14$), and total problems ($T = 45$, $SD = 27.01$). Neuropsychological assessment via FDT showed reduced processing speed ($z = -0.336$, $SD = 1.64$), with participants performing within the average range in inhibition ($z = -0.40$, $SD = 2.43$) and flexibility ($z = -1.38$, $SD = 1.82$), suggesting some executive challenges. TDE results indicated a relative weakness in Writing ($z = -0.58$, $SD = 1.41$) compared to Arithmetic ($z = -0.48$, $SD = 1.42$) and Reading ($z = -0.26$, $SD = 1.35$). These findings highlight a heterogeneous cognitive profile characterized.

Discussion: Based on the descriptive analysis, it's possible to characterize these children as twice-exceptional. Despite having preserved intellectual skills, they exhibit low performance in specific constructs. Most of these children have a diagnosis of ADHD; however, unlike the majority of children with ADHD who experience behavioral problems, these intellectual gifted youth have less externalizing problems. Furthermore, despite the sample showed high indicators of intelligence, academic performance revealed variations between different areas and within the sample, suggesting that giftedness doesn't translate into high academic skills and may vary individually in certain areas, reflecting heterogeneous profiles. In the executive functioning area, the results are relevant in suggesting that, despite high intellectual potential, limitations in self-regulation processes

can culminate in negative impacts on social life. From a clinical point, the high number of ADHD diagnoses highlights the need to understand how gifted characteristics can coexist with neurodevelopmental disorders.

P-42

Trauma, Internalizing Processes, and Transdiagnostic Psychopathology

P-42-001

The Role of Social Support and Cognitive Coping Strategies in the Development of Depression in Adolescents with Adverse Childhood Experiences

Submitter: Alexandra-Diana Iotu, Romania

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Topic: Transdiagnostic Symptomatology

Objective: One in five children and adolescents experience depressive symptoms currently or in the past. The overall objective was to investigate and highlight the impact of adverse childhood experiences (ACE's) on the onset of depression in a psychiatric population, and what role may play in this context the perceived social support and cognitive coping strategies on depressive symptomatology.

Methods: The study group consists of 67 patients aged 13 to 17 years old, evaluated in an inpatient pediatric psychiatry clinic, presenting with depressive symptoms. We evaluated and assessed them using Beck Depression Inventory (BDI, $\alpha = 0.86$), the Short Form of the Childhood Trauma Questionnaire (CTQ-SF, $\alpha = 0.9$), the Structured Clinical Interview for DSM-IV, Child Version (KID-SCID), Multidimensional Scale of Perceived Social Support (MSPSS, $\alpha = 0.87$), and the Cognitive Emotion Regulation Questionnaire (CERQ, $\alpha = 0.8$).

Results: Adverse childhood experiences ($r = 0.37$, $p = 0.002$), especially emotional abuse ($r = 0.51$, $p < 0.001$), perceived social support from family ($r = 0.35$, $p < 0.05$) and using cognitive coping strategies: Self-blame ($r = 0.55$, $p < 0.001$), Rumination ($r = 0.45$, $p < 0.001$), Catastrophizing ($r = 0.48$, $p < 0.001$) predict depressive symptomatology. Perceived social support from the family - only at moderate ($p < 0.05$) or high levels ($p < 0.05$), has a significant impact on the influence of ACE's on depression. Acceptance was the only coping strategy ($p < 0.05$) that had a significant effect on the relationship between ACE's and depression.

Discussion: Emotional abuse, perceived social support from family and maladaptive coping strategies used by adolescents significantly influence depressive symptomatology in adolescents with a trauma history. Regardless of the level of perceived social support and used coping strategies (except Acceptance), ACE's influence depression in a similar way.

P-42-002

Trauma and dissociation in childhood and adolescence

Submitter: Guzman Schroeder, Uruguay

Co-Authors: G. Schroeder, E. Geis, L. Lassus, M. Garcia

Topic: Transdiagnostic Symptomatology

Objective: The objective of the study is to determine the prevalence of Dissociation in children and adolescents with post-traumatic stress at the Psychotrauma Clinic of the Academic Unit of Pediatric Psychiatry at UdelaR.

The specific topic is to describe the psychopathological characteristics of children and adolescents with trauma in a case series. And to understand the relationship between different types of attachment and dissociative symptoms

Methods: This is a descriptive, cross-sectional study conducted on a series of cases. The sample consisted of all patients assisted between 2020 and 2022. The tools that were used, were, clinical interviews and the Child Behaviour Checklist Scale. The study has the approval of the Ethics Committee of the Pereira Rossell Hospital Center .

Results: The results showed a sample of 15 subjects, aged between 6 and 15 years old. The 100 % of the patients had a personal history of violence. There was a high prevalence of dissociation, with 80 % of the patients presenting 3 or more dissociative symptoms. The most frequent symptoms were amnesia and forgetfulness, abrupt behavioral and emotional changes, and trance-like states. The 80 % of the sample had complex trauma, and of those, 87 % presented 3 or more dissociative symptoms; 80 % of the sample had insecure attachment styles, and of those, 83 % presented 3 or more dissociative symptoms.

Discussion: Violence impacts with differential characteristics in all stages of human life, with a high prevalence observed in children and adolescents in Uruguay. Early exposure to violence is critical, constituting a traumatic experience in itself and interfering with neurobiological development. By preventing the integration of sensory, emotional, and cognitive information, it becomes fragmented, leading to dissociative symptoms. It can be concluded that this study reflects a close association between trauma and dissociation, demonstrating the presence of dissociative symptoms in children and adolescents in a trauma context. The predominant dissociative symptoms are not always sought or visualized as such. There is a strong association between complex trauma, dissociation, and insecure attachment styles.

P-42-003

Biopsychosocial correlates of internalizing disorders in Indian children and adolescents.

Submitter: Thomas Kishore Madhavaram, India

Co-Authors: T. Madhavaram, P. Viswanathan, S. Seshadri, B. V.S.

Topic: Transdiagnostic Symptomatology

Objective: Biopsychosocial factors are important to understand the processes in underlying internalizing Disorders. However, there is little information on which are the critical factors and how they interact in adolescents. The current study aims to understand the interrelationships and paths among specific biological, psychological, and social factors including temperament, interpersonal competence, emotion regulation, executive function, self-concept, adaptive behavior, parenting practices, and psychosocial adversities in internalizing disorders.

Methods: The sample consisted of 200 children and adolescents aged seven to 18 years, with an equal number of those with and without an internalizing disorder. All key variables as per the aim were assessed using standardized tools. Correlation analysis was conducted to understand the interrelationships among the selected variables.

Results: Specific, statistically significant association emerged among the study variables. The effect sizes were moderate to small.

Discussion: There are specific biological, psychological and social factors that share strong association with internalizing disorders, and have specific implications for prevention, assessment, and treatment.

Irritability as a Multidimensional Transdiagnostic Construct: Evidence from the TIDES-13 and ARI

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Topic: Transdiagnostic Symptomatology

Objective: Irritability is conceptualized as a chronically elevated tendency towards anger cutting across internalizing, externalizing, and neurodevelopmental symptoms, making it a transdiagnostic construct. Although often examined as a unidimensional phenomenon, emerging evidence suggests multiple forms that may differentially relate to youth psychopathology. This multidimensional perspective implies that neither irritability nor its clinical correlates can be fully captured by a single measure, highlighting the need for studies using diverse instruments and transdiagnostic samples. The Affective Reactivity Index (ARI), most frequently used, primarily assesses proneness to angry mood, reflecting tonic irritability. In contrast, the Irritability and Dysregulation of Emotion Scale (TIDES 13) is a multidimensional instrument recently developed that extends beyond a unitary score by capturing distinct manifestations, including tonic and phasic irritability, negative emotional reactivity, and frustration intolerance. This study hypothesized a two-factor structure (phasic via TIDES 13; tonic via ARI) and tested their incremental validity in predicting transdiagnostic outcomes.

Methods: For the present study, data were derived from a transdiagnostic, clinical sample of 113 Turkish youth aged 4-17 years (of which 61 (54%) males; mean age = 11.8 ± 3.9 years). For each child, one parent completed the following instruments: the TIDES-13 and ARI to assess irritability; the Atilla Turgay DSM-IV-Based Child and Adolescent Behavioral Disorders Screening and Rating Scale (T-DSMIV-S) to assess attention deficits hyperactivity disorder (ADHD), oppositional, and conduct symptoms, while the Revised Children's Anxiety and Depression Scale (RCADS) to assess anxiety and depressive symptoms. Clinicians rated overall severity using the Clinical Global Impression-Severity (CGI S). Exploratory factor analysis (axis factoring with promax rotation) examined structure; hierarchical regressions tested incremental validity in predicting psychopathological symptoms taking into account age and sex ($\alpha=.05$; power>0.80 for $R^2=.10$)."

Results: A two factor structure ($KMO = .93$; Bartlett's $\chi^2(171) = 1915.80$, $p < .001$), accounting for 69.3% of variance was supported; all TIDES 13 items (57.9%) reflected phasic irritability and all ARI items (11.4%) reflected tonic irritability, with a moderate correlation ($r = .57$). In regression analyses, age and sex accounted for minimal variance. For ADHD symptoms, ARI explained $\Delta R^2 = .130$ and TIDES 13 added $\Delta R^2 = .09$, although TIDES 13 was stronger when entered first ($\Delta R^2 = .20$) and ARI became nonsignificant. Oppositional symptoms showed the largest effects (ARI $\Delta R^2 = .39$; TIDES 13 $\Delta R^2 = .36$), with both measures contributing uniquely regardless of entry order. For conduct symptoms,

each measure predicted when entered first, but only TIDES 13 added unique variance. For anxiety symptoms, effects were modest and overlapping, while for depressive, both measures were strong predictors, but with ARI adding significant more incremental variance.

Discussion: This study supported a coherent yet multidimensional irritability construct, which is a strong correlate of both externalizing and internalizing symptoms, but ARI and TIDES 13 differ in their unique predictive value of specific psychopathological symptoms. TIDES 13 more strongly predicted ADHD and conduct problems, suggesting closer links to behavioral dysregulation. ARI explained slightly more variance in depressive symptoms, indicating stronger alignment with affective irritability. Both measures robustly predicted oppositional symptoms, though ARI contributed more overall. Anxiety showed only modest, overlapping associations with both measures. These findings indicate that ARI and TIDES 13 capture related but distinct facets of irritability in predicting different psychopathological symptoms and may be most informative when used together in clinical assessment. Future studies should validate our findings in larger, diverse cohorts with subscale analyses and associations with more specific psychopathologies.

Adolescent Reactivity-Regulation Temperament profiles and their associations with Psychopathology

Submitter: Xiaoyu Ma, People's Republic of China

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Topic: Transdiagnostic Symptomatology

Objective: Internalizing and externalizing problems are prevalent during early adolescence. According to the p-factor theory, various forms of psychopathological problems are conceptually organized in underlying factors: a bifactor hierarchical structure that includes a general factor (p-factor), as well as specific factors representing internalizing and externalizing problems, respectively. Temperament components, particularly negative emotionality (NE) and effortful control (EC), reflect key dimensions of emotional reactivity and self-regulation and are closely linked to the development of psychopathology. However, the relation between person-centered types of temperament (based on reactivity and self-regulation), and underlying psychopathology factors, remains unclear. To address this gap, the present study used a person-centered approach to identify temperament profiles in adolescents, and test whether these profiles moderate the association between academic performance and psychopathological outcomes.

Methods: A sample of 1,148 adolescents (mean age = 13.37 ± 0.47 years; 49% male) were followed from grade 7 to grade 9. Academic performance, temperament dimensions reflecting emotional reactivity and self-regulation, and internalizing and externalizing problems were assessed using standardized self-report measures. Regarding data analyzing, first, the latent structure of psychopathology was examined by testing the structural validity of a bifactor model. Second, latent profile analysis (LPA) was used to identify distinct temperament profiles. Third, hierarchical regression analyses were conducted to examine whether temperament profiles moderated the associations between academic performance and internalizing and externalizing problems.

Results: The bi-factor model fit the psychopathology data, indicating that underlying psychopathology factors (i.e., the p-factor and externalizing/internalizing factors) represented individual differences in psychopathology. Four temperament profiles were identified: adaptive (high EC, low NE), high-balanced (high EC, high NE), low-balanced (low EC, low NE), and risk (moderate EC, high NE). Compared to the risk profile, Adaptive and Low-balanced profiles were associated with lower general psychopathology and internalizing factors, whereas the High-balanced profile was associated with lower externalizing factor. In longitudinal analyses, no significant main effect of T1 academic achievement on internalizing problems was found. However, temperament type significantly moderated this association. Specifically, higher academic achievement predicted lower internalizing problems among adolescents with adaptive temperament, whereas this relationship was non-significant in other groups. These findings suggest that

the protective role of academic achievement against internalizing problems is specific to individuals with adaptive temperament.

Discussion: The findings provided further evidence supporting the bifactor structure of psychopathology that proposed by the p-factor theory. Moreover, heterogeneous profiles of that represent reactivity-regulation temperamental characters were found among adolescents. The temperament profiles have specific relations with psychopathology that adolescents of the adaptive profile may have the optimal mental health status. The temperament profiles alter the relations between academic achievement and future psychopathology. Specifically, better academic achievement ameliorate internalizing problems in the adaptive group.

P-42-006

Interoceptive abilities in adolescents with non-suicidal self-injury: Differentiation of sensibility, accuracy, and awareness

Submitter: Angelika Ecker, Germany

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Topic: Transdiagnostic Symptomatology

Objective: Non-suicidal self-injury (NSSI) constitutes a significant risk factor in adolescence for the development and maintenance of psychological distress and suicide risk. NSSI serves multiple functions; in particular, emotion regulation plays a crucial role in the maintenance of the behavior. A central problem may not only lie in the regulation of emotions but also in their adequate perception. Interoception - the perception and processing of bodily sensations - is considered highly relevant in this context. Interoceptive abilities can be distinguished along three dimensions: sensibility, accuracy, and awareness. In adults with NSSI, especially reduced interoceptive sensibility has been reported. Therefore, the aim of the present study is to systematically investigate interoceptive abilities (sensibility, awareness, and accuracy) in adolescents with NSSI.

Methods: Adolescents aged 13-17 years with NSSI will be assessed from a clinical sample and contrasted with a healthy control group (target sample N = 60). A particular strength of the study is a well-characterized clinical sample, based on comprehensive clinical and psychometric assessment, with clinical symptomatology assessed both categorically and dimensionally. Interoceptive sensibility is measured via self-report (Body Perception Questionnaire, BPQ), interoceptive accuracy via the Heartbeat Tracking Task (HBT), and interoceptive awareness is additionally operationalized using confidence ratings regarding discrepancies in the HBT.

Results: It is hypothesized that adolescents with NSSI will report reduced interoceptive sensibility compared to controls. Differential findings are expected regarding interoceptive accuracy and awareness, which may provide insights into specific aspects of interoception. Data collection is ongoing until the end of 2025, with 58 participants already enrolled, approaching the target sample size.

Discussion: This study aims to improve understanding of interoceptive processes in adolescents with NSSI. Differences in interoceptive sensibility, accuracy, and awareness between individuals with NSSI may elucidate central mechanisms underlying the maintenance of the behavior and hold relevant implications for prevention and therapeutic interventions.

P-42-008

Data-Driven Trajectories of Internalizing and Externalizing Symptoms from Childhood to early Adulthood: Multimodal Validation With MRI and MINI in the REMIND Cohort

Submitter: Maddalena Mauri, Italy

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Topic: Transdiagnostic Symptomatology

Objective: Psychopathology in developmental age is characterized by heterogeneous longitudinal trajectories, associated with different patterns of brain changes. Despite this, clinical risk stratification is predominantly based on measures collected at a single time point. This study is grounded in the longitudinal REMIND project, composed of three assessments: childhood (T0), adolescence (T1) and adulthood (T2). REMIND investigated the role of environmental and biological risk and resilience factors in emotional-behavioral developmental trajectories. We specifically aim to: (i) derive data-driven subgroups characterized by distinct trajectories of internalizing and externalizing symptoms across three waves, utilizing standardised questionnaires such as Child Behavior Checklist (CBCL) at T0 and T1; Adult Self-Report (ASR) at T2, without using diagnostic labels; (ii) test whether trajectory-defined subgroups are associated with neurobiological and clinical correlates at follow-up. Secondary aims are to quantify how early subgroups can be inferred from earlier waves and to compare longitudinal modeling strategies.

Methods: REMIND project longitudinal data will be analyzed. At T2, participants underwent structural MRI (n = 65) and clinical evaluations including the Mini International Neuropsychiatric Interview (n = 64) and ASR (n = 64). Symptom trajectories will be derived from syndrome T-scores of CBCL (T0 and T1) and ASR (T2) and the time distance between waves. Multiple data-driven approaches (e.g. group-based trajectory modeling, latent class growth analysis, growth mixture models, latent growth curve models and clustering) will be implemented and compared to identify the most efficient approach for delineate subgroups. Model selection will be guided by information criteria and stability metrics. Neuroimaging correlates will be examined using vertex-wise and region of interest (general linear model) analyses and multivariate models of cortical thickness, to determine whether trajectory-defined clusters exhibit distinct patterns of cortical organization. Finally, the clinical relevance will be evaluated by testing the association with MINI diagnostic categories.

Results: We anticipate that analyses will delineate distinct developmental trajectories, stratifying the sample into different profiles (e.g. low-risk, late-onset internalizing, and high-persistent symptom). These data-driven subgroups are expected to show divergent neurobiological signatures at T2, characterized by variations in cortical thickness and organization. Finally, clinical validation analyses are expected to support the validity of the identified trajectories by demonstrating robust associations with diagnostic outcomes at follow-up.

Discussion: Given the wide life span that the ReMIND project covers (20 years), we expect to highlight connections within psychopathological traits at different life points, and by focusing on cerebral correlates, to parse the complexity of etiopathogenesis. To our knowledge, the ReMIND project is the first Italian longitudinal project that studies psychopathological traits, with the ASEBA instruments, from childhood to adulthood, through adolescence.

P-42-009

Psychological, Neuropsychological and Hemodynamic Correlates associated with Maladaptive Cognitions in Internet Gaming

Submitter: Shweta Sunil, India

Co-Authors: S. Sunil, M. Kumar Sharma, K. Kumar

Topic: Transdiagnostic Symptomatology

Objective: Recent advances in research have established the diagnosis of Internet Gaming Disorder (IGD) in the ICD-11. Furthermore, studies are also indicating that maladaptive cognitions (MCs) play an important role in the development and maintenance of IGD. While theoretical models suggest that MCs may be rooted in neuropsychological deficits, the same is under-researched in IGD. This study aims to employ the pilot data of ongoing research to explore the neuropsychological basis of MCs in IGD, to subsequently differentiate the same from healthy and recreational gaming patterns.

Methods: The pilot study will employ a cross-sectional three-group design (Participants with IGD, Problem Gamers, and Healthy Controls), with a sample of six adolescents aged 16-18 years. Neuropsychological functioning will be assessed using tasks of attention, working memory and response inhibition, alongside fNIRS-based measurement of hemodynamic responses during computerised decision making and attention bias tasks. Psychological assessments will examine gaming patterns, psychiatric comorbidities, gaming motivation, psychological distress, impulsivity, and gaming-related MCs. This data will be used to explore the neuropsychological basis of MCs across all groups, to understand how the same differentiates healthy gaming from disordered gaming. Analysis will be conducted using relevant statistics based on the assumptions of the data. fNIRS data will be pre-processed to remove noisy channels. Data will be converted using Modified Beer-Lambert Law, and will be analyzed through General Linear Model Analysis through Statistical Parametric Mapping Package in nirsLAB.

Results: The results of the study are likely to indicate significant differences (and deficits) in neuropsychological functioning across all three groups. Furthermore, these deficits in functioning are likely facilitate the development and maintenance of maladaptive cognitions, which may play a key role in differentiating Internet Gaming Disorder from Recreational and Problem Gaming.

Discussion: The results of this study will help explore the core neuropsychological deficits associated with Maladaptive Cognitions in internet gaming, further leading to Internet Gaming Disorder. This can help differentiate healthy gaming from disordered gaming, further implying a more objective diagnosis of IGD among adolescents. Considering that previous studies have indicated a significant lack of consensus over objective assessment tools for Internet Gaming Disorder, the neuropsychological, hemodynamic and psychological correlates of maladaptive cognitions could provide a more objective basis to

assess for Internet Gaming Disorder. Furthermore, it can also encourage more holistic intervention for IGD by addressing the core neuropsychological deficits rooted in maladaptive cognitions, that lead to disordered gaming patterns.

P-42-010

Transgenerational Effects of Maternal Interpersonal Trauma on Offspring Hair Cortisol: The Role of PTSD Symptoms During Pregnancy

Submitter: Richard G. Künzel, USA

Co-Authors: S. Sanchez, C. Kirschbaum, B. Gelaye

Topic: Transdiagnostic Symptomatology

Background: Interpersonal trauma, especially during childhood, is one of the most pressing global health concerns due to its lasting negative impact on physical and mental health. Trauma often recurs, for example through intimate partner violence (IPV), particularly among women in low- and middle-income countries (LMICs). These life-course trauma exposures can have transgenerational impacts, passed down through epigenetic, behavioral, and molecular mechanisms, including dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis. Many studies have reported HPA axis alterations in individuals exposed to trauma. However, it remains unclear whether maternal trauma over the life-course affects HPA axis regulation in their children and whether acute psychopathology during pregnancy affects this relationship. To address this gap, we investigated whether maternal exposure to interpersonal trauma across the life-course is associated with offspring hair cortisol and cortisone concentrations (HCC, HCNC), which are established biomarkers of chronic HPA axis activity, and examined the influence of acute posttraumatic stress symptoms (PTSS) on this association.

Methods: We utilized a longitudinal cohort of mother-child dyads from Lima, Perú, Expectant mothers were enrolled before the 16th week of gestation and followed longitudinally; children participated at follow-up 5-10 years post-birth. Maternal interpersonal trauma included physical and sexual abuse during childhood, pre-pregnancy, and pregnancy and was assessed via structured interviews using validated tools. Maternal PTSS symptoms during pregnancy were measured with the PTSD-Checklist. Offspring HCC and HCNC were quantified from hair samples using LC-MS/MS. Statistical analyses included the Structured Life Course Modeling Approach to identify critical exposure periods and causal mediation analysis to examine the mediating role of maternal PTSD symptoms during pregnancy.

Results: Pending. Data analyses ongoing.

Potential Conclusions: Findings will clarify the timing linking maternal life-course trauma and offspring biological stress regulation in a Latin American context. Results may inform prevention and intervention strategies for trauma-affected mothers and children in LMICs.

P-43

Eating, Psychosomatic, and Complex
Presentations in Childhood and Adolescence

P-43-001

Trauma in the development of anorexia nervosa in adolescents

Submitter: Katarzyna Jowik-Krzeminska, Poland

Co-Authors: K. Jowik-Krzemińska, A. Slopian, M. Tyszkiewicz-Nwafor

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Anorexia nervosa (AN) in children and adolescents is a severe disorder with high mortality risk, where traumatic childhood experiences may influence its development and course. This study examined the relationship between childhood maltreatment (CM) and the severity of psychopathology in adolescent patients with AN, as well as the trauma's impact on hospital treatment outcomes.

Methods: The study included 39 girls with first-time hospitalization for AN and 43 healthy controls. Trauma exposure, depressive symptoms, anxiety, eating disorder pathology, impulsivity, self-harm, and suicidal behaviour were assessed using standardized instruments.

Results: Although the prevalence of childhood trauma was not significantly different between patients and controls, those with AN exhibited markedly increased symptoms of depression, anxiety, and body image disturbances. Emotional abuse was related to higher rates of self-aggressive behaviour and increased trait anxiety, while emotional neglect correlated with the severity of state anxiety. Other forms of trauma showed less pronounced associations with psychopathology. Importantly, trauma exposure did not significantly predict treatment prognosis or the rate of symptom improvement during hospitalization.

Discussion: These findings emphasize the complex and nuanced relationship between specific forms of emotional trauma and psychopathology in adolescent AN. They highlight the importance of multidimensional diagnostic approaches that integrate trauma history with current psychological assessment. Incorporating trauma-focused considerations into therapeutic strategies may improve the tailoring of interventions and ultimately enhance clinical outcomes in this vulnerable group.

P-43-002

Skills training for parents of youths with anorexia nervosa: Videoconference versus face to face (F2F) and self-help format

Submitter: Gudrun Wagner, Austria

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: To compare a videoconference format of a skills training for parents of youths with anorexia nervosa to a F2F format and an online guided self-help program

Methods: Parents received a skills training (SUCCEAT) in 3 different formats: n=180 via videoconference, n=95 F2F, and n=90 as on online guided self-help intervention. Caregiver skills, parental eating disorder-related burden, psychopathology and high-expressed emotion were assessed using self-rating questionnaires in a pre-post design.

Results: Significant reductions in parental burden, general distress, anxiety, depression and emotional overinvolvement and criticism as well as an increase in caregiver skills were achieved independently from the intervention format. Adherence was best in the videoconference format. Satisfaction with SUCCEAT was similar between videoconference and F2F; Active participation and interpersonal communication were highest in F2F workshops.

Discussion: Providing a parental skills training for anorexia nervosa via a videoconference format is feasible and as effective as F2F workshops leading to enhanced adherence rates and higher accessibility.

P-43-003

Medium- to long-term impact of coercive care measures in eating disorders: a qualitative study

Submitter: Bibi Muusz, Netherlands

Co-Authors: B. Muusz, J. van Gurp, P. Deschamps, F. Velders

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Eating disorders place a heavy mental and physical burden on young people, often resulting in severe consequences, including death (a mortality rate of 5-10% in the Netherlands). In extreme cases, the risk to physical health becomes so critical that coercive care interventions, like forced tube feeding, are deemed necessary. These measures are regularly supported by psychiatrists, healthcare professionals, family members, and society at large. However, these measures are invasive and demanding, and the impact on patients' well-being, autonomy and motivation to recover are not fully understood. Similarly, the experiences with and attitudes of health care staff regarding coercive care measures have been insufficiently studied. This study aims to retrospectively examine the medium-term impact of coercive care measures on young patients, while also comparing these experiences with those of the healthcare professionals involved. This serves as an initial, descriptive step in critically assessing the practice of coercive care.

Methods: In this qualitative study, semi-structured interviews were conducted with 13 (ex-) patients, between 12 and 25 years of age, who all had received some kind of coercive care during their treatment in recent years (a Radboudumc and UMC Utrecht data set). Furthermore, 6 members of nursing staff and 6 medical specialists, all closely involved in the decision-making and treatment surrounding eating disorder patients, were interviewed. The interviews, lasting between 20 and 72 minutes, were transcribed and subjected to an inductive thematic analysis. Initially, open coding was performed by the first author and a second coder to ensure intersubjective validity. This was followed by axial coding, where the first author identified themes and subthemes, and explored the relationships between them. The resulting coding scheme was then peer-reviewed and re-tested on a subset of the data to further validate its robustness.

Results: Three main themes concerning impact of coercive care measures could be reconstructed: autonomy, relational context, and a narrow way out. In autonomy issues arose from patients' narratives of unequal power dynamics, as well as the obstacles to being authentic and developing a stable identity. In relational context patients' ambivalent perspectives towards collaborating parents are explained, along with the role of interactions with fellow patients. A narrow way out describes patients feeling trapped in vicious cycle of an eating disorder: they desire recovery, even if it means enduring coercive measures, but simultaneously fear losing the comfort they find in their disorder and the dread associated with these interventions. Healthcare professionals also face ethical

dilemmas: they must weigh the necessity of coercive measures to protect the patient (of death; of cognitive impairment) against the risks of compromising patient autonomy and damaging the therapeutic relationship through the use of violent force.

Discussion: We would like to discuss the medium- to long-term effects of coercive measures on young people. Therapists often operate with the immediate values of safety and survival in mind, but these measures may have severe long-term consequences for patients, including an underdeveloped sense of identity, trauma from power imbalances and/or physical violence. Additionally, there are no reliable indicators that can predict outcomes for individual patients. When coercive measures are applied, professionals face the added challenge of maintaining a culture of emotional security while respecting personal integrity. This culture is crucial for mitigating the negative effects of these measures and for fostering a collaborative relationship with the young patient centered on a constructive vision of the future. Self-determination theory may offer valuable insights into the elements that should be nurtured within this caring environment to maintain patient motivation, even when the treatment involves violating their personal boundaries.

P-43-004

The Interplay of Social Communication, Anxiety, and ARFID Dimensions: A Dimensional Approach in a Non-Clinical Pediatric Sample

Submitter: Nagihan Özer, Türkiye

Co-Authors: N. Özer, M. Esen Öksüzoglu, E. Anaç, H. Günel Okumus

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Avoidant/Restrictive Food Intake Disorder (ARFID) is a significant public health concern, with prevalence rates between 4.5% and 11.1% in the general population. ARFID is characterized by heterogeneous mechanisms, including sensory sensitivities, low appetite, and fear of aversive consequences (1). Literature suggests a substantial phenotypic overlap between ARFID and neurodevelopmental traits, where anxiety often exacerbates restrictive eating severity (2). Given the limitations of categorical diagnostics, the Research Domain Criteria (RDoC) framework provides a dimensional perspective. From an RDoC standpoint, ARFID arises from interactions across Negative Valence (fear/avoidance), Arousal/Regulatory (appetite), and Sensorimotor/Perceptual (sensory processing) systems (3). This study utilizes a dimensional approach to examine these transdiagnostic mechanisms in a large non-clinical sample (N=442). By shifting focus from diagnostic thresholds to underlying biopsychological constructs, this research aims to clarify how internalizing distress and neurodevelopmental rigidity maintain restrictive eating patterns across the community spectrum.

Methods: This multi-center study included 442 children and adolescents (aged 3-18) from three regions in Türkiye (Sirnak, Usak, and Kastamonu). To capture the non-clinical spectrum of ARFID-related symptoms, the sample consisted of typically developing participants or those with subthreshold psychiatric symptoms without functional impairment. Individuals with existing psychiatric diagnoses or ongoing treatments were excluded.

In accordance with RDoC-informed dimensional continuity, data were collected via parent-reported online questionnaires (SurveyMonkey) to enhance ecological validity. Key measures included the NIAS-PR for restrictive eating, SRS for neurodevelopmental traits, RCADS-P for anxiety, and PSC-17 for psychosocial functioning.

Group differences (NIAS-positive vs. NIAS-negative) were analyzed using independent-samples t-tests and chi-square analyses. Dimensional associations among variables were explored via Pearson correlations, shifting the focus from categorical thresholds to the transdiagnostic interplay of symptoms across the community spectrum.

Results: Participants were categorized into NIAS-positive (n=114) and NIAS-negative (n=328) groups. While groups were sociodemographically comparable ($p>.05$), clinical comparisons revealed significant psychological disparities. Independent-samples t-tests showed that the NIAS-positive group exhibited significantly higher scores across all

RCADS-P subscales, reflecting an elevated total anxiety burden ($p < .01$).

Neurodevelopmental assessment via SRS indicated that NIAS-positive individuals faced significantly greater difficulties in social communication, social motivation and restricted/repetitive behaviors ($p < .05$), though social awareness remained unaffected. PSC-17 indices showed significantly elevated internalizing symptoms ($p = .002$) in the NIAS-positive group, while externalizing behaviors were comparable. Pearson correlations confirmed consistent positive associations between NIAS dimensions, anxiety levels, and social responsiveness difficulties. These findings support a dimensional relationship between restrictive eating and transdiagnostic psychopathology, suggesting that ARFID symptoms in community samples are intrinsically linked to internalizing distress and neurodevelopmental rigidity rather than behavioral dysregulation.

Discussion: This study demonstrates that ARFID-related symptoms in a non-clinical sample are linked to heightened anxiety and specific neurodevelopmental traits, supporting an RDoC-informed dimensional conceptualization. Consistent with Negative Valence System dysfunction, the NIAS-positive group exhibited significantly elevated anxiety (RCADS-P) and internalizing symptoms (PSC-17). The absence of externalizing differences suggests that restrictive eating reflects emotional distress rather than behavioral dysregulation.

Neurodevelopmental findings revealed significant impairments in social motivation and rigidity, while social awareness remained preserved. This suggests that restrictive eating is maintained by cognitive rigidity and sensory-driven avoidance within the Sensorimotor and Social Processes domains, rather than social perception deficits.

Overall, positive correlations between NIAS, anxiety, and social difficulties reinforce a dimensional continuum. These transdiagnostic mechanisms extend beyond clinical thresholds, suggesting that ARFID symptoms are driven by shared neurobiological vulnerabilities rather than sociodemographic factors.

P-43-005

Selective mutism, diverse etiology

Submitter: Olivera Aleksic Hil, Serbia

Co-Authors: O. Aleksic Hil, N. Marjanovic, J. Loncar

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Selective mutism is an anxiety disorder of childhood characterized by a consistent inability to speak in specific social situations despite preserved speech ability in familiar and safe environments. This condition can significantly affect a child's emotional development, social functioning, and scholar performance, wich made timely identification of this disorder essential.

Methods: The aim of this study is to illustrate the heterogeneity of selective mutism manifestations and identify common factors influencing diagnosis and treatment response through the presentation of several clinical cases. In this case study, a qualitative approach, based on the analysis of data collected through clinical interviews with parents, behavioral observations across different settings, and school documentation was applied.

Results: The results show that the children included in the case series exhibit elevated levels of social anxiety, limited verbalization in educational environments, and variable familial and developmental factors that shape the course of the disorder. Implemented interventions including gradual exposure, behavioral techniques, and collaboration with school staff led to gradual increases in verbal communication and improvements in social functioning.

Discussion: The findings highlight the importance of individualized treatment and interdisciplinary collaboration among professionals.

P-43-007

Clinico-Demographic Profile of Children with Enuresis from a Tertiary Child Psychiatry Centre in Nepal

Submitter: Dipesh Bhattarai, Nepal

Co-Authors: D. Bhattarai

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Enuresis is a common presentation and is associated with significant distress to both child and parents. To date, there are no hospital-based studies evaluating enuresis in Nepal. The main objective of the study was to determine the socio-demographic and clinical profile of children with enuresis.

Methods: It was a cross-sectional observational study conducted among out patients visiting the Child and Adolescent Psychiatry Unit at Kanti Children's Hospital, Kathmandu, Nepal, from February 2024 to July 2024. A total of 2219 cases were screened using the Child and Adolescent Symptom Inventory parent version and diagnosis was based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Results: Out of 2219 cases screened, 35 cases met the diagnostic criteria of enuresis. The clinic-based prevalence of enuresis was 1.5%. The mean age of diagnosis was 9.63 ± 2.69 years with male to female ratio of 2.1:1. Most of the cases were referred by doctors (N=24, 68.5%), visited for reasons other than for enuresis (N=20, 57.1%) and more than half of the cases (N=19, 54.3%,) had a positive family history of enuresis. The majority of the participants had primary enuresis (N=34, 97.1%,) and were monosymptomatic type (N=30, 85.7%,). Psychiatry co-morbidity was found in almost half of the cases (N=15, 42.9%).

Discussion: Enuresis was twice more common in boys compared to girls. Psychiatric co-morbidities are very common in children with enuresis.

P-43-008

Shake-Shake: A new neurological syndrome or a functional neurological disorder?

Submitter: Emmanuel Mpamizo, Uganda

Co-Authors: E. Mpamizo, E. Musana, C. Abbo, N. Scolding

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: We aim to describe and document a recent syndrome named "shake shake" that is affecting previously well adolescent girls attending secondary schools in the districts of Kampala, Wakiso and Mukono in Uganda, East Africa.

Methods: We describe a series of cases encountered by the authors between January 2022 and December 2024. Recently, we have observed increasing numbers of people seeking treatment for a group of symptoms that has posed a diagnostic challenge. These patients commonly present with walking difficulties caused by shaking of the legs. Additionally, there are several periodic news reports describing outbreaks of strange diseases affecting students in various parts of Uganda and other East African countries whose description bears a striking resemblance to what is detailed in this paper with names such as "Dinga Dinga", "Nogoosa", "Dancing Disease" and "Balola Syndrome" among others. As far as the authors could determine, this pattern of neurological presentation has not been reported previously in scientific literature.

Results: The patients are schoolgirls, aged 14 - 19 years, mostly from boarding schools. The authors recall interfacing with a combined total of more than 30 cases over the last three years. Among these, none of the sufferers have been male. Those affected present with shaking of the lower limbs resulting in walking difficulties. Other than malaise, they usually have no other symptoms or antecedent illness but are distressed and appear to be unwell. Shaking of the lower limbs is always of abrupt onset and is made worse on walking giving a particular dancing gait pattern. Some report weakness of the lower limbs and a burning sensation although pain is not a common complaint. The individual is still able to walk independently although some require support. There is no headache, seizures, history of fever or loss of consciousness. No incontinence, trauma, upper limbs not affected.

Discussion: It is possible that "shake-shake" could be a manifestation of a previously undescribed syndrome but from a review of the literature and analysis of the cases the authors observed, it is more feasible that the diagnosis is functional neurological disorder, previously referred to as a diagnosis of exclusion that is notorious for the diagnostic challenges it presents. This can particularly be troublesome in a busy resource limited clinical setting that is not well-staffed and is better experienced in the diagnosis of infectious diseases like malaria, HIV and TB which are more frequently encountered. The authors were not able to determine the origins of the term "shake-shake" or when it was first used but suspect that it has roots in Ugandan-English where a word maybe repeated to

emphasize severity.

Bloody tears: A rare presentation of Munchausen Syndrome

Submitter: Pallavi Abhilasha, India

Co-Authors: P. Abhilasha

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Haemolacria, or bloody tears, is a rare phenomenon with diverse etiologies ranging from ocular trauma to systemic disorders. Munchausen Syndrome, a type of factitious disorder, is characterized by deliberate fabrication of symptoms to assume the sick role. This case report aims to describe the unusual presentation of haemolacria in a 16-year-old adolescent female as a manifestation of Munchausen Syndrome, highlighting the diagnostic challenges, psychological underpinnings, and therapeutic approaches in pediatric populations, where factitious disorders remain under-recognized.

Methods: A 16-year-old female presented with intermittent bilateral ocular bleeding. Comprehensive medical and ophthalmologic evaluations, including hematological tests, imaging studies (CT and MR angiography), and ophthalmic examination, were conducted, all of which were unremarkable. A detailed psychiatric assessment and mental state examination were performed. Psychotherapeutic interventions, including cognitive-behavioral techniques, activity scheduling, and coping strategies, were implemented. Collateral information from family members and pictorial evidence of episodes were used to corroborate findings.

Results: Physical and laboratory investigations were normal, with no identifiable ophthalmologic or systemic cause for bleeding. Psychiatric evaluation revealed stress-related behaviors, attachment issues, and attention-seeking tendencies. During therapy, the patient disclosed self-induced application of red dye to mimic bleeding as a means to gain attention from caregivers. Regular follow-up and psychotherapeutic interventions resulted in a significant reduction in symptom frequency and improvement in coping mechanisms and psychological well-being.

Discussion: This case illustrates haemolacria as a rare manifestation of Munchausen Syndrome in adolescents. Pediatric factitious disorders pose diagnostic challenges due to overlapping physical and psychological presentations. Recognition of underlying psychological stressors, attachment concerns, and maladaptive coping strategies is essential. Multidisciplinary management, including psychiatric evaluation and psychotherapy, is crucial to prevent unnecessary investigations and interventions. Awareness of factitious disorders in children and adolescents can facilitate early diagnosis, minimize iatrogenic harm, and promote effective, tailored therapeutic strategies.

P-44

Public Mental Health, Prevention & Early
Intervention V: Vulnerability, Caregiving and
Community Capacity

P-44-001

Cumulative Adversity & Vulnerability among Children in Conflict with Law- A Socio-Ecological Perspective

Submitter: Nifi Krishna T, India

Co-Authors: T. Nifi Krishna, V. Kavita Jangam

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Children involved with the juvenile justice system often experience multiple adversities that influence their developmental trajectories and increase vulnerability to delinquent behavior. The current study examines the socio-demographic details, psychosocial factors, and adverse childhood experiences of children in conflict with the law awaiting trial in a Government Boys Observation Home.

Methods: Data were collected during the period of September 2024- August 2025 using a psychosocial assessment proforma and the WHO Adverse Childhood Experiences International Questionnaire and interpreted using Bronfenbrenner's ecological system theory to understand the complex pathways of delinquency.

Results: The mean age of children (n=39) was 15.79, with 20% being reoffenders. Around 71.79% of children have experienced three or more adversities. The most common ACEs were physical neglect (69.2%), emotional neglect (51.2%), emotional abuse (48.7%), substance use among family members (43.55%), parental separation(35.89%), and witnessing domestic violence (30.7%). Nearly half (46.15%) reported substance use, and 7% had a self-harm history. The majority (87.17%) belonged to lower socioeconomic backgrounds, with a school dropout rate of 79%, and only 9 children were going to school. Half of them (51.28%) were involved in doing unskilled labour.

Discussion: These findings highlight transactional risks across the systems, at the microsystem level, neglect, abuse, and family dysfunctions were prominent, and at the mesosystem, poor interaction with family and school contributed to discontinuation of education. The exosystem reflected socioeconomic deprivation. At the macro system level, structural inequities, gaps in institutional rehabilitation, and the juvenile justice system contribute to repeated institutionalisation.

The study indicates that juvenile delinquency is not merely an individual behavioural problem, but a cumulative effect of intersecting adversities across the ecological systems. Integrated individual, family, and community-centered interventions are required to strengthen the protective system, promote school reintegration, and provide rights-based rehabilitation.

P-44-002

The "Fostering Changes" Parent Training Programme for Foster Carers: A Feasibility Study of the German Version

Submitter: Judith Bürzle, Germany

Co-Authors: J. Bürzle, S. Degen, C. Bachmann

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Foster children exhibit elevated rates of mental health problems, which can be challenging for foster parents and might increase the risk of placement instability. Therefore, interventions that support foster parents' parenting skills, are essential. Nevertheless, evidence for parenting programmes for foster parents in Germany remains scarce. This study aimed to evaluate the feasibility of the German-translated *Fostering Changes* (FC) programme, a UK-developed 12-session parent training for foster parents of children aged 2 - 11 years.

Methods: An uncontrolled feasibility study was conducted across six FC-courses in Eastern Baden-Württemberg between 2022 and 2023 with quantitative assessments at the beginning (t0) and the end of the training (t1), as well as three months after course participation (t2). Primary outcome was child problem behaviour (*Carer-Defined Problems Scale*). Secondary outcomes included child psychopathology (*Strengths and Difficulties Questionnaire*), parenting style (*Parenting Scale*), parental stress (*Parental Stress Scale*), and foster parent-child relationship quality (*Quality of Attachment Relationship Questionnaire* = QUARQ; *Child Relationship Behavior Inventory* = CRBI). Mixed linear models and generalized estimating equations accounted for clustered, repeated data, and effect sizes (Cohen's *d*) were calculated. The FC-manual and all course materials were translated in German. Treatment fidelity was ensured through post-session checklists and regular supervision by certified FC-trainers from UK. Acceptability was measured via attendance and dropout rates.

Results: Thirty-three foster parents of foster children aged 2 - 11 years participated in this study with a wide range of experience as foster carers (duration of time as foster carer: 4 - 270 months; number of children in care to date: 1 - 27). Thereof, six foster fathers participated. Participation was significantly associated with large to moderate improvements across most domains. From t0 to t1, child problem behaviour showed a large reduction ($d = 1.87$), child psychopathology improved moderately ($d = 0.70$), parenting strategies improved ($d = 0.76$), and relationship quality increased (CRBI ratio: $d = 0.77$; QUARQ: $d = 0.72$). At three-month follow-up, effects were largely maintained (t0 - t2), with moderate-to-large effect sizes for all outcomes except child psychopathology ($d = 0.44$). No significant changes in parental stress level were observed. Mean attendance rate was 85.4 % of all sessions, with a dropout rate of 6.1 %.

Discussion: The results of this study indicate that the current German version of FC can be used in Germany without further adaptation. The largely comparable results for the periods t0-t1 and t0-t2 suggest constancy of the observed changes three months after course completion. Effect sizes were similar or higher than those reported in prior UK studies, an uncommon finding given the typical decline in effectiveness, when interventions are not delivered by programme developers themselves. High manual fidelity, supported by structured supervision and session checklists, may explain this pattern, consistent with evidence linking fidelity to stronger parent and child outcomes. However, cross-study comparability remains limited due to differing designs (RCTs versus uncontrolled trials). Future research in Germany should include a larger, controlled trial and a more diverse sample, particularly including kinship care and different regions in Germany as well as taking migration and socioeconomic variables into account.

P-44-003

The Impact of Emotional Intelligence on Burden of care and Cognitive Decline among Informal Caregivers of Children with Developmental Disabilities In Sub-Saharan Africa: Moderating role of Post-traumatic Growth

Submitter: Nkechi Chukwuemeka, Nigeria

Co-Authors: N. Chukwuemeka, M. Onyedibe, C. Anah

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: This study examined the effect of emotional intelligence on burden of care and cognitive decline among informal caregivers of children with developmental disabilities in Sub-Saharan Africa, and tested whether post-traumatic growth moderates these relationships.

Methods: A cross-sectional survey design and Hayes PROCESS Macro was adopted. Participants were 312 informal caregivers (64 males, 248 females; age range = 25-58 years, Mean = 42.10, SD = 9.63) recruited from two therapeutic centers in Africa (Nigeria), the Therapeutic Day Care and Nurturing Talent Child Care Foundation. Participants responded to brief emotional intelligence scale; Post traumatic growth inventory; Zarit burden interview; and Cognitive failure questionnaire.

Results: Emotional intelligence significantly and negatively predicted burden of care indicating that caregivers with higher emotional intelligence experienced lower caregiver burden. Emotional intelligence did not significantly predict cognitive decline. Post-traumatic growth neither independently predicted burden of care or cognitive decline nor significantly moderated the relationship between emotional intelligence and these outcomes.

Discussion: Findings underscore emotional intelligence as an important psychological resource that alleviates caregiver burden among informal caregivers of children with developmental disabilities in Sub-Saharan Africa. Although post-traumatic growth did not exert a predictive or moderating influence, the protective role of emotional intelligence suggests that emotion-focused skills may be more critical than growth-related cognitive reappraisals in buffering caregiver stress and strain. The absence of a significant relationship with cognitive decline may reflect the influence of other unmeasured biological or contextual factors. Interventions by healthcare institutions and social service agencies should therefore prioritize emotional intelligence training as part of comprehensive caregiver support programs.

P-44-005

Re: Mind: A Community-Based Mental Health Advocacy Initiative in Northern Mindanao

Submitter: Christi Annah Hipona, Philippines

Co-Authors: C. Hipona

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: October 10 is often synonymous with a mental health celebration in various forms of advocacy, awareness and education. The abstract aims to present the inaugural Re: Mind; a psychiatrist-led mental health activity in Northern Mindanao. Mindanao is the second largest island in the Philippines, where only 41 psychiatrists serve from the nation's 673 psychiatrists. The pediatric society joined the initiative, introducing a Bullying Prevention Awareness activities. Re: Mind was held on October 7-9 at the Activity Center of the Ayala Malls Centrio; a shopping mall complex with a hotel, office and a condominium tower. The objective of the activity is five-fold: (1) To promote mental health awareness across the lifespan; (2) Create a community for mental health conversations; (3) Foster collaboration among mental health advocates; (4) Bridge access to mental health support and services; and (5) Build a sustainable annual movement by inviting businesses and artists.

Methods: The event featured a multidisciplinary lineup of speakers, including pediatricians, psychologists, occupational/play therapists, and psychiatrists; who discussed various talks on the red flags in childhood development, teenage brain, bullying, online gambling addiction, work burnout for adults, and mental well-being for the elderly. A rehabilitation center, psychology units, inclusive schools and occupational/speech therapy centers, showcased interactive displays to highlight their services. The event also included a Jiu-jitsu demonstration, a positive self-regulation activity for kids and parents as well as mindfulness activities for senior citizens were part of the floor activities. Finally, limited pre-registered individuals were given free mental health consultations by the local psychiatrists.

Results: Engagement was evident across all three days of the event, with active participation from over 390 registered participants and other mallgoers who attended lectures, joined interactive booths, and engaged in mental health discussions. Attendees interacted with local therapy centers, mental health advocates and creative merchants, fostering meaningful conversations around mental health. The inclusion of experiential activities such as an art contest for adolescents and mindfulness chair exercises for senior citizens helped deepen participant connection. Moreover, spontaneous feedback, social media shares, and returning participants across the three days signified high community interest and investment in the activity. Despite being held on a weekday, seats were filled and forums held bringing the discussion on mental health to the forefront. 45 pre-

registered individuals received complimentary mental health consultations from psychiatrists on-site.

Discussion: The successful implementation of Re: Mind highlights the value of community-based mental health promotion in populations like Cagayan de Oro City, Northern Mindanao where only 7 adult psychiatrists and 2 child psychiatrists serve. The collaboration among pediatricians, psychiatrists, therapy centers and local creatives underscored the holistic nature of mental health advocacy. Furthermore, Re: Mind succeeded in integrating mental health into everyday community spaces. and proved that engagement can be fostered even in non-clinical settings. Re: Mind has set the foundation for a yearly celebration that blends science, creativity, and community, aspiring to be a replicable model of advocacy for other regions in the Philippines. The theme of Re: Mind 2025 was "It takes a village. Let's build one" and true enough, the activity center was transformed into a village of care, celebrating community and creativity.

P-44-006

Engagement in WhatsApp Peer Support: A Mixed Methods Study on Individual Factors, Group Dynamics, and Mental Health Impact on Vulnerable Brazilian Youth

Submitter: Bianca Kann, Brazil

Co-Authors: B. Kann, C. Silvestre de Paula, C. Ziebold, M. Stevens, S. Evans

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Low engagement compromises the effectiveness of digital mental health interventions for vulnerable Brazilian youth. This mixed methods study investigates the factors influencing, and the impact of, engagement in WhatsApp peer support groups. We aim to determine how individual characteristics and group-level dynamics influence participants' multi-dimensional engagement (behavioral, emotional, cognitive). Furthermore, we will assess the association between higher engagement levels and improved mental health outcomes (reductions in depression/anxiety, increased subjective well-being).

Methods: This study is nested within a larger hybrid type 3, cluster-randomized clinical trial targeting 1,958 low-income university students in Brazil. This mixed-methods analysis focuses on the two intervention arms involving WhatsApp peer support groups (n = 980). Quantitative data include baseline socio-demographics, mental health outcomes (PHQ-9, GAD-7, WEMWBS) at 0, 3, and 9 months, and behavioral metrics (e.g., message frequency) and sentiment analysis from WhatsApp transcripts. Qualitative data involves thematic analysis of transcripts and semi-structured interviews with a subset of participants, exploring conversational dynamics and facilitation practices.

Results: The clinical trial initiated in August 2025 is ongoing, and results are not yet available. Hypotheses: We anticipate that higher multi-dimensional engagement will be significantly associated with greater reductions in depression/anxiety symptoms and increased subjective well-being. We also hypothesize that individual factors (socioeconomic vulnerability markers) and group factors (e.g., facilitator-participant socio-demographic concordance) will be key predictors of engagement metrics.

Discussion: This study addresses a critical gap in implementation science, focusing on the multi-faceted nature of engagement in scalable digital peer support. By identifying individual and group predictors, our findings will generate evidence crucial for optimizing the design and delivery of future digital mental health programs in Brazil and other low- and middle-income countries, directly informing public health strategies.

P-44-007

Mindful Lawfulness: A Transformative Educational Framework for Nation Building

Submitter: Mohita Anant Junnarkar, India

Co-Authors: M. Anant Junnarkar, V. Nair, M. Rohini

Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: There is an increasing rate of juvenile crimes in India, highlighting the urgent need to instil transformative principles in the educational system. 31,365 juvenile cases were reported in the NCRB 2023 report, showing a rise of 2.7% from 2022. Lawfulness is the internalised adherence and conformity to the law. Mindfulness is defined as non-judgmental and nonreactive awareness of the present moment, including experiences such as emotions, thoughts, and bodily sensations. Research indicates that mindfulness enhances cognitive performance, emotional regulation, and prosocial behaviour, while lawfulness education boosts civic consciousness. The study aims to enhance ethical and moral reasoning, reduce impulsive and antisocial tendencies and promote law-abiding and compassionate citizenship in adolescents and youth.

Methods: The study explores how the theoretical integration of lawfulness education and mindfulness education into the school curriculum can enhance ethical reasoning, decrease impulsive behaviour, and motivate young people to become law-abiding and compassionate citizens. Lawfulness and mindfulness are essential for self-improvement and empowering citizens. Both contribute to fostering self-awareness, morals, professional values, and ethics in those who practice them. Additionally integrative review of psychological theories of mindfulness and self-regulation, legal and educational literature on lawfulness and rule of law. finally synthesising the theories to propose a conceptual framework interlinking the mechanisms to outcomes.

Results: The results indicated that Mindfulness training in educators has been shown to improve self-compassion, emotional regulation, and reduce burnout, strengthening ethical presence in classrooms (Zakrzewski, 2013). Legal and professional education literature emphasizes the need for integrated ethical and moral development, beyond technical knowledge alone (Sullivan et al., 2007; Allen, 2009; Schwartz, 2014). Mindfulness-based education supports the development of reflective judgment, empathy, and responsible decision-making. Such capacities are essential for nurturing law-abiding behaviour rooted in values, not mere compliance. Education emerges as the key site where mindfulness can translate into lawfulness.

Discussion: Creating an educational system that combines mindfulness and lawfulness, mandatory for all levels from primary to graduation, can act as a catalyst for community development and nation-building by contributing to achieving SDG 3 (good health and well-being), 4 (Quality Education) and 16 (Peace, Justice & Institutions). By tackling the problem

of multitasking and teaching students professionalism, ethics, empathy, love, self-acceptance, and self-control, it can help them make logical decisions and reduce crime rates within the educational framework.

P-45

Family, Community- and School-Based
Interventions IV: Parenting Support and
Parent-Mediated Interventions

P-45-001

Therapeutic alliance with parents in child and adolescent psychiatry: insights from the international literature

Submitter: Sarra Bouslah , France

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: In child and adolescent psychiatry, therapeutic alliance is particularly complex, as it involves parents alongside the child or adolescent, making parental alliance a key component of treatment engagement and outcomes.

Objective: To examine how parental therapeutic alliance and its associated factors are addressed in international child and adolescent mental health research.

Methods: A narrative review of international studies examining parental therapeutic alliance across outpatient, intensive, and inpatient care settings.

Results: Research mainly focuses on outpatient and family-based interventions. Stronger parental alliance is associated with clinicians' relational skills, clear communication, collaborative goal setting, and parental feeling of validation. Parental stress, psychopathology, and prior care experiences also influence alliance. Intensive and day hospital settings remain sparsely studied.

Discussion: Further research is needed to examine parental therapeutic alliance within intensive, multidisciplinary day hospital models in child and adolescent psychiatry.

P-45-002

From Science to Community: A Participatory Approach to Creating Low-Barrier Pathways to Evidence-Based Parenting Support

Submitter: Mana Oguchi, Japan

Co-Authors: M. Oguchi, Y. Takabe, G. Tripp, E. Furukawa

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Despite national policy support for the dissemination of behavioral parent training (BPT) in Japan, uptake remains low. Barriers include service infrastructure (e.g., weekday scheduling, multi-session formats, and a shortage of trained providers) and caregiver ambivalence resulting from mental health stigma, uncertainty about program relevance, and the association of BPT with medical or disability services. Online parenting programs offer solutions to many of these barriers. However, access alone does not ensure engagement or quality services. Parents must navigate a vast array of information of uncertain value. The development of effective (engaging evidence-based) online services requires input from relevant stakeholders, including those with lived experience. Service uptake depends on parent and community readiness to engage. Toward these dual goals, we used a community-based participatory research (CBPR) approach to develop a low barrier, enjoyable, and socially embedded community learning space in Okinawa, Japan.

Methods: A flexible "community workshop" model was iteratively developed and refined over six open meetings from April to October 2025. Sessions featured co-created short animation videos introducing research-informed behavioral parenting strategies, followed by facilitated peer discussion. Meetings were framed as part of a CBPR process aimed at cultivating accessible, judgment-free learning and sharing spaces rather than delivering an intervention program. Attendance ranged from 11 to 38 participants per session, including parents, educators, and support professionals. Children were permitted to encourage inclusivity and reduce barriers to participation. After each session, participants were given the opportunity to provide online feedback (anonymously) across three domains: suggestions for improvement, meeting atmosphere and experience, and motivation for participation. Open-ended responses were coded using abductive qualitative approaches to identify recurring themes. Findings informed iterative adjustments to meeting structure, facilitation style, discussion prompts, and instructional content to align with community needs and priorities.

Results: Preliminary analysis identified thematic patterns highlighting the value of a safe, interactive community space. Across sessions, under "Suggestions for Improvement," the most frequent theme (24.6%) concerned logistical adjustments to promote interaction (e.g., seating layout), while a small number (8.7%) recommended expanding sessions into school contexts, in favor of broader community reach. For "Meeting Atmosphere and Experience," the dominant theme (40.8%) highlighted the space as safe, easy to speak in,

and non-judgmental. Several responses (20.0%) linked the presented animations to participants' own parenting experiences, a number (15.0%) described an increased sense of belonging, expressing relief that they were "not alone." Participants also suggested content adaptations to reflect local family structures, including multigenerational households. Regarding "Motivation for Participation," continued attendance following prior sessions was the most common driver (28.4%), with motivation shifting from obligation to intrinsic enjoyment from the third session onward.

Discussion: Findings suggest open community meetings serve multiple, bidirectional functions for researchers and community members: providing a safe space and a sense of belonging, fostering shared knowledge and language, and shifting behaviors and beliefs (e.g., speaking up, considering diverse perspectives, and exploring alternative approaches together rather than expecting answers). Over time, emerging themes emphasized mutual learning, inclusivity, and enjoyment. This shift toward intrinsic motivation suggests that a sense of belonging and positive affect are key drivers of sustained engagement. Participants' desire to share their learning experiences may indicate growing empowerment. Limitations to the current approach include potential positive-response bias, dissatisfied participants may have discontinued attendance. The current community-based model may improve implementation readiness and trust, facilitating uptake of evidence-based parenting programs. The model is potentially scalable in resource-constrained settings, with non-expert community members acting as local facilitators.

P-45-003

Triple P - Positive Parenting Program implementation in the Czech Republic: A multi-level cross-sector approach to child mental health prevention

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Prior to 2020, no comprehensive evidence-based parenting program existed within Czech mental health services despite high prevalence of child behavioral and emotional problems. Triple P implementation, endorsed by the Czech Ministry of Health and aligned with the National Mental Health Action Plan 2020-2030, addresses critical gaps in prevention and cross-sector service integration.

This project aimed to pilot two levels of Triple P: Level 1 (communication strategies for destigmatization and awareness-raising) and Level 4 (Triple P Group program). Process and impact evaluations monitored implementation and measured intervention effects on participating families.

Methods: Fifty-three accredited trainers were trained across three waves, with 21 provider centers participating nationwide. Evaluation combined quantitative methods (Strengths and Difficulties Questionnaire, Parenting Scale measuring parenting competencies and child behavioral problems pre- and post-intervention) with qualitative approaches (evaluation interviews with key workers, focus groups with trainers, project documentation analysis).

Results: By April 2024, 97 group interventions engaged 786 parents/foster parents, with 660 completing the program (84% completion rate). Participant satisfaction averaged 6.18/7. Improvements occurred in 77% of parents for lax parenting, 78% for over-reactivity, and 88% for hostility toward children. Of 95 families in the clinical range for laxness pre-intervention, 71% moved to milder categories. Child behavioral problems decreased in 35 of 80 families initially in the clinical range. Trainer satisfaction averaged 6.43-6.70.

Discussion: Multi-level Triple P implementation demonstrates feasibility of large-scale evidence-based parenting program dissemination in transforming healthcare systems. The pilot showed significant effectiveness in supporting positive parenting and reducing child behavioral problems. A follow-up project aims to expand the network by 40+ centers and pilot Triple P Group Teen for parents of adolescents. The program represents a low-cost pathway to strengthening child and family mental health with high preventive potential in schools and healthcare facilities.

P-45-004

Parental concerns across schooling stages and support needs during peak distress in selective mutism: A retrospective survey in Japan

Submitter: Tomohisa Yamanaka, Japan

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Research on selective mutism (SM) has primarily focused on children's symptoms and outcomes. However, parents' distress and support needs remain underexamined, despite their central roles in help-seeking, coordinating with schools and clinicians, and implementing support in daily life. As children progress through school, expectations for verbal participation, peer interaction, and future planning intensify, and these demands may increase caregiver burden, particularly during educational transitions when support systems are fragmented. Yet little is known about how parental concerns fluctuate across schooling stages or which types of support are most salient when parents experience the greatest distress. To address this gap, we used a retrospective survey approach to examine parental concerns across five educational stages (preschool/kindergarten, elementary school, junior high school, high school, and beyond) and to identify the support needs most frequently endorsed during periods of heightened parental concern.

Methods: Participants completed an online survey distributed through SM self-help organizations and websites. Eligible parents were aged 20 years or older, with a child failing to speak in specific settings for at least 1 month. After DSM-5-TR-based screening, 70 parents were included. Parents reported the child's SM diagnostic status (current, past, suspected, past suspicion). Parental concerns were assessed using the Parental Concerns Checklist of Selective Mutism (PCC-SM) across five educational stages (preschool/kindergarten, elementary school, junior high school, high school, and beyond) on a 0-5 scale. Parental support needs were assessed using the Parental Support Needs Checklist for Selective Mutism (PSC-SM) for the period of greatest distress on a 0-5 scale. Ratings were dichotomized into no/low (0-2) versus present (3-5). Chi-square tests and adjusted standardized residuals ($|\text{residual}| > 1.96$) were used. Significance was set at $p < 0.05$.

Results: Seventy parents reported 70 children. Diagnostic status was current SM ($n = 39$), past SM ($n = 3$), suspected SM ($n = 25$), and past suspicion ($n = 3$). Age at diagnosis was 7.29. PCC-SM sample sizes were preschool/kindergarten ($n = 66$), elementary school ($n = 65$), junior high school ($n = 33$), high school ($n = 23$), and beyond ($n = 16$). PCC-SM differed in elementary school (chi-square = 35.40, $p < 0.01$) and junior high school (chi-square = 32.93, $p < 0.01$). Elementary school concerns emphasized difficulty speaking at school and adverse effects. Junior high school emphasized broader issues and future career path. In high school, only future career path exceeded threshold (residual = 2.0). No items deviated in preschool/kindergarten and beyond. PSC-SM varied across items (chi-square = 111.26, p

< 0.01), with highest endorsement for SM-informed supporters (residual = 2.9) and teacher support (residual = 2.2).

Discussion: Parental concerns in Japan varied by schooling stage, peaking in elementary and junior high schools. In preschool/kindergarten, no concern items stood out, which may reflect lower speaking demands and limited routes from early recognition to help-seeking services. An implementation priority is a simple linkage pathway. Preschool staff confirm speaking behavior in group contexts and share a short next-step guide with caregivers, with a plan for school-entry transition and clinical consultation if needed. In this study, mean age at diagnosis was about 7 years, suggesting that linkage often occurs around early school years. Results highlight SM-specific teacher training, coordinated accommodations, and transition-focused coordination for career planning and broader difficulties. At peak distress, the most frequently endorsed needs were SM-informed supporters and teacher support. Limitations include retrospective design, Japan-only web sampling, unequal stage sample sizes, and original checklists requiring validation.

P-45-005

Improving Parental Wellbeing in Families of Autistic Children through Online Interventions: A Feasibility and Effectiveness Study

Submitter: Helena Gandía-Abellán, Spain

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Parents of autistic children frequently experience clinically significant levels of depression, anxiety, and stress, at rates substantially higher than those observed in the general population (Schnabel et al., 2020; Hayes & Watson, 2013). Parental distress has been shown to negatively affect family functioning and to be bidirectionally associated with child behaviour problems (Zaidman-Zait et al., 2014). Although different interventions have been developed to improve parental wellbeing, evidence suggests that psychoeducational programs have limited effects on parental mental health, whereas mindfulness-based interventions show more promising outcomes (Rutherford et al., 2019; Yu et al., 2019). Moreover, data on the feasibility and effectiveness of these interventions in online formats and real-world settings remain scarce.

The objective of this study was to examine the feasibility and effectiveness of two online interventions (Mindfulness-Based Cognitive Therapy (MBCT) and a Psychoeducational Program (PP)) aimed at improving emotional wellbeing in parents of autistic children.

Methods: A quasi-experimental study was conducted with parents of autistic children and adolescents who voluntarily enrolled in one of two synchronous online group interventions: MBCT (n = 28) or PP (n = 30). Measures were collected at baseline and post-intervention and included parental sense of coherence (SOC-29), experiential avoidance (AAQ-II), anxiety and depression (HADS), parental stress (PSI-SF), as well as autism severity (CARS) and child challenging behaviors (BPI-S).

Feasibility indicators included adherence, retention, satisfaction, and perceived usefulness. Non-parametric and parametric analyses were conducted to examine baseline differences, dropout profiles, and pre-post intervention effects.

Results: Parents enrolling in both interventions reported high baseline levels of clinical depression, anxiety, and stress. Younger parents of younger children were more likely to choose the psychoeducational program. Adherence and retention rates were moderate in both interventions, with parents reporting poorer baseline wellbeing being more likely to drop out.

Among parents who completed the interventions, MBCT was associated with significant reductions in depression and anxiety and increases in meaningfulness, with medium to large effect sizes. Reductions in self-injurious and aggressive behaviors in children showed trends toward significance following MBCT. The psychoeducational program did not produce significant changes in parental wellbeing outcomes.

Discussion: This study highlights the feasibility challenges and differential effectiveness of online interventions for parents of autistic children in real-world settings. Mindfulness-based interventions appear more effective than psychoeducational approaches in improving parental emotional wellbeing, even when both are delivered online. The findings underscore the importance of addressing parental mental health as a core component of child and adolescent psychiatry services and of developing strategies to improve engagement and retention, particularly among parents with higher levels of distress. Online MBIs may represent a valuable component of public mental health and family-based interventions in child and adolescent psychiatry.

P-45-006

Enhancing Mental Health Through a Digital Parenting Intervention: Results from the ParentApp Pragmatic Cluster Randomised Controlled Trial in Tanzania

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: This study evaluated the effectiveness of ParentApp for Teens, a culturally adapted digital parenting programme designed to improve mental health among caregivers and their adolescents in low-resource Tanzanian communities. The intervention aims to reduce caregiver and adolescent depression, anxiety, and parenting stress, while also addressing violence prevention through evidence-based parenting support delivered via a smartphone app and facilitated WhatsApp groups.

Methods: A pragmatic cluster randomised controlled trial was carried out in 80 rural and peri-urban communities in Tanzania. A total of 4,800 caregiver-child dyads were enrolled and assigned to either the ParentApp intervention or control. Mental health outcomes, including caregiver and adolescent depression and anxiety, plus parenting stress, were measured at baseline, 1-month, and 14-month post-intervention using validated scales to assess the programme's sustained impact over time.

Results: The ParentApp intervention showed sustained and significant improvements in mental health outcomes, despite being a secondary outcome, at 14 months post-intervention. At 14-month follow-up, caregiver depression decreased by 9% ($p < 0.0001$), and adolescent depression by 5% ($p < 0.000001$) compared to controls. Parenting stress was significantly reduced (Cohen's $d = -0.19$, $p < 0.0001$). These mental health gains were accompanied by reductions in child abuse, intimate partner violence, and improvements in positive parenting behaviours and social support. The intervention led to a 57% reduction in adolescent sexual violence victimisation. Engagement was high, supported by weekly facilitated WhatsApp groups and culturally relevant content.

Discussion: ParentApp demonstrates promising potential as a scalable digital mental health and violence prevention intervention for vulnerable populations in Tanzania. Its significant impact on caregiver and adolescent wellbeing supports integrating digital parenting programmes into child and adolescent mental health strategies in low- and middle-income countries. Future research should investigate long-term sustainability, contextual adaptations, and broader dissemination to maximise impact across diverse settings.

P-45-007

Development of Multi-modal Parent-Mediated Intervention Module for School Age Children with ASD

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: School-age children (6-10 years) with Autism Spectrum Disorder (ASD) face significant challenges in social communication, cognitive flexibility, and adaptive functioning, which affect their daily life and academic performance. The field of ASD interventions in India, while not completely new, is still at a nascent stage compared to many western countries. Most Interventions for Autism in India, target children who are six years or younger for early intervention and very few are parent-mediated. There is a growing need for developing parent - mediated interventions for children diagnosed with Autism in the school-going age group and to cater to their unique developmental needs. Hence, the aim of the study is to develop a Multimodal Parent-Mediated Intervention for school-age children with Autism Spectrum Disorder (ASD).

Methods: A sequential mixed-methods intervention development and content validation study design will be used. In-depth interviews were conducted with twenty stakeholders, including parents of children with ASD and experts working in the field of autism (psychiatrists, clinical and rehabilitation psychologists, speech and language pathologists, and special educators), selected using predefined inclusion criteria. Findings from the qualitative analysis are currently informing the development of a structured, manualized intervention framework. Subsequently, content-validation of the developed intervention to be completed after consulting six experts selected using predefined inclusion criteria.

Results: Preliminary thematic analysis identified persistent difficulties in social communication, executive functioning, and perspective-taking among school-age children with ASD despite average intellectual functioning, alongside significant adaptive behavior and academic challenges. Stakeholders highlighted limited availability of developmentally aligned and ecologically valid interventions, inconsistent preparedness for inclusive educational settings, and the need to prioritize caregiver mental health and capacity-building. These findings are currently guiding the ongoing development of a multimodal parent-mediated intervention framework. Expert content validation will follow completion of the development phase.

Discussion: Preliminary findings underscore persistent functional and socio-cognitive needs among school-age children with ASD despite average intellectual functioning, alongside gaps in developmentally aligned and ecologically valid interventions. Caregiver mental health and capacity-building emerged as central priorities. These findings are guiding the ongoing development of a stakeholder-informed parent-mediated intervention framework which will undergo expert validation. The developed multimodal parent-

mediated intervention framework will be demonstrated during the conference presentation.

P-45-008

MAP Groups (Mentalization for Adolescence Parenting). From Confusion to Understanding: Guiding caregivers of adolescents in crisis through psychotherapy group based on Mentalization (MBT)

Submitter: Israel Bobadilla González, Spain

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Given the increment psychopathological complexity serious mental illness among adolescents, it is essential to optimize our interventions, prioritizing those that are efficient (as including caregivers and group interventions) and have solid scientific evidence (as MTB: Mentalization-based therapy).

Thus, it has been decided to implement the MAP Group in daycare hospital for adolescents in Barcelona. Its main purpose is to create a safe space for reflection and shared learning for the caregivers of the patients from a mentalization point of view. The aim is that by stimulating curiosity about their own mental states, giving them skills to improve parental reflection, and helping them understand the conflicts of adolescence in psychopathological crisis. So, they can gain a deeper understanding of their teenagers' problems, which could translate into a greater ability to give effective support to them in their therapeutic process.

The implementation process and initial project assessment will be presented.

Methods: A qualitative description of the structure and technique applied in the groups will be provided.

A descriptive study based on qualitative data (focus groups) and quantitative data (comparison of changes in reflective parenting function using the validated PRFQ scale, adherence to treatment and study of losses, and satisfaction at the end according to the CREST scale) will be described.

Statistically, a comparison will be made of each participant's reflective function at the beginning and end of the group (t-student), as well as the change at the group level.

Results: The intervention has had high adherence (over 78%), along with high satisfaction among users. Two versions of the group have been carried out, with 34 participants and only 4 losses, which are related to difficulties in terms of parents' availability and acute hospital admissions.

There is an improvement in the PRFQ scale score for most users as well as at the group level, but it is not statistically significant.

A 2-minute video of the last focus group will be shown, in which users comment on how it has helped them improve their reflective function and personal mentalizing skills.

Discussion: The MAP groups respond to a clinical and family need and can improve the

evidence of MBT as an efficient and high-impact intervention with caregivers of adolescents in crisis.

They are viable, sustainable, and highly adhered to.

More data needs to be collected to assess the statistical impact of the intervention.

They may be another step forward in therapeutic innovation in adolescent mental health.

P-45-009

Effects of a Parallel Psychoeducational Intervention in Families of Children with ADHD

Submitter: Claudia Balado Alves, Spain

Co-Authors: C. Balado Alves, M. Ferrer Vázquez

Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: This study examined pre-post changes in child behavioral regulation and parenting practices following a brief parallel psychoeducational intervention for families of children with ADHD. Specifically, it analyzed changes across multiple child behavioral domains, parenting practices, and the management of challenging family situations. The aim was to explore the impact of a structured intervention delivered simultaneously to children and their parents, and to provide applied evidence regarding the usefulness of brief psychoeducational programs implemented in real-world educational and clinical contexts.

Methods: Families of children diagnosed with ADHD participated in an eight-session structured parallel psychoeducational intervention delivered simultaneously to children and their parents. Assessments were conducted before and after the intervention. Children completed the ESPERI Child Questionnaire, while parents completed the Parenting Practices Questionnaire (PPQ) and the Family Situations Questionnaire. Due to the applied nature of the study and the small sample size, analyses focused on within-subject pre-post changes, examining the direction and magnitude of observed differences without diagnostic purposes or normative comparisons.

Results: Results showed an overall reduction in children's problematic behaviors following the intervention, with consistent improvements in inattention, impulsivity, and hyperactivity, as well as notable reductions in antisocial and prosocial behavioral indicators. Changes in oppositional-defiant behaviors were more moderate and heterogeneous. At the family level, pre-post comparisons revealed a decrease in coercive disciplinary practices and parental inconsistency, together with an increased use of positive reinforcement strategies. Relevant changes were also observed in parental attitudes toward reinforcement, reflecting greater educational awareness and flexibility. Improvements were additionally found in the management of challenging family situations, indicating increased consistency in parenting practices and a more effective application of behavioral regulation strategies at home. Given the reduced sample size, results should be interpreted descriptively.

Discussion: Overall, findings provide applied evidence supporting the usefulness of brief parallel psychoeducational interventions that simultaneously target children with ADHD and their families, promoting positive changes in child behavioral regulation and associated parenting practices. The greater variability observed in

oppositional-defiant behaviors suggests that these difficulties may require longer or more targeted interventions. The inclusion of family-context measures allows for a broader understanding of change mechanisms and highlights the relevance of systemic approaches in psychoeducational programs. However, findings should be interpreted with caution due to the small sample size. Future research should include larger samples and longitudinal follow-up designs to examine the stability and generalization of intervention effects.

P-46

ADHD IV: From Treatment Innovation to Clinical Management

P-46-001

Efficacy of digital therapeutic video games (Lumosity games) in treating ADHD A prospective comparative study

Submitter: Heba Essam Abdellatif Mohamed Abouelwafa, Egypt

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by a range of symptoms that affect individuals across various domains of functioning

Recent advancements in the treatment of attention deficit hyperactivity disorder (ADHD) have emphasized a multimodal approach, incorporating pharmacological and behavioral interventions tailored to individual needs.

Digital therapeutic video games have emerged as a promising adjunctive treatment option for attention-deficit/hyperactivity disorder.

Lumosity games, developed by Lumos Labs, have gained attention as a potential intervention for ADHD in children.

Methods: We hereby present a prospective comparative study in ElHadra university hospital- Child Psychiatry Clinic to assess the role of digital therapeutic (Lumosity game) in the treatment of ADHD.

60 random children and adolescents diagnosed with ADHD aged between 13 and 18 years old were divided into 2 groups (30 children each), group A received non stimulants (Atomoxetine) in addition to behavioral and parenting modification according to individual needs and they were subjected to at least 20 minutes 3 times weekly sessions of digital therapeutic video games (Lumosity game) for 12 weeks and group B which served as active controls received non stimulants (Atomoxetine) in addition to behavioral and parenting modification according to individual needs.

All the participants in both groups were assessed with Conners' continuous performance test 3rd edition (CPT 3) and Barkley Deficits in Executive Functioning Scale (BDEFS-CA) before treatment and at the end of treatment after 12 week.

Results: Group A (active group) showed more improvement than group B (controls) in almost all of the parameters of the CPT 3rd edition, however, the difference between the degree of improvement between both groups was not statistically significant.

Group A (active group) showed more improvement than group B (controls) in almost all of the parameters of the Barkley deficits in executive functions scale and the difference between the degree of improvement in both groups was statistically significant in 2 parameters which are self management to time and self regulate emotions ($p = 0.043$ and 0.012 respectively).

Univariate Linear regression analysis for the parameters affecting improvement in self-

regulate emotions and self management to time was done and showed that female sex was a significant predictor for the improvement of ADHD symptoms with digital therapeutic video games.

Discussion: Children receiving the game showed significant improvement over children only receiving medications and behavioral modification in both self management to time and self regulate emotions Barkley deficits in executive functions scale parameters. Female sex was a strong predictor for the improvement of ADHD symptoms with Digital therapeutic video games.

Digital therapeutic video games are a promising new treatment in improving both ADHD core symptoms and executive functions. These games can be used with medications and behavioral and modifications.

Disclosure:

No conflict of interest, no funding received.

P-46-002

Integrating Virtual Reality and Multimedia Game-Based Therapy for Children and Adolescents with Attention-Deficit/Hyperactivity Disorder

Submitter: Yu Jui Huang, Taiwan

Co-Authors: Y. HUANG

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental condition marked by difficulties in attention regulation, impulse control, and activity modulation, frequently leading to impairments in academic performance, social relationships, and daily functioning. Although medication remains a mainstay of treatment, concerns related to adverse effects, treatment adherence, and caregiver acceptance highlight the importance of developing alternative or complementary non-pharmacological approaches. This study aimed to design and assess a virtual reality (VR)-integrated multimedia game-based therapeutic program targeting core ADHD symptoms, with a focus on feasibility, acceptability, and preliminary clinical outcomes in children and adolescents.

Methods: A VR-based multimedia intervention was developed using serious game design principles to train sustained attention, inhibitory control, and working memory within immersive and ecologically relevant environments, such as simulated classroom and everyday life settings. The program featured adaptive task difficulty, immediate performance feedback, and reward-based reinforcement to maintain motivation and engagement. Participants were children aged 7-12 years who met DSM-5 diagnostic criteria for ADHD. The intervention was administered three times per week, with each session lasting 20-30 minutes, over a four-week period. Outcome measures included parent- and clinician-rated ADHD symptom scales, performance-based assessments of attention and executive function, indices of engagement and adherence, and systematic monitoring of adverse effects, including cybersickness.

Results: Participants showed high adherence to the intervention protocol and consistently high levels of engagement across sessions. Significant improvements were observed in sustained attention, task accuracy, and impulse control, as reflected in both behavioral task performance and symptom rating scales ($p < 0.05$). Satisfaction with the intervention was high among both children and caregivers. Reported adverse effects were infrequent, mild, and transient, and no serious safety issues were identified during the study period.

Discussion: The findings suggest that combining VR technology with multimedia game-based therapeutic design is a feasible and engaging non-pharmacological approach for children with ADHD. The immersive and interactive features of VR may support motivation and attentional control, while ecologically valid task contexts may promote the

generalization of trained skills to real-world situations. This intervention may be particularly suitable for patients who experience difficulties with medication tolerance, adherence, or who prefer non-pharmacological treatment options. As part of a multimodal treatment framework, VR-based game therapy may enhance overall ADHD management. Further large-scale randomized controlled trials are needed to establish efficacy, evaluate long-term outcomes, and assess applicability in home and school environments.

P-46-003

A Randomized Crossover Trial of a Parent-Child Intervention for Children with ADHD Using the Exergame "Family Trainer®"

Submitter: Masaki Seki, Japan

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: In recent years, digital therapeutics have gained attention as a treatment option for Attention-deficit/hyperactivity disorder (ADHD). The neurobiological basis of ADHD is thought to involve impairments in executive function and working memory. Game-based interventions are generally designed to provide repeated practice of tasks related to these functions. However, emerging evidence suggests that interventions combining elements such as physical activity and collaboration with others may be more effective than those focusing solely on task performance.

Psychosocial treatments for ADHD include parent training and parent-child interaction therapy, with PCIT emphasizing "special time" during which parents appropriately engage in child-led play. In light of these findings, cooperative parental involvement in children's gameplay may contribute to improvements in ADHD symptoms.

To date, however, no studies have reported game-based interventions for children with ADHD that simultaneously incorporate both "physical activity" and "parental collaboration."

Methods: Participants were 30 children with ADHD and their parents. The intervention used the Nintendo Switch exercise game Family Trainer®. Family Trainer® is a game played using the whole body. It includes various attractions incorporating predetermined cognitive task elements, such as log jumping and trolley adventures. Children played the game together with their parents for approximately 30 minutes per day, three times per week, for one month.

At baseline (T0), parents received brief parenting guidance, including instructions to "identify and specifically praise their child's positive behaviors." Participants were randomly assigned to either the intervention group, which received an exergame intervention plus treatment as usual (TAU), or the control group, which received TAU only. Statistical analyses were performed using STATA. Group differences in the primary outcome (ADHD-RS-IV) and secondary outcome (Vineland-II) scores were examined using analysis of covariance (ANCOVA), with baseline values entered as covariates.

Results: At a significance level of $p < .05$, the intervention group showed significantly greater reductions than the control group in the ADHD-RS-IV total score and inattention subscale score. Compared with the control group, the intervention group also showed significant improvements on the Vineland-II Adaptive Behavior Composite,

Communication, Daily Living Skills, and Maladaptive Behavior Index scores.

Discussion: This study found that an intervention involving parent-child cooperative engagement in a game requiring whole-body movement led to improvements in ADHD symptoms and maladaptive behaviors. In addition to the cognitive challenge provided by visually engaging video game tasks, the physical activity component may have contributed to enhancements in executive function and working memory. Furthermore, the social element of parent-child collaboration and shared feedback may have augmented the therapeutic effects.

These findings suggest that, in the future development of digital interventions for ADHD, it may be important to incorporate not only cognitive tasks but also physical activity and interpersonal interaction, including parent-child collaboration, into intervention designs.

P-46-005

Multi-Family Therapy for Children with ADHD and Disruptive Disorders: A Qualitative Study of Parental Experience

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-Deficit/ Hyperactivity Disorder (ADHD) and Disruptive Disorder (DD) are highly prevalent childhood psychiatric disorders that significantly impact families and child mental health settings, often resulting in social exclusion and challenges in therapeutic engagement and frameworks. Parents often felt ashamed, guilty and helpless. Multi-Family Therapy (MFT) is a therapeutic approach gathering several families in the same setting. It has shown promise for complex child psychopathology and supporting parental skills; yet, its application for ADHD and DD remains limited. This study aimed to investigate how parents experience MFT and perceive benefits, challenges, and relational changes within and beyond the family system.

Methods: We lead three groups of an original MFT programme from 2022 to 2024, for children with ADHD and DD, aged 6-10, consisting of 8-12 sessions over 4-6 months, with parent-child sessions and additional parent-only sessions. A total of twenty-one children and 32 parents were involved. Three naturalistic focus groups were conducted within one month following the end of MFT to explore parents' experiences (n=11). Focus groups lasted 90 minutes and were facilitated by two researchers who were not involved in the MFT intervention. All participants provided informed consent and the study was submitted to a local ethics committee. Data were analysed using thematic analysis, with an initial analysis conducted within each focus group followed by a transversal analysis across groups to identify convergent and divergent themes.

Results: Four main themes emerged across focus groups. Parents reported a reduction in feelings of isolation through peer support and shared experiences. Multi Family Therapy was perceived as fostering skills development, particularly through experiential activities and practical tools transferable to daily life. A recurrent tension was identified between experiential and reflective components of the intervention. Finally, parents described changes in their representations of their child, including improved understanding and greater acceptance of their child's difficulties.

Discussion: These findings provide a qualitative description of parents' experiences of MFT, highlighting both supportive aspects and areas of difficulty. Across focus groups, parents consistently distinguished between experiential and reflective components of the intervention, reporting a markedly different subjective experience of these two modalities.

Reductions in parental isolation and perceived skill development were commonly reported, while changes in parental representations of the child appeared more gradual and uneven. Overall, these findings highlight both the domains in which MFT may have an impact and the ways in which families perceive and engage with its different modalities. These results also imply further improvements of MFT programmes for ADHD/DD children and stress the need to continue to evaluate them based on families' experiences.

P-46-006

Adjunctive Citicoline, Phosphatidylserine or Their Combination Added to Standard Pharmacotherapy in Children and Adolescents with ADHD in Turkey: A Multicenter Retrospective Study

Submitter: Fethiye Kiliçaslan, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental condition characterized by developmentally inappropriate and impairing inattention, hyperactivity, and impulsivity. Stimulants and non-stimulants are commonly used in managing ADHD symptoms. However, some patients may have suboptimal responses to these medications and may benefit from adjunctive phosphatidylserine (PS) and/or citicoline (CC). To the best of our knowledge, most available studies on these agents have been conducted in Western countries, and data from Turkish patients are lacking. The aim of this multicenter retrospective study was to evaluate whether the addition of citicoline, phosphatidylserine, or their combination as adjunctive treatments to core pharmacological agents used in the management of ADHD, such as methylphenidate, atomoxetine, and guanfacine, was associated with an incremental clinical benefit.

Methods: A total of 236 children with ADHD (64.0% male; 64.3% with comorbidities) from 11 study centers across Turkey were included. Citicoline and/or phosphatidylserine were prescribed exclusively as adjunctive agents to established ADHD medications and were not used as monotherapy in any patient. All comorbidities were allowed. Clinicians evaluated symptom severity using the Clinical Global Impressions (CGI) scale at baseline and at the sixth month, while parents reported ADHD and disruptive behavior symptoms. Descriptive, bivariate, and multivariate analyses were performed. Statistical significance was set at $p < 0.05$ (two-tailed).

Results: The most commonly used adjunctive treatment was combined citicoline and phosphatidylserine ($n = 138$, 58.5%), followed by citicoline alone ($n = 81$, 34.3%) and phosphatidylserine alone ($n = 17$, 7.2%). These adjunctive agents were most frequently combined with methylphenidate ($n = 176$, 74.6%), followed by guanfacine ($n = 84$, 35.6%) and atomoxetine ($n = 79$, 33.5%). Median baseline scores for CGI-Severity, inattention, hyperactivity/impulsivity, oppositionality, and conduct disorder symptoms were 4.0 (IQR = 2.0), 6.0 (IQR = 3.0), 4.0 (IQR = 5.0), 2.0 (IQR = 5.0), and 0.0 (IQR = 1.8), respectively. At the sixth month, corresponding scores decreased to 3.0 (IQR = 2.0), 3.0 (IQR = 4.0), 2.0 (IQR = 3.8), 1.0 (IQR = 2.8), and 0.0 (IQR = 0.0), respectively.

Discussion: Citicoline, phosphatidylserine, and their combination do not appear to have an independent therapeutic role in ADHD but may provide additional clinical benefit when used as adjunctive treatments to standard pharmacotherapy, with a favorable tolerability profile. Further prospective, controlled studies are required to confirm these findings and to better define their role in the treatment of ADHD.

Personalized pharmacotherapy in long-term ADHD treatment during transition phases

Submitter: Oliver Bilke-Hentsch, Switzerland

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The management of patients with attention-deficit/hyperactivity disorder (ADHD) across multiple developmental stages (e.g., school transitions, entry into higher education, or transition into professional development) is challenging and requires a multimodal approach including phase-specific psychoeducation, psychotherapy, and personalized pharmacotherapy. This report aims to illustrate how switching between two modified-release methylphenidate formulations (from Concerta® with a methylphenidate release profile of 22% immediate-release [IR] and 78% extended-release [ER] to Medikinet® MR with 50% IR and 50% ER methylphenidate release profile) can support individualized treatment during key transition phases.

Methods: Three clinical cases are presented to illustrate treatment adaptation during transition phases and in response to varying functional demands; the latter may also be relevant for upcoming developmental transitions. Case 1 describes a 26-year-old male student who was given the opportunity to pursue a PhD at a prestigious technical university. Case 2 describes a 14-year-old female high school student with exceptional talent in fencing who transferred to a sports-focused high school with the aim of preparing for potential selection to the national team. Case 3 describes a 6-year-old boy in kindergarten with behavioral challenges affecting daily functioning. In all cases, treatment was adjusted by switching between long-acting modified-release methylphenidate formulations to better align pharmacological effects with individual daily demands.

Results: In Case 1, a long-acting methylphenidate formulation that had previously provided adequate symptom control was no longer sufficient in a more competitive and less predictable environment. A switch to an alternative modified-release formulation improved alignment with the patient's changing and increasingly irregular daily rhythm and functional demands, particularly during the morning hours, resulting in improved functioning and good adherence.

In Case 2, a long-acting methylphenidate treatment had been sufficient in the previous school setting. However, the new situation introduced additional demands requiring increased flexibility. Switching to another modified-release formulation enabled targeted pharmacological support, resulting in improved functioning and high adherence.

In Case 3, insufficient morning symptom control and prolonged evening effects, including sleep disturbances, resulted in a mismatch with daily functional demands. Switching to another methylphenidate formulation improved alignment with daily activities, with potential relevance for upcoming transitions, including the transition to primary school.

Discussion: These cases exemplify individualized pharmacotherapy using well-established medications, tailored to patient-specific needs, lifestyle factors of particular importance during young adulthood, and highly specific educational and functional demands. While transition phases represent key triggers for treatment adaptation, individualized adjustments may also support upcoming developmental transitions, such as the transition to primary school. Optimizing symptom control during early daily activities may contribute to more stable functioning throughout the day. Rather than switching to a different active substance or risking the use of alternative (including illicit) substances, targeted switching from one modified-release formulation to another can help maintain adherence, treatment continuity, and overall clinical stability.

Conflict of Interest Disclosure

Oliver Bilke-Hentsch: Consultant to MEDICE Arzneimittel Pütter GmbH & Co. KG and Salmon Pharma; book author; manual author; Co-President of FMPP and SGKJPP. No shareholdings and no financial interests.

Roland Kägi: In the past 10 years, Roland Kägi has received honoraria for educational activities from Salmon Pharma, Neurim, Takeda, Drossapharm, and Zambon. Educational activities without compensation were conducted for SFG ADS, ELPOS, Ärztefon, and schools. No other financial or equity interests are declared except for Rigidocs AG.

P-46-008

Use of Methylphenidate for Attention-Deficit/Hyperactivity Disorder in the Child and Adolescent Outpatient Clinic of the Department of Psychiatry, Nara Medical University Hospital

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: In the ADHD (Attention-Deficit/Hyperactivity Disorder) Diagnosis and Treatment Guidelines, it is recommended to prioritize psychosocial interventions over pharmacotherapy. Medication is positioned as an option to be considered only when necessary to achieve the treatment goal of living a life true to oneself, including acceptance of the disorder. In Japan, several medications for ADHD are available - methylphenidate (MPH), lisdexamfetamine, guanfacine (GNF), and atomoxetine (ATX) - but there is no established strategy for selecting among these. Issues remain regarding how to choose a medication, how to evaluate treatment effectiveness, and the optimal duration of treatment. Therefore, we investigated the usage of MPH and the patterns of switching to MPH from other ADHD medications in our clinic over a 4-year period.

Methods: We conducted a retrospective chart review of 80 pediatric patients (under 18 years old) diagnosed with ADHD at the Child and Adolescent Psychiatry Outpatient Clinic of Nara Medical University Hospital between April 1, 2020 and March 31, 2024. All patients were newly registered in the ADHD Appropriate Distribution Management System (a special registration system required in Japan to prescribe certain ADHD medications) and were started on MPH. We collected data on each patient's age, sex, whether any other ADHD medication had been prescribed prior to starting MPH, the date of initial evaluation, the time from initial evaluation to initiation of each ADHD medication, and any comorbid diagnoses based on DSM-5.

Results: Of the 80 patients, 61 were male and 19 were female. The mean age at initial visit was 10.5 years. Comorbid conditions included autism spectrum disorder in 29 patients, mild intellectual disability in 5 patients, and other disorders in 2 patients. At MPH initiation, 38 patients were in elementary school, 32 in junior high school, and 10 in high school. Regarding treatment sequence, MPH was prescribed as the first-line ADHD medication in 39 patients, as the second-line medication in 29, and as the third-line medication in 12. The mean duration from the initial visit to the start of MPH treatment was 509.1 days (median, 161 days).

The mean interval from the initial visit to the initiation of the first ADHD medication was 97.3 days (median, 35 days) in patients without comorbidities, compared with 297.5 days (median, 59 days) in those with comorbidities.

Discussion: In our clinic, the time from initial evaluation to the initiation of ADHD pharmacotherapy tended to be longer in patients with comorbid neurodevelopmental disorders. In children with comorbid neurodevelopmental disorders, psychosocial interventions targeting the co-occurring condition were provided before introducing ADHD medication, which likely prolonged the time until the first ADHD drug was initiated. This suggests that the context and process from initial evaluation to starting medication differ between younger children (elementary school age, who had a high rate of comorbid conditions) and older children (junior high/high school age, who had relatively fewer comorbidities).

P-46-009

Cardiac events among children and young adults exposed to ADHD medication only: a longitudinal cohort study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aims to assess the hazard risk of adverse cardiac events in children, adolescents, and young adults, exposed to ADHD medication only, and no other psychotropic medication, and compare the risk to matched unexposed controls. The study addresses whether ADHD medications may contribute to the observed rise in cardiac events among young people over the last decade.

Methods: We conducted a nationwide, register-based cohort study using individual-level linkage of Swedish national health and population registers, covering 12 years of pharmacological treatment for ADHD. The cohort included all individuals aged 5 to 30 years, born between 1976 and 2013, who had at least one dispensed ADHD medication during 1976-2018, and 1:1 matched unexposed controls.

Participants were stratified into subcohorts by sex and age. Analyses were performed both within each subcohort and for the total cohort. The primary outcome was the first occurrence of any of the 33 predefined cardiac diagnoses, including arrhythmias, cardiac arrest, syncope or collapse, and death. Time-to-event analyses were conducted using Kaplan-Meier curves and Cox proportional hazards regression to estimate adjusted hazard ratios (aHRs). Models were adjusted for somatic and psychiatric comorbidities and parental educational attainment.

Results: The final cohort comprised 296 544 individuals. The Mean (SD) age was 17.0 (6.0) years for females, and 15.0 (6.0) for males. Median (IQR) follow-up time was 1.7 (3.9) years in females and 2.1 (4.4) years in males. Exposure to ADHD medication was associated with an increased risk of adverse cardiac events across all stratified subcohorts and in the total cohort: aHRs for females 3.1 (95% CI, 2.7 to 3.5) and for males 2.6 (95% CI, 2.3 to 2.9). Cardiac events also occurred earlier in the exposed individuals compared with the unexposed controls.

Discussion: In our study, children, adolescents, and young adults who were exposed to ADHD medication and no other psychotropics had an increased risk of cardiac events compared with matched unexposed controls. Our findings highlight the importance of assessing the cardiac status in young people before receiving ADHD medication. However, the risk of cardiac events must be weighed against the negative life outcomes associated with ADHD.

P-46-010

Liver enzyme elevation during pharmacotherapy for attention deficit disorders in an adolescent with unrecognized 16p11.2 microdeletion

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To describe a clinically relevant hepatic adverse effect associated with pharmacological treatment for attention deficit disorder in a young patient with a previously unrecognized 16p11.2 microdeletion, and to highlight persistent fatigue as an early clinical sign of side effects of hepatic involvement.

Methods: A 17 year old male with attention deficit disorder and a history of verbal and motor dyspraxia, Tourette syndrome, and Arnold-Chiari I malformation was treated with methylphenidate following insufficient response to non-pharmacological interventions for his attention deficit disorder.

Five months after initiating treatment, he developed persistent fatigue and Raynaud's-like symptoms, prompting blood tests. Elevated liver enzymes were detected, alanine aminotransferase 154 U/L and gamma-glutamyltransferase 94 U/L, while other liver tests were normal and the patient reported no additional symptoms.

Treatment was switched to lisdexamfetamine, but liver enzymes remained elevated and fatigue worsened. Further somatic investigations excluded metabolic and autoimmune causes, and all medications were discontinued. A magnetic resonance cholangiopancreatography (MRCP) was performed, showing normal biliary and pancreatic structures. Genetic testing was subsequently initiated.

Results: The patient developed asymptomatic elevations of alanine aminotransferase and gamma-glutamyltransferase following initiation of medication for attention deficit disorder. After discontinuation of the treatment, liver enzymes remained elevated, with alanine aminotransferase at 120 U/L and gamma glutamyltransferase at 70 U/L. Genetic testing subsequently revealed a 16p11.2 microdeletion.

Discussion: This case highlights a rare but clinically possible hepatic adverse effect of pharmacotherapy in a patient with a previously unrecognized 16p11.2 microdeletion. The syndrome was considered a likely underlying cause of the patient's attention deficit disorder, Tourette syndrome, verbal dyspraxia, Arnold-Chiari I malformation, and the observed abnormalities in liver function.

Persistent fatigue was the first manifestation of the hepatic insufficiency following the initiation of medical treatment. This case underscores the importance of monitoring for adverse effects and individualizing treatment strategies.

Persistent clinical symptoms emerging during therapy for attention deficit disorders such as persistent fatigue should promptly be evaluated for possible side effects, or underlying disease.

P-47

ADHD V: From Comorbidity to Complex Clinical Presentations

P-47-001

One-Year Follow-up Outcomes of Children with ADHD and Comorbid Elimination Disorders in a Child and Adolescent Mental Health Service of a Low Middle-Income setting: A Naturalistic Cohort from Sri Lanka

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To describe one-year clinical outcomes of children with Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid elimination disorders and to examine associations between parental sociodemographic characteristics, treatment priorities, and follow-up engagement.

Methods: This naturalistic observational follow-up study was conducted at the CNTH, Sri Lanka, CAMHS setting. Thirteen children aged 6-15 years (mean age 10.1 years; 9 males, 4 females) diagnosed with ADHD and comorbid elimination disorders in 2024 were included. All children received routine clinical care, including ADHD pharmacotherapy, behavioral interventions for elimination disorders, psychoeducation, and individualized management plans. Clinical outcomes over approximately one year were extracted from medical records.

Results: Nine children were followed up over one year, while four did not continue beyond the initial visit. All children presented with nocturnal enuresis, with some having additional elimination symptoms. Among the nine children followed up, reductions in enuretic frequency and associated functional impairment were documented over the follow-up period.

Advanced Level or higher maternal education was more commonly recorded among families of children who remained in follow-up compared to those who disengaged early. Similar patterns were observed for paternal education. Given the small sample size, these findings are descriptive and do not imply causality.

Documented reasons for non-follow-up included intercurrent physical illness of the child (n=1), parental denial of nocturnal enuresis, and concern regarding potential medication side-effects (n=1 and n=2). Methylphenidate was the most commonly prescribed medication (n=10), reflecting parental preference for rapid improvement of attention compared to elimination difficulties.

Discussion: In this small LMIC-based cohort, one-year outcomes and continuity of care for children with ADHD and comorbid elimination disorders were influenced by parental sociodemographic context, treatment priorities, and concerns regarding medication. Addressing parental expectations and misconceptions through structured psychoeducation may improve engagement and longitudinal outcomes in resource-

constrained child mental health services.

P-47-002

Somatic Diseases and ADHD in Swedish Adolescents: Prevalence and Uncertainty

Submitter: Sara Lundqvist, Sweden

Co-Authors: S. Lundqvist

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-deficit/hyperactivity disorder (ADHD) often co-occurs with physical health issues. Although psychiatric comorbidities in ADHD are well studied, the presence of somatic conditions remains underexplored. Previous studies suggest links between ADHD and inflammatory or autoimmune conditions, but findings are inconsistent. Health-related anxiety and uncertainty may also be more prevalent in adolescents with ADHD. This study aimed to examine the prevalence of common somatic diseases among adolescents with ADHD in Sweden and compare these with those without psychiatric diagnoses. It also explored the level of uncertainty adolescents expressed regarding their somatic health.

Methods: A cross-sectional survey was conducted using the "Mental and Somatic Health without borders" (MeSHe) questionnaire. A total of 1607 adolescents aged 15-19 participated from the general population. Self-reported diagnoses of psychiatric and somatic conditions were analyzed using chi-square tests and effect size calculations.

Results: 5.5% of participants reported an ADHD diagnosis. These adolescents had significantly higher rates of allergies (43.4%), asthma (24.7%), and skin diseases (16.7%) compared to peers without psychiatric diagnoses. However, effect sizes were negligible (Table 1). Adolescents with ADHD were also significantly (small effect sizes) more likely to report uncertainty about having conditions like thyroid and rheumatoid diseases (Table 2), suggesting increased health-related anxiety and/or reduced health literacy.

Discussion: Adolescents with ADHD report more somatic comorbidities and higher uncertainty regarding their physical health. Despite small effect sizes, these findings highlight the need for targeted health education and coordinated care to support this vulnerable group.

P-47-003

Parent-Reported Sleep Problems in Children: Differential Contributions of ADHD Symptoms and Sluggish Cognitive Tempo Across Informants

Submitter: Shooulian Hwanggu, Taiwan

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Cognitive disengagement syndrome (CDS; e.g., mental confusion and sluggish behavior) is distinct from attention-deficit/hyperactivity disorder (ADHD), but their associations with child sleep problems remain unclear. This study examined links between ADHD symptom dimensions (inattention [IN], hyperactivity/impulsivity [HI]), CDS, and sleep problems, and explored associations with specific sleep subdomains.

Methods: Participants were 291 elementary school children aged 6-12 years (52.6% male; Mage = 10.05 years). Parents completed the SNAP-IV for ADHD IN and HI and the Children's Sleep Habits Questionnaire, and teachers completed the Chinese CDS Scale. Hierarchical regressions tested the unique contributions of IN, HI, and CDS to sleep outcomes, controlling for demographics.

Results: Parent-rated IN, HI, and CDS and teacher-rated IN and CDS were weakly to moderately associated with overall sleep problems. CDS showed unique associations with general sleep problems, and parent-rated HI and CDS and teacher-rated CDS predicted poorer sleep, shorter sleep duration, and greater daytime sleepiness. IN and HI (parent report) and IN (teacher report) were uniquely related to worse bedtime behaviors and more sleep disorder-related symptoms.

Discussion: CDS was uniquely linked to poorer global sleep outcomes across informants. Findings highlight the importance of screening for sleep problems when assessing ADHD and CDS symptoms using multiple informants.

The Impact of Internet Addiction on Eating Disorders in children with ADHD

Submitter: Bilge Poyraz Isik, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention Deficit and Hyperactivity Disorder (ADHD) is characterized by inattention, hyperactivity, and impulsivity, and these symptoms are observed to impair or reduce the quality of social, academic, or occupational functioning in the individual's life. Particularly among adolescents with ADHD, low self-esteem, destructive behaviors leading to interpersonal problems, social difficulties, engagement in illegal activities. Moreover, these individuals may develop not only substance addictions but also behavioral addictions such as internet addiction or emotional eating.

Factors such as low self-confidence, poor self-esteem, difficulty expressing negative emotions, and challenges in conflict resolution, which are commonly observed in individuals with ADHD, are known to contribute to the development of eating disorders. Another form of behavioral addiction, Internet Addiction, negatively affects the social, physical, and psychological development of children and adolescents. In our study, we aimed to examine the impact of Internet Addiction on eating behaviors among children diagnosed with ADHD.

Methods: The collected data were analyzed using the SPSS software, by applying the Chi-square and Kruskal-Wallis tests. A total of 180 children diagnosed with ADHD (85 girls and 95 boys) were included in the study. Eating behaviors were assessed using the Dutch Eating Behavior Questionnaire (DEBQ), and internet addiction was evaluated using the Internet Addiction Scale.

Results: The results showed a significant correlation between Eating Addiction and Internet Addiction diagnoses ($p = 0.00$, $p < 0.05$), and overall addiction rates were significantly higher among males ($p = 0.05$). Among the ADHD participants, 74 were identified with Internet Addiction, of whom 46 were boys and 28 were girls. Evaluation of DEBQ scores revealed no significant gender differences ($p = 0.3$). Additionally, 31 participants (17.2%) were diagnosed with a comorbid Anxiety Disorder.

Discussion: This study examined the relationship between Internet Addiction and eating behaviors in children with ADHD. Results revealed a significant correlation between IA and problematic eating behaviors, supporting the notion that children with ADHD are vulnerable to multiple behavioral addictions due to impulsivity, emotional dysregulation, and low self-esteem.

The presence of comorbid Anxiety Disorders in some participants highlights the complex interplay between ADHD, emotional difficulties, and maladaptive behaviors. Early

identification and targeted interventions may help mitigate negative social, academic, and psychological outcomes. Future longitudinal research is needed to clarify causal relationships and inform prevention strategies for this high-risk population.

P-47-005

Correlates of Injurious Behaviour in Children attending a Tertiary care Trauma centre

Submitter: Rajarapu Hema, India

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Unintentional injuries are a leading cause of morbidity and mortality among children globally, accounting for more deaths than the next 20 causes of mortality combined. Studies have reported that behavioural and emotional factors such as impulsivity, inattention and aggression potentially increase the susceptibility to injuries. However, there is a paucity of studies assessing the behavioural profile of children presenting with unintentional injuries from India. This study aimed to examine the association between behavioural problems related to attention-deficit hyperactivity disorder (ADHD) and risk of repeated unintentional injuries among children presenting to a tertiary care trauma centre.

Methods: A cross-sectional study was conducted among 100 children aged 6-17 years attending trauma services at an apex trauma centre in North India with a history of unintentional physical injuries. Sociodemographic and clinical details, including history of past injuries, were collected using a semi-structured interview. Injury severity was assessed using the Abbreviated Injury Scale (AIS) to calculate the Injury Severity Score (ISS). ADHD related behavioural problems were evaluated using the Conners' Parent Rating Scale (CPRS). Independent t-tests were used to compare mean domain scores between children with and without a history of past injury. Logistic regression (multivariate) was used to identify predictors of recurrent injury after adjusting for sociodemographic variables.

Results: The mean age (SD) of participants was 11.16 (3.28) years. 53% participants were aged between 6-11 years, while 47% were in the 12-17 years age group. Males comprised 64% of the participants. The severity of injury was mild in 69% of the cases. The mean (SD) ISS score was 7.53 (5.80). 40 participants (40%) had a history of previous unintentional injury. Children with a previous history of unintentional injury demonstrated significantly higher mean CPRS scores across all domains: attention, hyperactivity, learning problems, executive dysfunction, aggression, and peer relations ($p < 0.05$) compared to those without a previous history of injury. In multivariate logistic regression, aggression emerged as the only independent predictor of past injury history ($\beta = 0.306$, $p = 0.035$), with each one-unit increase in aggression score raising the odds of having a prior injury by 36%.

Discussion: Behavioural dysregulation, particularly aggression, may play a role in increasing the risk of recurrent unintentional injuries among children. Children with higher aggression may be more prone to getting into fights, having conflicts, or engaging in actions

which are emotionally determined, which may increase their exposure to dangerous situations and injury risk. The findings highlight the need for brief behavioural screening and early psychological interventions in trauma settings. Paediatricians and other clinicians working in trauma settings should advise children and caregivers regarding the prevention of future injury. Integrating psychiatric assessment into trauma management may help prevent recurrent injuries. Interventions targeting emotional regulation, such as behavioural therapy, parent management training, and social skills programmes, may have a potential role in injury prevention in children.

P-47-006

Unintentional Injuries in Children with and without Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Comparative Study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Unintentional injury is the leading cause of death for children and adolescents. Globally, over 20 million children experience unintentional injuries annually, with over 200,000 children sustaining severe injuries requiring hospitalisation. Psychiatric illnesses, particularly externalising disorders such as attention-deficit hyperactivity disorder (ADHD), are reported to be a risk factor for unintentional injuries in children. Increasing evidence suggests that behavioural factors related to ADHD play a significant role in predisposing children to accidental injuries. However, there is limited data from Indian clinical settings examining the behavioural and psychosocial characteristics of injury-prone children with ADHD. Understanding how children with and without ADHD differ in terms of injury history, sociodemographic and behavioural profiles is essential for early identification and prevention. This study aimed to compare the injury history, sociodemographic profile, impulsivity, and quality of life (QoL) between children with and without ADHD presenting to a trauma centre.

Methods: This cross-sectional study included 100 children (aged <18 years) presenting with unintentional injuries to a tertiary care trauma hospital. ADHD screening was performed using the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Aged Children Present and Lifetime Version (K-SADS-PL). Information regarding age, gender, history of injuries, experiences of bullying, and teacher-reported complaints was collected. Impulsivity was assessed using the Domain-Specific Impulsivity Scale for Children (DSIS-C), and quality of life was scored using KIDSCREEN-27. Categorical variables were analysed using chi-square tests, and continuous variables were compared between groups using appropriate statistical tests (Independent T-test and Mann-Whitney U test). Statistical significance was set at $p < 0.05$.

Results: Among the 100 participants, 14 were categorised into ADHD positive ($n = 14$) and 86 into ADHD-negative ($n = 86$). Mean (SD) age of participants with ADHD was 10.93 (3.60) years, and those without ADHD was 11.20 (3.24) years, with no statistically significant difference between the groups. Children with ADHD had a significantly higher prevalence of recurrent injury (71.4% vs. 34.8%; $p = 0.01$). There was no significant difference between the groups in terms of gender distribution and socioeconomic status. However, children with ADHD had a higher history of bullying ($p < 0.001$) and teacher complaints ($p = 0.002$). The mean (SD) DSIS scores among those with and without ADHD were 2.17 (1.17) and 1.27 (0.66), respectively, and the difference was significant ($p < 0.001$).

Children with ADHD had significantly lower scores measured through KIDSCREEN-27 ($p < 0.001$).

Discussion: The link between ADHD and a history of previous injuries suggests that repeated injuries may be related to underlying behavioural difficulties. Higher rates of bullying and teacher complaints indicate problems with peer relationships and school adjustment, which are commonly seen in children with externalising behaviours. The finding of greater impulsivity in the ADHD group suggests that poor impulse control may play a key role in increasing injury risk. These findings highlight that a paediatric injury visit, particularly for recurrent trauma, represents an important clinical window of opportunity for screening for undiagnosed externalising disorders such as ADHD. Integrating brief behavioural screenings into trauma protocols could facilitate early intervention, potentially reduce the risk of future injury, and improve long-term psychosocial outcomes.

P-47-007

Management of ADHD Symptoms in a Child with Taussig-Bing Anomaly, Cerebral Palsy, and Epilepsy: A Case Report

Submitter: Sükret Alev, Türkiye

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Children with complex congenital heart disease (CHD) are at higher risk for neurodevelopmental and psychiatric disorders due to early hypoxic-ischemic injury, prolonged intensive care, and repeated surgical interventions. Taussig-Bing anomaly is a rare variant of double-outlet right ventricle with subpulmonary ventricular septal defect and is often associated with severe neonatal cyanosis and a complicated postoperative course, frequently complicated by neurological sequelae.

Attention deficit/hyperactivity disorder (ADHD) is common in this population; however, treatment becomes more challenging when epilepsy and cerebral palsy coexist. Concerns about cardiovascular safety and worsening seizures often lead to inadequate treatment. This case highlights the importance of multidisciplinary decision-making and demonstrates the clinical benefit of low-dose risperidone in a clinically complex child.

Methods: A 6-year-old 6 month boy was referred to our child and adolescent psychiatry clinic due to significant functional impairment at school and at home caused by severe hyperactivity, impulsivity, and difficulty sustaining attention. The child was born with Taussig-Bing anomaly, which included aortic coarctation and transposition of the great arteries. He underwent complex heart surgery on the 15th day of his life. The postoperative course was severe and required extracorporeal membrane oxygenation (ECMO), prolonged intensive care, and 65 days of mechanical ventilation.

Cyanotic episodes were recorded during infancy, and cardiac catheterization was performed at five months of age. Neurologically, he was diagnosed with cerebral palsy, and later developed epilepsy; this disorder was characterized by abdominal pain attacks followed by behavioral arrest and postictal sleep. He was treated with valproic acid (500 mg twice daily) and followed by pediatric neurology. Developmental milestones were all delayed.

Results: Approximately ten months prior to the current evaluation, the patient was referred to psychiatry for attentional problems however pharmacological treatment was delayed due to recent anticonvulsant initiation. At reevaluation, the combination of low-dose psychotropic medication under close observation was agreed by both pediatric cardiology and neurology without significant cardiac contraindications.

He had severe hyperactivity, distractibility, interrupting out of turn, excessive talking and unable to keep still (tapping feet) as well as intense frustration. There was no evidence of psychotic, mood or suicidal symptoms. His symptoms met the DSM-5 criteria for ADHD,

combined presentation. Due to the high intensity of hyperactivity, risperidone was started at 0.25 ml/day and increased up to 0.5 ml/day. There was a significant reduction in hyperactivity after treatment, particularly at school. Teachers and family described marked functional improvement, and the drug was well tolerated with no cardiac or neurologic side effects.

Discussion: This case demonstrates that children with Taussig-Bing anomaly and severe neurological comorbidities can safely benefit from individually planned psychiatric treatment. Low-dose risperidone may be an effective option for managing severe hyperactivity in situations where stimulant use is contraindicated, but this requires multidisciplinary assessments. Written informed consent for publication was obtained from the patient's parents. All procedures were conducted in accordance with institutional and ethical standards.

P-47-009

Class-Wide Bilateral Painful Periorbital Reaction to Methylphenidate in a Child With ADHD: A Case Report With Antihistamine Prevention

Submitter: Shao-Chien Chen, Taiwan

Co-Authors: S. Chen

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Methylphenidate is the first-line pharmacological treatment for attention-deficit/hyperactivity disorder (ADHD) in children and adolescents. Although generally well tolerated, hypersensitivity reactions are uncommon, and localized periorbital adverse reactions are rarely reported. Management becomes particularly challenging when stimulant intolerance is accompanied by poor response to second-line therapies.

Methods: We report an 11-year-old girl diagnosed with ADHD who developed recurrent bilateral painful periorbital redness and swelling temporally associated with methylphenidate administration. The reaction occurred consistently across multiple formulations, including immediate-release and extended-release preparations, and resolved completely as the medication effect subsided. No systemic allergic manifestations were observed. Alternative second-line treatments, including atomoxetine, bupropion, and clonidine, resulted in inadequate symptom control.

Results: Given the superior efficacy of methylphenidate and persistent functional impairment, a cautious rechallenge was undertaken with concomitant levocetirizine. Following antihistamine co-administration, the periorbital reaction no longer occurred despite continued methylphenidate use, allowing effective symptom management without recurrence of ocular symptoms.

Discussion: This case highlights a rare, class-wide, bilateral periorbital adverse reaction to methylphenidate and suggests a non-IgE-mediated, histamine-related mechanism. Antihistamine prophylaxis may represent a potential management strategy in carefully selected pediatric patients when stimulant treatment remains clinically indispensable and alternative therapies are ineffective. Increased awareness of atypical localized adverse reactions may prevent unnecessary discontinuation of effective first-line treatment.

P-47-010

An eight-year psychiatric follow-up of a patient with GRIN1-related Neurodevelopmental Disorder: A case report involving antipsychotics and methylphenidate

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: GRIN1-related neurodevelopmental disorder (GRIN1-NDD) is a rare condition resulting from pathogenic variants in the GRIN1 gene, which encodes the GluN1 subunit of the N-methyl-D-aspartate receptor (NMDAR). GRIN1-NDD is characterized by global developmental delay, intellectual disability, epilepsy, hypotonia, and autistic features. Despite growing knowledge of GRIN1 variants (over 700 reported to date), psychiatric manifestations and treatment data remain limited (1,2). Literature addressing psychiatric management in GRIN1-related disorders is notably scarce, restricted to animal studies exploring methylphenidate and atomoxetine, and a single published human case of risperidone-induced oculogyric crisis (3-5).

Methods: This study is based on a longitudinal case follow-up conducted in the Department of Child and Adolescent Psychiatry. The patient was evaluated clinically at regular intervals between 2017 and 2025 using detailed psychiatric interviews with the parents, direct behavioral observations, and developmental and psychometric assessments including the Denver Developmental Screening Test and WISC-R (when applicable).

Psychiatric diagnoses were established according to DSM-5 criteria through clinical observation and collateral information from caregivers and teachers. Pharmacological interventions, including aripiprazole, methylphenidate, risperidone, and melatonin, were prescribed and titrated based on clinical response and tolerability. Treatment effects and side effects were systematically documented throughout the eight-year follow-up. Genetic analysis was performed using next-generation sequencing, confirming a pathogenic GRIN1 variant consistent with GRIN1-related neurodevelopmental disorder.

Results: We present an eight-year psychiatric follow-up of a male patient with genetically confirmed GRIN1-NDD. The patient, born in 2012, first presented at age 5 years and 3 months with delayed language, poor social reciprocity, and stereotyped behaviors. Developmental evaluation revealed global delay consistent with autism spectrum disorder (ASD). During follow-up, clinical findings met criteria for ASD and attention-deficit/hyperactivity disorder (ADHD). He had two febrile seizures in early childhood. Aripiprazole was initiated at age 9 for irritability and self-injury, starting at 1 mg/day and titrated up to 15 mg/day, providing partial benefit. Methylphenidate (10-30 mg/day) improved hyperactivity but caused restlessness and encopresis at higher doses. Melatonin

(up to 3 mg/day) was used for sleep regulation. A previous risperidone trial (up to 1 mg/day) worsened irritability. Despite ongoing special education and pharmacotherapy, he remained nonverbal with stereotypies, behavioral rigidity.

Discussion: Genetic testing confirmed a pathogenic GRIN1 variant. After eight years of follow-up, partial behavioral improvement was achieved with aripiprazole and methylphenidate. This case underscores the importance of individualized psychopharmacological management and highlights the urgent need for systematic clinical research on psychiatric treatment strategies in GRIN1-related disorders, which may further expand our understanding of NMDA receptor dysfunction in psychopathology.

P-48

Autism V: Addressing Complex Comorbidity

P-48-001

Differentiating Autism Spectrum Disorder from Personality Disorders: A Developmental and Dimensional Framework for Clinical Practice

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Distinguishing Autism Spectrum Disorder (ASD) from emerging Personality Disorders (PDs) in adolescence remains a critical and often ambiguous area in child and adolescent psychiatry. Both conditions may present with social difficulties, rigidity, and affective dysregulation. However, their developmental trajectories, underlying mechanisms, and treatment implications have substantial differences.

This presentation aims to explore the clinical, developmental, and neurocognitive features that contribute to differentiating ASD from PDs, integrating recent empirical findings and theoretical background to inform more accurate assessment and formulation.

Methods: A narrative synthesis of recent refereed literature (2018-2025) was conducted, focusing on studies addressing overlap and differentiation between ASD and PDs in youth populations. Diagnostic conceptualizations from DSM-5-TR and ICD-11 were reviewed, along with dimensional and transdiagnostic models of psychopathology. Finally, Clinical vignettes are used to illustrate practical implications in assessment and case formulation.

Results: Evidence suggests that early developmental difficulties in social reciprocity, communication, and sensory processing remain core discriminative markers of ASD, whereas PDs are characterized by maladaptive relational schemas, unstable self-concept, and affective reactivity that typically emerge in adolescence. Overlapping features in social cognition and emotional regulation may contribute to diagnostic confusion. A developmental perspective combined with dimensional assessment tools enhances diagnostic clarity and guides tailored interventions.

Discussion: Recognizing the interaction between neurodevelopmental and personality dimensions is essential for precise differential diagnosis and effective care planning. Such approach, grounded in current evidence aligns with contemporary transdiagnostic models and supports individualized, evidence-based intervention planning.

P-48-003

Feasibility of virtual administration of an expanded Timed Stereotypies Rating Scale for individuals with autism spectrum disorder with catatonia

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Anderson and Campbell developed the Timed Stereotypies Rating Scale (TSRS) (Campbell, *Psychopharmacology Bulletin* 1985;21(3):1082) on the Child Psychopharmacology Unit at New York City Health and Hospitals/Bellevue to quantitatively measure 23 behaviors characteristic of children with autism spectrum disorder (ASD) participating in clinical trials. After instructing the child to sit still, trained raters record the first occurrence of each stereotypy during each 30-second duration of a ten-minute interval. To facilitate scoring additional stereotypies, the TSRS was expanded with to include other movements and verbalizations characteristic of children with ASD to measure a total of 48 stereotypies (Brasic, *Treatment of movement disorders in autism spectrum disorders*. In: Hollander E (Editor). *Autism Spectrum Disorders*. Volume 24 of the *Medical Psychiatry Series*. Marcel Dekker, Inc., New York. 2003;273-346). We sought to assess the feasibility of the expanded TSRS in virtual motor assessments of people with catatonia.

Methods: Seven trained raters participated in online sessions to independently score four sequential videotaped motor assessments of the first published case of ASD with progressive catatonia refractory to clinical interventions (Brasic, et al., *Psychological Reports* 1999;84(1):239-246) utilizing the expanded TSRS and a battery of tools to characterize catatonia (Kadubandi, et al., 2025, <https://doi.org/10.5281/zenodo.16061703>). The neuropsychiatrist (JBr) and the neuropsychologist (JBa) who conducted the original ratings participated as raters in the current rating sessions. The scores of the individual raters were compared and contrasted to determine the feasibility of the expanded TSRS to identify catatonia on virtual viewing of motor assessments. The videos were rated by (A) the neuropsychiatrist (JBr) who conducted the rating sessions (1) after the videos were originally recorded and (2) during the online video viewings and (B) the full team of trained raters during the online video viewings.

Results: Scores of participant at four sequential motor assessment sessions were 40, 81, 44, missing for JBr using the original 23-item TSRS; 100, 140, 41, 130 for JBr using the expanded 48-item TSRS; and 67 +/- 42, 104 +/- 78, 75 +/- 43, 100 +/- 33 for the consensus of the team using the 48-item TSRS.

The use of the expanded TSRS with 48 items (Brasic, 2003) facilitates the ready scoring of a

greater spectrum of stereotypies than the original TSRS with 23 items (Campbell, 1985). Trained raters in multiple locations can independently identify and record multiple stereotypies of a male with ASD complicated by progressive catatonia refractory to interventions (Brasic, et al., 1999) by viewing videos of motor assessments of sequential examinations. Utilization of the expanded TSRS with 48 items for trained raters on two continents to remotely rate motor assessments of people with ASD is feasible.

Discussion: The expanded TSRS (Brasic, 2003) provides the means to capture additional stereotypies and to provide a more extensive and descriptive measurement for implementation in clinical trials and other treatment response studies of catatonia in ASD than the original version (Campbell, 1985). Nevertheless, making the checkmarks on the coding form prevents continuous viewing the participant. Providing the raters the videos to play frame-by-frame with a toggle switch will facilitate capturing and recording each stereotypy. Further refinements of the expanded TSRS (Brasic, 2003) may include the construction of a digital coding system for raters to mark each occurrence of each stereotypy on a terminal to automatically compute scores (total, mean, standard deviation) for individual and total stereotypies. The expanded TSRS (Brasic, 2003) provides a means to measure the effects of medications and other interventions for individuals with ASD and other disorders during clinical trials and other clinical monitoring.

P-48-004

A Light at the End of the Tunnel: Caregivers' Experiences with Clozapine for Treatment-Resistant Disruptive Behaviors in Youth with Autism

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Disruptive behaviors (DB) in youth with autism spectrum disorder (ASD), such as aggression, self-injury, and severe agitation, impose a significant burden on families, frequently resulting in caregiver burnout. Psychosocial interventions are the primary treatment for DB, but pharmacotherapy is often necessary when irritability and aggression escalate into dangerous behaviors. While clozapine is a pharmacological option for treatment-resistant cases, little is known about how families experience this complex treatment. This qualitative study aimed to investigate the lived experiences of caregivers of autistic youth participating in an open-label trial of clozapine for treatment-resistant DBs. We sought to explore their decision-making regarding "last resort" medications, their perceptions of clozapine's impact on daily functioning and family quality of life, and how they balanced clinical benefits against the burden of adverse events.

Methods: This qualitative study was nested within a prospective, pragmatic, open-label clinical trial at Hospital de Clínicas de Porto Alegre in southern Brazil. We conducted in-depth, semi-structured interviews with 28 caregivers of youth with ASD (aged 10-17 years at enrollment) who completed the trial. Interviews were conducted online to ensure accessibility, audio-recorded, and transcribed verbatim. Data were analyzed using framework analysis, a qualitative method that generates themes and subthemes. The analysis focused on identifying key themes reflecting caregivers' perceptions of treatment outcomes, safety, and the broader impact on the family system.

Results: The caregivers had a mean age of 44.5 years, and mothers comprised 82% of the group. Three main themes were created. First, "Clozapine as the Last Resort" highlighted caregivers' initial ambivalence: the fear of severe adverse events was counterbalanced by the desperation to control unmanageable DB. Second, "Perceived Benefits" extended beyond symptom reduction; caregivers reported that clozapine treatment diminished temper tantrums and self-injury, facilitated improved school attendance, enhanced social communication, and restored family well-being, allowing caregivers to resume personal activities. Third, "A Positive Balance to Adverse Events" revealed that while caregivers recognized relevant adverse events, such as drowsiness, sialorrhea, enuresis, and substantial weight gain, they overwhelmingly perceived these as manageable trade-offs relative to the consequences of untreated aggression.

Discussion: These qualitative findings complement the quantitative data from the parent open-label trial by illuminating real-world outcomes, such as family restoration, that standardized rating scales often miss. Caregivers' narratives suggest that families in crisis may tolerate a significant burden of adverse events if treatment effectively mitigates the "devastating" impact of aggression associated with ASD. However, results must be interpreted in light of limitations, primarily the absence of direct interviews with youth and potential social desirability bias, as interviews were conducted by the research team. Ultimately, this study highlights the critical role of caregivers in decision-making and suggests that, despite its complex safety profile, clozapine can be viewed as a life-changing intervention for refractory DB in ASD, necessitating family-centered prioritization of outcomes.

P-48-005

Deep Learning-Derived Multimodal Emotional Discordance During Anger Narratives and Its Association With Depression and Suicidal Ideation in Adolescents and Young Adults: The Moderating Role of Autistic Traits

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Emotional states are communicated through a combination of facial expressions, vocal tone, and linguistic content. In everyday interactions, these channels typically align; however, depending on context, they may diverge. Such emotional discordance may serve as a potential marker of psychopathology. Importantly, the meaning of discordance is unlikely to be uniform across emotional contexts or individuals. In particular, individuals with autistic traits are known to show atypical patterns of nonverbal emotional expression, which may influence how emotional discordance should be interpreted. This study examined whether multimodal emotional discordance during the retrospective narration of emotional experiences is associated with depressive symptoms and suicidal ideation in adolescents and young adults, and whether autistic traits modify these associations.

Methods: Participants aged 11-25 years ($N = 79$; mean age 20.1 ± 3.8 ; 31 males, 48 females) included 14 with psychiatric treatment history and 65 non-clinical participants. Participants completed semi-structured interviews on happiness, sadness, and anger. Emotional valence and arousal were estimated second-by-second from linguistic, acoustic, and facial modalities using pretrained deep learning models. Multimodal emotional discordance (audio-text, face-text) was quantified as the mean Euclidean distance within a shared valence-arousal space during speech segments. Autistic traits were assessed with the Autism Spectrum Quotient (AQ) or AQ-Child. Depressive symptoms and suicidal ideation were assessed with PHQ-9. Associations were examined using multivariable logistic regression with interaction terms, adjusted for age and sex. The study was approved by an ethics committee; written informed consent was obtained from participants and parents or legal guardians for minors.

Results: The overall magnitude of multimodal emotional discordance did not differ between participants with and without autistic traits. In topic-stratified analyses, significant associations were observed specifically during anger-related narratives. Higher audio-text discordance was associated with increased odds of depressive symptoms ($OR = 10.08$, $p = 0.002$) and suicidal ideation ($OR = 5.05$, $p = 0.007$). In contrast, face-text discordance showed no significant associations with either depressive symptoms or suicidal ideation. Autistic traits significantly moderated the association between audio-text

discordance and depressive symptoms (interaction OR = 0.11, $p = 0.004$), and a similar moderation effect was observed for suicidal ideation (interaction OR = 0.27, $p = 0.039$). Stratified analyses indicated that audio-text discordance was strongly associated with both outcomes among participants without autistic traits, but not among those with autistic traits. No significant associations were found for happy or sad narratives.

Discussion: Multimodal emotional discordance during the narration of past anger experiences was associated with depressive symptoms and suicidal ideation in adolescents and young adults, but its psychological meaning differed according to autistic traits. Among individuals with lower autistic traits, greater audio-text discordance may reflect the verbal acknowledgment of anger accompanied by inhibited or flattened vocal expression, suggesting emotional suppression or distancing. In contrast, individuals with autistic traits may show less attenuation of affective expression during retrospective narration, with emotional tone more closely accompanying verbal content even when describing past events. This pattern may indicate heightened emotional re-experiencing or reduced contextual distancing from past emotional experiences, rather than affective pathology per se. These findings underscore that similar levels of multimodal discordance can carry distinct clinical meanings depending on neurodevelopmental characteristics, highlighting the importance of context-sensitive and developmentally informed interpretation of digital emotional markers in youth mental health.

P-48-006

Discrepancy between subjective flow and physiological stress during IT-related tasks in adults with ASD traits: The impact of alexithymia on task performance

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aimed to clarify whether alexithymia (difficulty identifying feelings) creates a discrepancy between subjective engagement and actual physiological stress during simulated IT-related work tasks in adults with ASD traits. We specifically focused on "hyperfocus", which often leads to exhaustion due to a lack of internal state monitoring.

Methods: Twenty-seven adult participants performed a behavioral task (visual search) designed to simulate IT workplace demands under 9 conditions (3 instructions × 3 difficulty levels). We measured subjective flow scores, autonomic nervous system activity (cardiac sympathetic index: CSI; cardiac vagal index: CVI), and task performance (accuracy and reaction time). Participants were categorized into four groups based on Autism Spectrum Quotient (the measure for ASD traits) and TAS-20 (the measure for alexithymia) scores. For each measure, a three-way repeated measures ANOVA was conducted with Instruction and Difficulty as within-subject factors, and Group as a between-subject factor.

Results: Regarding CSI, flow scores, and task accuracy, significant three-way interactions were observed ($p < .05$). Post-hoc analyses revealed that in the most demanding condition (Disturb-Difficult), the High-AQ/High-TAS group reported significantly higher flow scores than Group A (Low-AQ/Low-TAS) and Group B (High-AQ/Low-TAS) ($p < .05$). However, this peak in subjective flow was accompanied by the highest CSI levels and a significant decline in task accuracy, demonstrating a critical dissociation compared to Group A and B.

Discussion: These findings have significant implications for the vocational support of neurodivergent adults. The observed dissociation suggests that 'subjective engagement' can be a misleading indicator of actual strain or adaptive functioning in the workplace for those with high ASD and alexithymia traits. To prevent sudden burnout, support strategies should shift from relying on self-reports to utilizing objective data and environmental modifications.

P-48-008

Early Intervention with Long-Acting Injectable Paliperidone in an Adolescent with Autism Spectrum Disorder and Comorbid Very Early-Onset Schizophrenia: A Case Report

Submitter: Li-Te Chiang, Taiwan

Co-Authors: L. Chiang

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: The comorbidity of Autism Spectrum Disorder (ASD) and Very Early-Onset Schizophrenia (VEOS) -defined by psychotic onset prior to age 13- presents profound clinical challenges. In pediatric populations, diagnostic overshadowing and ASD-related cognitive rigidity often precipitate severe non-adherence to oral antipsychotic regimens, significantly elevating the risk of neurocognitive decline and poor long-term trajectories associated with untreated psychosis.

Methods: We present the case of a 16-year-old male with a neurodevelopmental background of ASD and pervasive developmental disorder. At age 11, the patient presented with acute ego-dystonic auditory hallucinations, persecutory/ referential delusions, and mood dysregulation. Following a pediatric neurology consultation to exclude organic etiologies (including epilepsy and other neurological disorders), a diagnosis of VEOS was well-established. Oral paliperidone was administered and titrated to 12 mg/day in one month, yielding an initial therapeutic response. However, the patient later exhibited fluctuating symptoms during his junior high school years due to poor medication compliance, which was fundamentally driven by his sensory sensitivities and mental rigidity. To address these barriers and respect emerging autonomy, a Shared Decision-Making (SDM) framework was employed, leading to the initiation of Paliperidone Palmitate long-acting injectable (LAI) at age 12 years and 7 months.

Results: Over a three-year follow-up, the patient achieved robust symptomatic remission and clinical stability on a maintenance regimen of Paliperidone LAI, with safety and tolerability congruent with general psychiatric literature. Despite being off-label for minors, LAI therapy provided the consistent pharmacological coverage essential for functional recovery, surpassing the fluctuations of oral medications and enabling a successful transition to senior high school with age-appropriate functioning.

This case underscores that for adolescents with comorbid ASD and VEOS, early LAI intervention (facilitated by Shared Decision Making) serves as a developmental stabilizer, safeguarding critical psychosocial milestones during the transition into higher education. Our findings suggest that for this vulnerable population, maintaining long-term clinical stability is the cornerstone of successful academic and social integration.

Discussion: This case illustrates the diagnostic intersection of ASD and VEOS, where psychotic symptoms superimposed on developmental delay created a "double hit" of neurodevelopmental pathology. The primary challenge was the "adherence trap" inherent to ASD -specifically sensory hypersensitivity and cognitive rigidity- which rendered oral regimens ineffective. Transitioning to Paliperidone LAI provided a stable "pharmacological safety net," mitigating the symptomatic fluctuations that often disrupt adolescent neuroplasticity. Furthermore, the Shared Decision-Making (SDM) framework was instrumental in reframing the treatment as a tool for autonomy rather than a passive imposition. While the single-case design limits generalizability, the observed synergy between pharmacological stability and psychosocial support underscores the potential of LAI in optimizing outcomes for complex neurodevelopmental comorbidities.

P-49

Autism VI: Therapeutic Approaches

P-49-001

Postbiotic Supplementation in Autism: The b(AUT)yrate Multicenter Randomized Controlled Trial

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autistic individuals frequently present with Functional Gastrointestinal Disorders (FGIDs), conditions of gut-brain interaction characterized by altered motility and visceral hypersensitivity, often associated with behavioral dysregulation and sleep disturbances. These conditions negatively impact functioning autism management. Growing evidence suggests that FGIDs and autism share overlapping mechanisms, including gut microbiota imbalance, immune dysregulation, and reduced production of butyrate, a neuroactive short-chain fatty acid with anti-inflammatory, epigenetic, and mitochondrial functions. Postbiotic butyrate therefore represents a promising and safe strategy to restore gut-brain communication. The b(AUT)yrate trial aims to evaluate the efficacy, safety, and tolerability of oral sodium butyrate supplementation in autistic preschool children with FGIDs, with primary focus on reducing gastrointestinal symptom severity. Secondary objectives are to assess effects on behavior, adaptive functioning, sensory processing, and sleep. An exploratory objective is to identify clinical and biological signatures of treatment response through integrated microbiome, immune, and behavioral analyses.

Methods: A multicenter, randomized, double-blind, placebo-controlled trial enrolling 128 autistic children aged 3.0-6.11 years with Functional Gastrointestinal Disorders (FGIDs). Participants are randomized (1:1) to receive oral sodium butyrate or placebo for 16 weeks. Clinical and biological assessments are conducted at baseline and at 4 and 8-month follow-ups. The primary endpoint is a reduction in FGIDs severity, defined as a 4 point decrease in the 6-item Gastrointestinal Severity Index at 4 months compared with baseline. Secondary outcomes include changes in autism-related behaviors, adaptive functioning, sensory processing, sleep quality, and parental quality of life. Biological outcomes assess gut microbiota composition, fecal short-chain fatty acids, and immune and inflammatory biomarkers. Data are analyzed using mixed-effects and multivariate models, with machine-learning approaches. The trial follows SPIRIT guidelines and is registered at ClinicalTrials.gov (NCT06514573)

Results: The trial is ongoing and has currently enrolled 72% (N=92) of the planned sample. To date, two participants have withdrawn, and no adverse effects have been reported. Recruitment will be completed by February 2026, with the trial scheduled to conclude in

April 2027. Butyrate supplementation is expected to reduce FGIDs' severity, while enhancing behavioral, adaptive, and sleep outcomes, reflecting normalization of gut-brain axis function. Biological findings are anticipated to show partial restoration of the gut microbiome, recovery of butyrate-producing taxa, and a shift toward an anti-inflammatory cytokine profile. Integration of clinical and molecular data will identify child phenotypes most responsive to butyrate, enabling targeted interventions. Collectively, these improvements are expected to enhance the quality of life of both children and parents, ultimately reducing the healthcare burden associated with autism.

Discussion: The b(AUT)yrate trial represents the first large-scale randomized controlled study investigating a postbiotic intervention targeting gut-brain axis dysfunctions preschool children with autism and FGIDs. By focusing on butyrate deficiency, a key mechanistic pathway linking gastrointestinal and neurobehavioral symptoms, this study introduces a novel, safe, and non-pharmacological therapeutic strategy. The integration of clinical, behavioral, immune, and microbiome data may enable identification of biologically informed responder profiles, supporting personalized interventions in autism. If effective, sodium butyrate supplementation could improve both child functioning and family quality of life, with relevant implications for clinical practice and healthcare burden reduction.

P-49-002

Effects of Prebiotic and Postbiotic Supplementation on Sleep Quality, Gastrointestinal Symptoms and Behavioral Profile in Children with Autism Spectrum Disorder: A Randomized Double-Blind Placebo-Controlled Pilot Study

Submitter: Claudia Marcovecchio, Italy

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism Spectrum Disorder (ASD) is associated with sleep and gastrointestinal (GI) issues. Growing evidence supports the role of gut dysbiosis and immune dysregulation in modulating the gut-brain axis and influencing GI and sleep symptoms. Among bacterial metabolites, butyrate, mediate anti-inflammatory and neuroactive effects, modulating intestinal homeostasis, immune responses, and neurochemical pathways related to sleep-wake regulation. alpha-lactalbumin, a whey-derived protein, supports serotonin and melatonin synthesis, potentially improving gut function and sleep-wake regulation. No clinical studies have investigated the combined effects of alpha-lactalbumin and sodium-butyrate supplementation on sleep quality, GI symptoms, and behavioral profile. The aim of this study is to evaluate the effects of a 5-month prebiotic and postbiotic supplementation (alpha-lactalbumin and sodium butyrate) on sleep quality, GI symptoms and behavioral profiles, identifying the role of immune responses and gut microbiota in children with ASD presenting GI and/or sleep disturbances.

Methods: This is a randomized, double-blind, placebo-controlled pilot study. We enrolled 46 children with ASD and comorbid sleep and/or GI disturbances (age range 5-16 years). Children with IQ<50, organic GI diseases, concurrent use of supplements were excluded. At baseline participants were blindly-randomized to one of three arms: (A)Dose1 (half-active-dose), (B)Dose2 (full-active-dose), (C)Placebo supplementation for 3 months. After this phase, all participants entered a 2-month open-label phase receiving pre-postbiotic supplementation. Clinical assessment was performed for each patient at baseline (T0), after three (T1) and five months (T2) of supplementation. Analyses of blood and fecal samples collected at T0 and T1 for the characterization of immune profiles and microbiota diversity and composition are ongoing.

Results: We enrolled a sample of 46 ASD individuals (mean age 9,10 ± 2,88; 36 males, 10 females; n=4 drop-out, Dose1 n=14; Dose2 n=15; Placebo: n=13) homogeneous for clinical profile at baseline, except for fewer sleep difficulties in Dose1-group. From T0 to T2, supplementation-group showed an improvement in sleep disturbances (from 82,8% to 41,4%) and GI symptoms (from 79,3% to 24,1%). Whereas, GI symptoms didn't ameliorate in the placebo group before open-label phase. A significant betterment of social symptoms (p = 0,02) and behavioral profile (p = 0,01.) emerged in the supplementation group. Longer

treatment duration was associated with greater improvement in sleep difficulties (DIMS $p = 0.04$; rho Spearman = 0.3; Pearson = 0.3) in the overall sample.

Discussion: Preliminary findings suggest that combined pre-postbiotic supplementation may have beneficial effects on sleep and GI functioning in children with ASD. The ongoing biological analyses will clarify the role of immune modulation and gut microbiota in mediating these effects. These results support the potential of alpha-lactalbumin and sodium-butyrate supplementation as a strategy to target gut-brain axis dysfunction in ASD, and provide a rationale for larger, controlled studies to confirm efficacy.

Fecal Microbiota Transplantation for Autism Spectrum Disorder: A Preliminary Report

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism is characterized by distinct patterns of social communication and a preference for consistency and repetitive behaviors. Gut microbiota of autistic individuals differs from that of typically developing individuals. Its associated physiological mechanism can influence clinical profiles related to autism through the gut-brain axis. Fecal microbiota transplantation (FMT) has emerged as a promising intervention to support autistic individuals, but studies remain limited. This preliminary study investigated the safety and effectiveness of washed FMT in autistic children and adolescents.

Methods: This open-label self-controlled study recruited autistic children and adolescents for a single session of FMT through colonoscopy and followed them for 6 months. The identification of the autistic neurotype was confirmed by experienced pediatric psychiatrists in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). The effectiveness of FMT was evaluated by the Clinical Global Impression Scale (CGI). Changes in clinical profiles were assessed by caregiver-report questionnaires, including the Social Responsiveness Scale (SRS), the Repetitive Behavior Scale-Revised (RBS-R), the Aberrant Behavior Checklist (ABC), the Swanson, Nolan and Pelham Questionnaire (SNAP), and the Gastrointestinal Symptom Rating Scale (GSRS), to assess autistic traits, emotion and behavior challenges and gastrointestinal symptoms. The Wilcoxon signed-rank test and Friedman test were used to evaluate changes of symptoms and disease severity before and after FMT.

Results: A total of 13 participants were recruited (mean age of 10.93 ± 2.60 years, 11 males). After FMT, CGI-Severity scores were significantly reduced ($p = 0.006$). Significantly improvements were observed in Social awareness ($p = 0.009$) of SRS; Self-injurious behavior ($p = 0.011$), Sameness behavior ($p = 0.033$) and Total score ($p = 0.016$) of RBS, Irritability ($p = 0.007$) and Hyperactivity ($p = 0.011$) of ABC; Oppositional Defiant Disorder index and total score of SNAP, and Abdominal pain ($p = 0.017$) of GSRS. No serious adverse events were observed, and only 2 participants reported self-limited adverse events, including flatulence and soft stools.

Discussion: The findings suggest that FMT can positively impact autistic features in children and adolescents while alleviating emotional and behavioral challenges, with favorable safety. Future large-scale randomized controlled studies are warranted to confirm these findings.

P-49-005

From Mechanism to Clinic: A Prospective Indian Cohort Study of Leucovorin Response in Children with Autism Spectrum Disorder Integrating Folate Receptor Autoantibody Testing and Standardized Severity Change

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To examine clinical response to Leucovorin in children with ASD, using a translational framework that includes folate receptor auto antibody testing (FRAT) assessing changes in severity, improvement in communication and quantitative functional outcomes

Methods: The prospective observational cohort study included 135 children aged 3 to 8 years diagnosed with ASD using standardised clinical criteria DSM5. Oral leucovorin was initiated as a part of individualised treatment protocol and was continued for a minimum 6 to 8 weeks, the dose titration was guided by clinical response and tolerability. Outcome measures included ISAA, administered before and every two weeks after starting Leucovorin, in addition structured based percentage based communication scoring was also done that captured communication behaviour, attention and social engagement. After FRAT test became available in India in September, 55 participants were also tested for FRAT. Changes in ISAA were analysed using Wilcoxon signed rank test. Responder was defined as a child demonstrating improvement at least 1 standardised test or on qualitative clinical improvement based on parent feedback.

Results: 62% of children (N = 135) met responder criteria, showing clinically meaningful improvements in expressive and receptive language, non-verbal communication, social engagement and adaptive participation. ISAA scores demonstrated a statistical meaningful reduction following leucovorin supplementation. (Wilcoxon signed rank test), with the most consistent improvements in communication and social reciprocity. In the subset with serial quantitative communication tracking (n = 19), mean communication scores increased from 42.1% at baseline to 48.9% at follow-up, representing an average improvement of 8 percentage points over 6-8 weeks. Among children who underwent FRAT testing (n = 55), a higher proportion of clinical responders was observed in those with positive or borderline folate receptor autoantibody findings, supporting the presence of a biologically plausible responder subgroup. Leucovorin was generally well tolerated, and no serious adverse events were reported.

Discussion: This prospective Indian cohort demonstrates how integrating biological vulnerability, standardized autism severity change, and real-world functional outcomes

can inform leucovorin use in ASD. In a low- and middle-income country context, these findings are particularly relevant, highlighting a feasible, biomarker-informed, and clinically scalable approach to individualized intervention. The observed improvements on ISAA, together with quantitative and qualitative functional gains, support a mechanism-to-clinic model and provide a strong rationale for future biomarker-informed controlled trials in child neurodevelopmental psychiatry.

P-49-006

Efficacy of Four Weeks of Daily Intermittent Theta Burst Stimulation Targeting the Bilateral Posterior Superior Temporal Sulcus in Autistic Individuals

Submitter: Hsing-Chang Ni, Taiwan

Co-Authors: H. Ni, H. Lin

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aimed to investigate the impacts of four weeks of daily intermittent theta burst stimulation (iTBS) over the bilateral posterior superior temporal sulcus (pSTS) in autistic individuals.

Methods: This is a randomized, double-blind, sham-controlled and parallel-group trial. 56 participants, aged 8-30 years, were randomized to receive four weeks daily iTBS interventions (20 sessions) of either active or sham stimulation targeting the bilateral pSTS. All of the behavioral and neuropsychological outcomes were measured before, immediate post-intervention (Week 4) and at 4 and 8 weeks (Week 8 and Week 12) after the final intervention.

Results: Four weeks of daily iTBS over the bilateral pSTS in autistic individuals was feasible and safe without severe adverse events. Although no significant between group difference were found in social behaviors and neuropsychological performance, the active iTBS group showed a significant immediate reduction in repetitive behaviours (treatment-by-time interaction $p = 0.038$, Week 4). Moreover, delayed therapeutic effects were observed in emotion dysregulation and adaptive function at Week 12 ($p = 0.019$ and $p = 0.008$, respectively).

Discussion: Our study demonstrated that four weeks of daily iTBS over bilateral pSTS is feasible and safe for autistic individuals. Despite this protocol did not improve social function, it effectively reduced repetitive behaviors and led to delayed improvements in emotion regulation and adaptive function. Our findings highlight the importance of assessing both immediate and longer-term effects in neuromodulation trials.

P-49-007

Effect of transcranial direct current stimulation on executive functioning among autistic adolescents- an open label study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Executive functioning difficulties are commonly recognised among autistic individuals. These can underlie overt behavioural issues and affect the individual's functioning. The dorsolateral prefrontal cortex (DLPFC), the seat of executive functioning, plays a major role in executive functioning. Interventions aimed at improving executive functioning can have a positive impact on behavioural, emotional, and cognitive functioning of the young person. The current open-label study examined the effect of transcranial direct current stimulation (tDCS) on executive functioning among autistic adolescents.

Methods: 16 autistic adolescents in the age group of 10-18 years with various levels of intellectual functioning received 10 sessions of anodal tDCS on DLPFC and cathodal tDCS over the Supplementary motor area (SMA) over 5 days. Parent-rated version Behaviour Rating Inventory of Executive Function- second edition (BRIEF-2) was used as an ecologically valid measure of executive functioning, at baseline and at 1 and 3 months post tDCS. Other measures, such as the Repetitive behaviour scale- revised (RBS-R), was used to assess the impact on Restricted and Repetitive behaviours (RRBs). Linear mixed-effects analyses were used to determine effects across the time points, adjusting for age and baseline Childhood autism rating scale-2nd edition(CARS-2) severity. Correlation analysis was used to understand the relation between executive functioning and RRBs.

Results: BRIEF-2 Behavioural and emotional regulation index (BRI, ERI) had a clinically significant elevation, while the cognitive regulation index (CRI) had a mild elevation at baseline. Post-tDCS, Significant improvements were seen in the BRIEF-2 Global Executive Composite, from baseline to 1 month (effect size = minus 2.28, 95% CI- minus 3.19 to minus 1.36), $P < 0.001$ with maintenance of effects at 3 months (effect size = minus 2.59, 95% CI- minus 3.56 to minus 1.61) $p < 0.001$. Similarly, the BRI, CRI, and ERI showed significant reduction at 1 and 3 months. ERI baseline severity scores were positively correlated with RBS-R baseline severity scores (+0.56), $p < 0.05$. Also, changes in ERI at 1 and 3 months were significantly positively correlated ($p < 0.05$) with changes in RBS-R at 1 month(+0.597)and 3 months (+0.582) respectively.

Discussion: The current tDCS protocol was found to have a significant positive effect on the executive functioning of autistic adolescents, which was also correlated with an impact

on RRBs. Targeting executive functioning, among other behavioural/cognitive/ emotional outcomes, in neuromodulation interventions may be useful to potentially improve executive functioning along with behavioural issues like RRBs. The large effect sizes, while significant, must be interpreted cautiously on a background of an open-label, non-controlled study design and use of parent-report measures. The results of this study can further be confirmed using performance-based neuropsychological measures of executive functioning in addition to parent-report-based measures and a sham-controlled randomised design to ascertain effects of neuromodulation among autistic adolescents.

P-49-010

Animal assisted therapy (dogs) as a useful intervention for children with Autism Spectrum Disorder

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that involves deficits in social and reciprocal interaction and social communication, along with restrictive interests, repetitive behaviours, and sensory anomalies. It is estimated to affect 1 in 160 children. Several studies have shown that between 46-86% of children with ASD experience sleep disorders. According to the literature, sleep disturbances are significantly related to symptoms of anxiety, aggressive behaviour, attention difficulties and emotional regulation challenges. Additionally, approximately 60% of children with ASD exhibit emotional dysregulation.

The objectives of the study were to investigate the effect of an animal assisted intervention (AAI) together with cognitive behavioral therapy (CBT) on emotional and behavioral dysregulation and sleep problems in children diagnosed with ASD.

Methods: The study was composed of 116 children between 6 and 11 years old diagnosed with ASD. Assessment included K-BIT, ADOS-2, CGAS, Bruni scale, and dysregulation profile of Achenbach scale. Participants were randomized into two groups: experimental group (AAI) and control group. A 12-session program was designed (Behavior, Emotion, Sleep Treatment Program (Huguet et al., 2022), focused on sleep difficulties and emotional and behavioral regulation. A pre-post and 3 months follow up assessment was conducted.

Results: 92% were boys, with a mean age of 7 years old. Regarding the sociodemographic and clinical characteristics of the group, no significant differences were observed between the two groups in overall functioning (CGAS) ($p=0.832$), nor in cognitive ability (IQ), nor in associated comorbidities ($p=0.103$), nor in pharmacological treatment prescription ($p=0.142$). Positive and significant correlation was shown between sleep disturbance and emotional regulation ($r=0.68$, $p < 0.001$). A significant improvement in emotional regulation difficulties was observed after treatment in both groups (experimental group: $p=0.014$; control group: $p=0.04$). However, emotional regulation variable showed a greater improvement in the experimental group ($p=0.013$). Significant improvements were also observed in sleep disorders (total Bruni scale score and sleep onset and maintenance difficulties scale) in both groups. Emotional regulation was maintained on the 3 months follow up on experimental group.

Discussion: To conclude, a CBT as a structured group therapy focused on emotional and

behavioral strategies and sleep problems in addition with AAI have positive effects on behavioral and emotional impairments and sleep disturbances in children with ASD and offer a possible intervention strategy.

P-50

Psychopharmacology

P-50-001

Emerging Evidence on Glucagon-Like Peptide-1 Receptor Agonists for Binge Eating Disorder and Bulimia Nervosa in Pediatric Populations: A Scoping Review and Call for Action

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Recent US studies reported a 107.4% increase in pediatric eating disorder (ED) visits between 2018 and 2022. Binge eating disorder (BED) involves repeated uncontrolled eating episodes, while Bulimia Nervosa (BN) includes binge eating with compensatory behaviors, such as purging or excessive exercise. Glucagon-like peptide-1 receptor agonists (GLP-1 RA), FDA-approved for type 2 diabetes and obesity in those ≥ 12 years, regulate appetite and glycemic control. Recent findings suggest GLP-1 RAs may also regulate impulsive eating in adults with BED and BN, suggesting a biological foundation for clinical impulsivity. However, impulsivity has not been assessed using standardized scales to monitor phenotypic changes in pediatric or adult populations following treatment. The effects of GLP-1 RAs on impulsivity require systematic assessment to develop biologically informed treatments for pediatric BED and BN. This scoping review assesses current literature regarding GLP-1 RA use for pediatric BED and BN.

Methods: In accordance with PRISMA-ScR criteria, a comprehensive literature search was performed on January 1, 2026, utilizing PubMed, EMBASE, Scopus, PsycINFO, and CINAHL. Medical Subject headings and database-specific terminology were employed using advanced search functionalities. Identified records were transmitted to JBI SUMARI, where two reviewers independently assessed abstracts and titles using pre-established inclusion criteria. Subsequent publications underwent a thorough, full-text screening process, accompanied by the settlement of disputed inclusions and exclusions. The selected publications underwent a dual appraisal procedure, employing Joanna Briggs Institute critical appraisal tools tailored to each study design. Data were extracted using a standardized extraction form, through JBI-compliant AI-assisted screening and extraction to improve reviewer efficiency; all extracted data were verified by separate reviewers. Two reviewers synthesized the collected data, organized it into tables and summaries to describe the extent, nature, and characteristics of the existing evidence.

Results: Of 74 records, 11 studies were included: six reviews (one with meta-analysis of 25 studies, $n=8,997$), two prospective cohorts ($n=24$ adult, $n=2$ adolescent), one RCT secondary analysis ($n=66$ adolescents), and two case reports (ages 17-18). Five studies were non-peer-reviewed conference presentations.

GLP-1 RAs were shown to reduce binge-eating by 44% in mixed adult-adolescent cohorts; however, long-term psychological effects were not examined. Most studies evaluating

adolescent eating behaviors lacked formal BED/BN diagnoses, with one case study showing that GLP-1 RA treatment eliminated binge eating behaviors in a pediatric patient with hypothalamic obesity. Another case study reported tirzepatide-induced restrictive eating that prompted hospitalization. No studies used validated impulsivity scales to measure impulsive eating behaviors. Search results revealed conflicting and variable data across the limited available evidence.

Discussion: The current literature, consisting mostly of narrative and anecdotal reviews, reveals low-quality evidence for guidance of BED/BN GLP-1 RA treatment. The lack of both longitudinal data and validated measures of impulsive eating, despite being a key phenotypic characteristic of BED/BN, hinders the understanding of whether GLP-1 RAs alter the foundational mechanisms of biological impulsivity in BED/BN. Moreover, a substantial portion of the available clinical trial data omits patients with severe mental health diagnoses, limiting the ability to apply these findings to this population. Reports of adverse effects, including prolonged food restriction, highlight the necessity for comprehensive research. Future randomized controlled trials are essential, requiring adequate sample sizes, extended follow-up periods, age-stratified cohorts, validated eating disorder outcome measures (binge/purging frequency and psychological well-being), and standardized impulsivity assessments to formulate evidence-based guidelines for GLP-1 RA application in pediatric BED/BN.

P-50-002

The Metabolic Profile of Antipsychotic Treatment in Hospitalized Adolescents with Anorexia Nervosa: A Cohort Study

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Anorexia Nervosa (AN) is a severe psychiatric disorder characterized by restrictive eating, an intense fear of weight gain, and a distorted body image, carrying one of the highest mortality rates of any mental illness. In its therapeutic management, antipsychotic medications are increasingly prescribed off-label to adolescent patients, often with the goal of reducing anxiety and facilitating weight restoration. While some small-scale studies have suggested a potential benefit for this application, the broader scientific literature lacks robust, high-quality evidence concerning both the efficacy and the safety of these drugs in this vulnerable population. In response to their rising clinical use, we aimed to systematically evaluate the therapeutic effectiveness and safety profile of antipsychotics when used as an adjunctive treatment for Anorexia Nervosa.

Methods: We conducted a retrospective observational study on patients admitted to an university hospital. The study identified three groups: patients with AN treated with antipsychotic drugs and/or SSRIs (group A), patients with AN not treated with antipsychotic drugs and/or SSRIs (group B), and patients with a diagnosis other than AN treated with antipsychotic drugs and/or SSRIS (group C). We collected data about metabolic parameters such as pre- and post-treatment body mass index (BMI), fasting blood glucose, total serum cholesterol and cardiac parameters such as ECG QTc. Mixed linear model analyses were conducted, with adjustment for the use of nasogastric tube. Also, Inverse Propensity Treatment Weighting (IPTW) was applied to reduce referral and treatment assignment biases.

Results: Preliminary results from 196 hospitalizations. Adolescents had a mean age of 14.6 years; 18.1% were male. Three groups were identified: 83 AN patients treated with antidopaminergic medication (risperidone [53%] or olanzapine [28%]), 69 AN patients without such treatment, and 69 non-AN patients treated with an antidopaminergic drug (aripiprazole [45%], risperidone [33%], or quetiapine [17%]).

Statistical modeling showed a significant weekly BMI increase over time ($+0.07 \text{ kg/m}^2$, CI 0.03 - 0.10) and an added effect for nasogastric tube feeding ($+0.03 \text{ kg/m}^2$ per week, CI 0.02 - 0.05). Baseline nasogastric feeding was linked to a lower initial BMI (-0.17 kg/m^2 , CI 0.30 - 0.05). No significant effect was detected from antidopaminergic treatment, collectively or by agent, nor on metabolic markers (fasting glucose, total cholesterol) or the QTc interval.

Discussion: Analysis of medical records from a naturalistically treated inpatient cohort indicates that adjunctive antipsychotic therapy does not hasten weight restoration in

adolescents with AN. While these observational data are subject to the constraints of a non-experimental design, they provide a valid representation of typical treatment outcomes in clinical settings. Future updates to this work will include data from 2023 and beyond, conducted within a collaborative interdisciplinary project involving the Department of Law. This project aims to map the developmental trajectories of adolescents receiving inpatient care and to analyze the key clinical, familial, and institutional factors involved.

Beyond treatment-resistant depression: Potential clinical applications of ketamine for children and youth with other mental health needs

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: In recent decades, ketamine has gained traction for its rapid and sustained antidepressant effects, with growing research efforts seeking to characterize its therapeutic potential in other psychiatric conditions. While the evidence base on psychiatric uses of ketamine has expanded rapidly in adults, less is known about ketamine's therapeutic potential in children and youth - a population with urgent unmet mental health needs. The rising rates of anxiety, depression, and suicide in this age group constitute a global public health crisis warranting evolving treatment modalities, including pharmacologic ones. Most of the extant ketamine research in children and youth has focused on treatment-resistant depression; this narrative review aimed to characterize the current evidence for ketamine across all other psychiatric indications with a focus on safety, tolerability, and effectiveness.

Methods: Searches were conducted on Ovid MEDLINE, PsycInfo, and Embase from inception to September 1st, 2025 for studies assessing the impacts of ketamine or esketamine in individuals aged 24 years and under with at least one psychiatric diagnosis other than, or in addition to, depression or treatment-resistant depression. All study types were included. Studies on both therapeutic and recreational use of ketamine were included; the latter were included to characterize ketamine misuse in children and youth. Title and abstract screening, full-text screening, and data extraction were conducted by a single reviewer. Data were extracted from all included articles according to a set of parameters developed a priori based on our research question, including basic study characteristics, participant characteristics, intervention characteristics, findings, and safety concerns. Findings were summarized via narrative synthesis.

Results: The searches yielded 409 studies, of which 48 were eligible for full-text review and 17 ultimately met eligibility criteria. Five primary studies were referenced within the included studies, met our eligibility criteria, and were cross-referenced during data extraction. Included studies consisted primarily of case reports and case series (n=8), followed by single-arm or randomized controlled trials (n=4), retrospective chart reviews (n=2), a cross-sectional observational study (n=1), a multisource data analysis (n=1), and a systematic review (n=1). Most studies were on ketamine (n=15) compared to esketamine (n=2). Most studies had a therapeutic (n=13) compared to a recreational (n=4) context of ketamine or esketamine use. Studies included participants with diagnoses of mood disorders (n=12), anxiety disorders (n=10), obsessive-compulsive disorder (n=7), and post-traumatic stress disorder (n=6), among others.

Discussion: Results from the included studies indicate that there may be preliminary evidence for the safety and effectiveness of ketamine and esketamine in children and youth with psychiatric diagnoses beyond treatment-resistant depression. There were no serious adverse events nor major tolerability concerns across studies. There were varying degrees of symptom improvement associated with ketamine and esketamine for diagnoses including mood and anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, neurodevelopmental disorders, and psychiatric symptoms of suicidality and aggression. These findings should be interpreted with caution due to the lack of high-quality, systematic, controlled studies available; future research is needed in this population to generate robust data on safety and effectiveness across a variety of psychiatric diagnoses.

P-50-004

First experience with esketamine in the treatment of treatment-resistant depression in adolescents at the Hospital de Clínicas de Porto Alegre: a successful case report

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: This study aims to describe a successful case of intravenous esketamine use in an adolescent patient with treatment-resistant major depressive disorder (TRD), who had previously failed various pharmacological and psychotherapeutic treatment regimens, including electroconvulsive therapy. Relevant data regarding the strategies associated with medication use for the patient's recovery are presented. It is noteworthy that this was the first case of esketamine treatment in an adolescent at the Hospital de Clínicas de Porto Alegre.

Methods: This case report describes a patient with treatment-resistant depression based on information gathered from the patient, their parents, healthcare professionals who previously followed the case, and a review of their medical records from the Hospital de Clínicas de Porto Alegre - AGHuse. The report investigates the state-of-the-art evidence and treatment protocols for treatment-resistant depression with esketamine/ketamine using PubMed and SciELO databases, without restrictions on the type of study, year, or language of publication. Informed consent was obtained from the patient, who was over 18 years old at the time of application. The patient received esketamine intravenously twice a week between August and September 2024, with doses ranging from 0.45 mg/kg/infusion to 0.9 mg/kg/infusion. On the Moods and Feelings Questionnaire (MFQ), administered prior to the first infusion, the patient scored 43.

Results: After the second esketamine administration, the patient scored 5 on the Moods and Feelings Questionnaire (MFQ), and after the sixth infusion, scored 1 on the MFQ. At the end of treatment, the patient continued with weekly psychotherapy, demonstrating a more modulated mood, cheerful affect, greater motivation to perform activities, a search for new stimuli, and improved socialization skills. She denied suicidal ideation or self-harming thoughts. Regarding the parents' perceptions, both are satisfied with the treatment results and collaborative in its progress.

Discussion: It is estimated that one-third of patients with major depressive disorder (MDD) will not respond to two or more of these classic antidepressant medications, a condition known as treatment-resistant depression. These patients face ongoing symptoms despite receiving multiple treatments, which can significantly affect their quality of life. Despite the positive response, the current case study reflects the difficulties observed in the reviewed studies, particularly in the management of Treatment-Resistant Depression (TRD) in an adolescent patient. Frequent medication changes and hospitalizations are recurring

themes among the analyzed cases, highlighting the complexity of TRD treatment in adolescents. However, the use of intravenous esketamine with continuous psychotherapeutic follow-up, adapted to the patient's context, provided a positive and controlled response, suggesting that esketamine use protocols may be effective for treating adolescents with TRD refractory to other therapies. Longitudinal studies are needed to assess long-term outcomes.

P-50-005

Breaking the Metabolic Cycle: Lurasidone as a Relevant Alternative in a Metabolically Vulnerable Adolescent with Psychotic Depression

Submitter: Carlos Enrique Acosta, Spain

Co-Authors: C. Acosta

Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: To assess the clinical course of a 14-year-old adolescent, of Latin American origin, with complex post-traumatic stress disorder (C-PTSD) on treatment with paliperidone; who developed a major depressive episode with psychotic features. The aim is to illustrate a possible therapeutic decision-making analysis when metabolic and endocrine side effects limit antipsychotic options such as olanzapine, and to highlight the role of lurasidone, given its favorable receptor profile, in adolescent psychotic and mood disorders, with minimal metabolic side effects. This case also contributes real-world evidence supporting early use of lurasidone as a targeted intervention in youth with complex mental and endocrine comorbidity.

Methods: A longitudinal clinical assessment was conducted, documenting psychopathological evolution and metabolic markers along treatment changes. Psychotic symptoms were monitored using the HAM-D-BPRS11 composite scale, validated for psychotic depression. BMI was measured regularly, starting at 27.3; and prolactin levels were monitored before and after treatment changes. The patient, originally treated with paliperidone for C-PTSD-related symptoms, developed worsening depressive and psychotic features. Fluoxetine was titrated to 40 mg/day with partial response, but hyperprolactinemia and metabolic syndrome prompted discontinuation of paliperidone. Afterwards, lurasidone was selected for its low metabolic impact in adolescent populations. Psychopathological and metabolic parameters (BMI, glucose, and lipid profile) were systematically monitored to assess treatment response and safety.

Results: Switching to lurasidone led to robust improvement in depressive and psychotic symptoms, reflected in HAM-D-BPRS11 reductions. BMI decreased from 27.3 to 26.8, consistent with data showing minimal metabolic impact of lurasidone in adolescents; and no significant alterations were observed in glucose and lipid profile. Improvements in energy level, psychomotor functioning, and normalization of sleep-wake cycle were also observed. No significant adverse effects emerged. The use of lurasidone in combination with fluoxetine appeared to potentiate the antidepressant response and contributed to complete remission of psychotic features. Overall, lurasidone demonstrated strong efficacy and tolerability in treating a major depressive episode with psychotic features.

Discussion: Lurasidone's unique and innovative receptor profile through the combination of 5-HT_{2A}/5-HT₇ antagonism, alongside D₂/D₃ antagonism; provides antipsychotic, antidepressant, and cognitive benefits while minimizing sedation and metabolic disruption

due to low H1 and M1 affinity (Stahl, 2021). Compared with antipsychotics like olanzapine and paliperidone, it is markedly more weight-neutral and metabolically safer, making it especially suitable for adolescents with metabolic vulnerability. Additionally, systematic reviews support its first-line status in bipolar depression owing to its favorable efficacy-tolerability balance (Lin et al., 2024). Given its dual antidepressant-antipsychotic actions and metabolic safety, early introduction of lurasidone may be justified in adolescent psychotic depression where metabolic constraints limit alternatives. The high impact of cardiovascular risk in adults associated to metabolic disturbances in youth, should be an important item to assess when selecting an antipsychotic.

P-50-006

Endoxifen in Child and Adolescent Psychiatry: Clinical Insights from India

Submitter: Deepak Gupta, India

Co-Authors: D. Gupta

Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: To evaluate the clinical utility, behavioral outcomes, and tolerability of endoxifen in adolescents with behavioral and mood-related symptoms in a real-world clinical setting in India.

Endoxifen, the active metabolite of tamoxifen, is well established in the treatment of hormone receptor positive breast cancer. In recent years, growing interest has emerged regarding its potential role in psychiatry. Endoxifen exerts its effects through estrogen receptor modulation and inhibition of protein kinase C, pathways implicated in mood regulation, emotional VB control, and impulsivity. These mechanisms provide a rationale for its exploration in adolescent psychiatric populations, particularly in conditions characterized by mood instability and behavioral dysregulation.

Methods: This observational study included 48 adolescents(10-18yrs) receiving endoxifen as part of routine clinical care. Behavioral outcomes were assessed clinically over the treatment period based on caregiver reports and clinician evaluation. Patients were categorized into responders and non-responders based on observable improvement in behavior, mood stability, and impulsivity.

Results: Out of 48 participants, 26(54.17%) adolescents demonstrated noticeable improvement in behavior, while 22(45.83%) showed minimal/no significant clinical improvement. Responders exhibited better emotional regulation, reduced impulsivity, and improved behavioral control. Endoxifen was generally well tolerated, with no major adverse effects leading to discontinuation during the observation period.

Discussion: Endoxifen may represent a novel adjunctive option for managing mood instability and behavioral dysregulation in selected pediatric psychiatric patients. Although a subset of adolescents showed meaningful improvement, variable response highlights the need for careful patient selection. Larger controlled trials are required to better define its efficacy, safety profile, and long-term role in child and adolescent psychiatry

P-50-007

Parental Attitude Towards the Prescription of Psychotropic Medications for Mental Disorders in Children in a Tertiary Care University Hospital in Oman

Submitter: Mohamed Hamed Al Breiki, Oman

Co-Authors: M. Al Breiki, H. Al Harthi, H. Mirza

Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: This study aimed to investigate parental attitudes towards psychotropic drugs for children's mental disorders.

Methods: This cross-sectional study was conducted from December 2020 to March 2021 at the Department of Behavioural Medicine, Sultan Qaboos University Hospital, Muscat, Oman. A questionnaire was used to determine parents' opinions and attitudes about the use of psychotropic medications on their children and, in a small proportion, other caregivers if the child attended with them. Risk factors associated with parents who preferred to consult a folk healer (FH) for children with mental disorders were identified by the logistic regression model.

Results: A total of 299 parents participated in the study (response rate: 95.2%). Most (n = 244, 81.6%) agreed to give their child psychotropic medications if necessary, but 25.4% (n = 76) would consult an FH before a psychiatrist. Married parents were 14.5 times (P = 0.011) more likely than separated or divorced parents to consult an FH. Caregivers with a monthly income below 500 OMR and between 500 and 1,000 OMR were 2.5 (P = 0.016) and 3.2 times (P <0.001), respectively, more likely than those with more than 1,000 OMR to consult an FH. Parents who disagreed with giving their children psychotropic medications were 3.8 times (P <0.001) more likely to consult an FH than parents who agreed to provide them if necessary.

Discussion: The prescription of psychotropic medications for children and adolescents has increased globally. In Oman, rapid socioeconomic changes and a youthful population have been accompanied by rising mental health needs, yet service utilisation remains limited. This study explored parental attitudes toward psychotropic medication use among children attending CAMHS at Sultan Qaboos University Hospital. Many caregivers believed such medications cause addiction (44.1%) or severe side effects (28.4%), consistent with international findings. Most parents preferred psychotherapy as a first-line treatment, perceiving it as safer than medication. Although many accepted medication when necessary, one-quarter consulted faith healers before psychiatric care, particularly those opposed to medication use. Consulting faith healers was associated with lower education, unemployment, and lower income, potentially contributing to treatment delays. These findings highlight the impact of sociocultural beliefs and stigma and underscore the need for culturally sensitive psychoeducation to improve access to CAMHS in Oman.

P-50-008

Prescription and use of lithium in children and adolescent population in Argentina

Submitter: Corina Ponce, Argentina

Co-Authors: c. Ponce, M. Iveli, P. Kestelman, L. Lorenzo

Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: In adults, lithium is considered the gold-standard treatment for bipolar disorder. However, a global decline in its prescription has been reported over recent years. Lithium is approved by the U.S. Food and Drug Administration (FDA) for the treatment of bipolar disorder from seven years of age and is recommended as a first-line option due to its established efficacy and safety profile. Nevertheless, several authors have reported its underutilization in pediatric populations. While the underprescription of lithium in adults with bipolar disorder has been well documented, evidence in children and adolescents remains limited. The aim of this study was to determine the frequency of lithium prescription for bipolar disorder among child and adolescent psychiatrists currently engaged in clinical practice in Argentina and to explore selected aspects related to its clinical use.

Methods: In December 2025, an ad hoc, cross-sectional survey was conducted among child and adolescent psychiatrists (N = 168) using Google Forms. The questionnaire included items on sociodemographic characteristics, training background and professional practice, lithium prescription, patterns of use, and perceived barriers to and confidence in prescribing lithium. Using a non-probabilistic convenience sampling strategy, the survey was distributed via personal email and WhatsApp messages to Argentine child and adolescent psychiatrists registered as members of the Argentine Association of Child and Adolescent Psychiatry (AAPI), as well as additional professionals identified through the authors' professional networks. Participation was voluntary and electronic informed consent was required before completing the questionnaire. Descriptive statistics were used to characterize the sociodemographic and professional profile of the sample.

Results: The mean age (N=168) was 46.98 years (SD $\pm$ 11.3; median, 46), with a predominance of women (76.8%) and residents from the Central region of the country (77.4%). The majority held a specialist degree (85.1%); 34.5% reported 11-20 years of professional practice, and 78% had received formal training in lithium use. Overall, 82.7% of respondents considered lithium to be underprescribed. The main prescription barrier was concerns about adverse effects (66.7%). Regarding prescription frequency, 49.4% reported prescribing lithium. Psychiatrists who prescribed lithium had received significantly more training (90.4% vs. 65.9%; $p < 0.001$) and more frequently recognized lithium underprescription (91% vs. 74%; $p = 0.005$). Among prescribers, 25% reported selecting lithium as a first-line option for bipolar disorder. All prescribers reported high levels of perceived efficacy and confidence in lithium use.

Discussion: In this national sample of child and adolescent psychiatrists in Argentina, only approximately half reported prescribing lithium for patients with bipolar disorder, despite substantial professional experience and prior training in its use. Although lithium is recommended as a first-line treatment for pediatric bipolar disorder, few psychiatrists reported selecting it as a first option, and fewer than half reported frequent use in the acute management of manic episodes, highlighting a gap between clinical practice and recommendations in major treatment guidelines. While the survey design and sampling strategy limit the generalizability of these findings, the barriers identified across the sample (particularly concerns about adverse effects and lack of experience) as well as observed differences between prescribers and non-prescribers in terms of training, recognition of lithium underprescription, and confidence in its indication, underscore the need to strengthen targeted educational and training initiatives.

P-50-009

Risk-benefit assessment of pharmacotherapy for psychiatric comorbidities in autism spectrum disorder in clinical practice.

Submitter: Eleonora Romagnolo, Italy

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Despite the absence of approved pharmacological treatments for the core symptoms of autism, in routine clinical practice (real-world settings) the use of medications in individuals with autism spectrum disorder (ASD) is highly prevalent, primarily for the management of psychiatric comorbidities or specific target symptoms. Pharmacological treatment is inherently associated with potential risks; therefore, a careful, individualized risk-benefit assessment is required for each patient. Furthermore, individuals with ASD present clinical and neurodevelopmental characteristics that may increase their vulnerability to adverse drug effects, particularly in pediatric populations. The primary objective of this study is to evaluate the risk-benefit profile of psychotropic medications in ASD within routine clinical practice. Specifically, the study aims to examine the most frequently targeted symptom domains, the pharmacological agents prescribed, dosing regimens, the occurrence of adverse events, and the reported clinical benefits.

Methods: This cross-sectional observational study used a retrospective review of clinical records of children and adolescents with autism spectrum disorder (ASD). Collected data included sex, age, age at diagnosis, age at treatment initiation, Autism Diagnostic Observation Schedule-Second Edition (ADOS-2) scores, and cognitive level. Clinical variables comprised ASD severity (DSM-5-TR), psychiatric and medical comorbidities, and Clinical Global Impression (CGI) and Children's Global Assessment Scale (CGAS) scores. Target symptoms were predefined a priori, and corresponding pharmacological treatments, including agents and dosages, were recorded. The study was approved by the local Ethics Committee. At the time of analysis, 57 patients evaluated at a University Children's Hospital were included. Eligibility criteria were a DSM-5/ADOS-2-confirmed ASD diagnosis, age 3-17 years at treatment initiation, and use of at least one psychotropic or nutraceutical agent, reflecting real-world clinical heterogeneity.

Results: Recruitment is still ongoing. At the moment, 57 patients were recruited (70% males), mean age at ASD diagnosis 4.5 years, mean age at pharmacological treatment 8.3 years. 60 targets were identified (1.3 per patient). ADHD was the most common comorbidity in the sample. The most frequently identified treatment target was irritability and disruptive behavior, for which risperidone was the most commonly prescribed medication. The second most frequently observed target was attention-deficit/hyperactivity disorder (ADHD), for which methylphenidate was most frequently used. Across the total number of pharmacological targets identified, treatment

discontinuation occurred in the vast majority of cases. The primary reasons for discontinuation were the occurrence of adverse events or lack of clinical efficacy.

Discussion: The psychopharmacological interventions examined were exclusively intended to address psychiatric conditions comorbid with Autism Spectrum Disorder (ASD), which are known to substantially contribute to overall clinical burden. The findings indicate a prevalent pattern of pharmacological treatment discontinuation among individuals with ASD, typically following multiple medication trials. On average, approximately three pharmacological agents were prescribed for each therapeutic target before treatment cessation, most commonly due to the occurrence of adverse drug reactions or insufficient clinical response.

In the majority of cases, multiple symptom domains requiring pharmacological intervention were identified within the same individual, further contributing to clinical complexity and cumulative burden. Despite the considerable expectations often placed on psychopharmacological treatment by both caregivers and clinicians, therapeutic outcomes in individuals with ASD appear to be limited, with modest benefits frequently outweighed by a high rate of adverse effects.

Metreleptin Treatment of an Adolescent Girl with Chronic Anorexia Nervosa: A Case Study

Submitter: Anne Spangenberg, Germany

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Chronic anorexia nervosa (AN) lacks approved pharmacological interventions, and starvation-induced hypoleptinaemia may contribute to core psychopathological and somatic symptoms. Small case series have suggested that metreleptin, a recombinant leptin analogue, may be beneficial in patients with AN, although no randomised controlled trials are currently available. We report the findings of an off-label treatment with metreleptin in an adolescent girl with severe and long-standing AN.

In contrast to previously published cases, we administered higher daily doses and a longer treatment duration.

The objective was to assess whether metreleptin may alleviate psychological and physical symptoms in chronic AN, given the limited clinical experience and absence of established dosing protocols.

Methods: We describe a single case of a 17-year-old female with chronic AN for approximately three years and multiple failed treatment attempts.

At baseline, the patient presented with chronic starvation (37.7 kg; <1st BMI percentile; BMI = 14.0) and markedly reduced serum leptin levels (<0.1 ng/ml; reference 2.1-24.2 ng/ml).

In addition to AN-specific symptoms, the patient exhibited severe depressive symptoms.

Two metreleptin treatment cycles were administered:

Cycle 1 lasted 19 days (3-9 mg/day),

Cycle 2 lasted 13 days (6-11.3 mg/day).

Symptom changes in mood and AN-specific psychopathology were monitored through clinical observation and structured self-report during and after each cycle. A follow-up assessment was performed approximately eight months post-intervention.

Results: Cycle 1 was associated with improvements in mood, increased interest in activities beyond the eating disorder, enhanced social interaction, and relief from chronic constipation.

Cycle 2 resulted in further stabilisation of mood, reduced inner tension, and a marked decrease in anorexia-related obsessive thoughts.

Improvements persisted after treatment termination. At follow-up, further clinical improvement was observed, including weight gain to 46 kg.

Discussion: This case suggests that metreleptin may alleviate starvation-related psychopathological and somatic symptoms in chronic AN. Higher daily doses of up to 11.3 mg appeared to provide additional benefit beyond previously reported treatment ranges.

Repeated cycles of metreleptin may initiate improvements in mental state and behaviour that extend beyond the administration period.

However, as an uncontrolled single-case observation, the findings remain preliminary.

Further studies are required to determine metreleptin's efficacy in AN, as well as optimal dosing strategies, duration, and long-term effects.

P-51

Suicidality: Risk Pathways and Clinical Approaches

P-51-001

Worthlessness and Suicidal Ideation Strongly Predict Worsening Depressive State in Elementary and Junior High Students: A Three-Wave Longitudinal Study Using the PHQ-A

Submitter: Tomoya Takeda, Japan

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: We previously conducted a network analysis using the Depression Self-Rating Scale for Children (DSRS-C) in 40,118 children and adolescents aged 10-14, an age group at elevated risk for depression, and identified depressed mood, fatigue, and anhedonia as core symptoms exacerbating depressive states and functional impairment (Takeda et al., 2025). To validate these findings longitudinally, we examined whether these symptoms at earlier time points predicted subsequent worsening of depressive symptoms using a three-wave school-based survey.

Methods: Depressive symptom data were obtained from the "Jibun Mikata Program," conducted with the Ehime Prefectural Board of Education. Participants were 36,672 elementary and junior high school students aged 10-14; data from 16,441 students who completed the Patient Health Questionnaire for Adolescents (PHQ-A) at all three time points (T1-T3) were analyzed. To reduce respondent burden, the assessment was changed from the DSRS-C to the PHQ-A, and the suicidal ideation item was modified for school-based use; accordingly, the cutoff score was raised from 10 to 12 points. Assessments were conducted at baseline, one month, and two months later. Logistic regression models assuming temporal stability of symptom effects were compared with freely estimated models. Missing data were handled using full information maximum likelihood estimation. The study was approved by an institutional ethics committee, and guardian consent was obtained.

Results: Based on a lower Bayesian Information Criterion, the constrained model assuming temporal stability of symptom effects across time points was selected. The proportion of participants exceeding the cutoff score was 10.6% (n = 1,737) at T2 and 9.4% (n = 1,317) at T3. All nine depressive symptoms at T1 and T2 significantly predicted exceeding the cutoff at T2 and T3.

Among these symptoms, feelings of worthlessness and suicidal ideation showed stronger effects than other depressive symptoms (standardized logit coefficients = 0.16 for both; $p < .05$), indicating a greater contribution to subsequent worsening of depressive symptoms.

Discussion: This study demonstrated that, among school-aged children and adolescents—a developmental period marked by increased vulnerability to depression onset—feelings of worthlessness and suicidal ideation strongly predicted worsening depressive symptoms one month later. Depressed mood, fatigue, and anhedonia also predicted subsequent

symptom exacerbation, consistent with prior network analysis findings (Takeda et al., 2025); however, their predictive effects were weaker.

One possible explanation is that the DSRS-C used in prior research does not assess feelings of worthlessness. Moreover, adult network analyses have not identified self-worth-related cognitions as core symptoms, suggesting that worthlessness may represent a developmentally specific core symptom in adolescence and early adulthood. Although suicidal ideation showed low centrality in prior network analyses, its strong longitudinal predictive effect highlights its clinical importance. Prioritizing these symptoms may substantially improve the effectiveness of school-based screening and early intervention programs for youth depression.

P-51-002

Socio-demographic and clinical factors among youth in Australia at high risk of suicide: Findings from a tertiary mental health service

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Youth suicide rates are rising globally, yet the factors contributing to a suicide attempt remain poorly understood. Research also remains limited on predictors of further suicide attempts among already at-risk youth. This study examines the socio-demographic and clinical characteristics of young people presenting to a tertiary service in Melbourne, Australia, following a suicide attempt or with persistent suicidal ideation, and explores differences between these two groups.

Methods: A retrospective file audit was conducted of all young people presenting between 2022 and 2024. A total of 171 files were examined for demographic and clinical data including age, gender, gender diversity, and neurodivergence. Binomial proportion tests compared cohort demographics with the general Australian population. Independent sample t-tests compared demographic and social factors between the suicidal ideation and suicide attempt groups.

Results: Compared to the Australian population, the cohort showed significant over-representation of LGBTQIA+ young people, those who were trans, gender diverse or non-binary (TGDNB), neurodivergent, international students, and those not in employment, education, or training (NEET). Nearly 20% reported a trauma history. Within-group comparisons suggested males under 18, those with multiple psychiatric diagnoses, neurodivergence, and addiction were more common in the suicide attempt group, while self-harm, physical illness, and financial stress were more common in the suicidal ideation group. However, these differences were not statistically significant.

Discussion: This study highlights that those from marginalised groups were significantly more likely to present at mental health services due to suicidality. Although differences between ideation and attempt groups were not statistically significant, the observed trends underscore the need for further longitudinal research. These findings reinforce the importance of early identification of demographic and clinical risk factors to guide timely prevention and intervention strategies, with relevance for youth mental health services globally.

P-51-003

Suicide in Pregnant Adolescents in Colombia and Associated Factors: 25 Years of Silenced Vulnerability.

Submitter: Lina Carreño, Colombia

Co-Authors: L. Carreño, J. Palacio

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: This study aimed to characterize cases of perinatal suicide in pregnant women under 20 years of age in Colombia between 1998 and 2023, and to explore their relationship with perinatal mental health policies.

Methods: We conducted a descriptive retrospective design using official mortality records and epidemiological surveillance data, complemented by a documentary review of national mental health guidelines.

Results: The results identified 388 suicide deaths in pregnant women under 20 years of age. Of these, 25 corresponded to adolescents younger than 14, and 363 to those between 15 and 19.

Discussion: These findings suggest that suicide among pregnant adolescents may represent a significant cause of maternal mortality and highlight the importance of strengthening epidemiological surveillance and prevention programs with a differential approach. We will present the factors associated with this behavior. In conclusion, we found an alarming number of deaths by suicide in pregnant adolescents. Strengthening prevention programs with a differential approach is imperative to protect the lives of these young women and their future children.

P-51-005

Anxiety symptoms and suicidal ideation in Chinese adolescents with major depressive disorder: the mediating effect of insomnia

Submitter: Lei Xia, People's Republic of China

Co-Authors: L. Xia, Y. Tian, h. Liu

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Anxiety symptoms are highly prevalent and associated with suicidal ideation (SI) in patients with major depressive disorder (MDD), yet the underlying mechanisms remain unclear. This study aimed to explore the associations between anxiety symptoms and SI, and whether these associations are mediated by insomnia among adolescents with MDD.

Methods: This cross-sectional study was conducted from January 2021 to September 2023 in one psychiatric hospital and two general hospitals in Anhui Province, China. Anxiety symptoms, insomnia and SI were assessed using the 17-item Hamilton Depression Rating Scale (HAMD-17) anxiety/somatization factor, the Insomnia Severity Index Scale (ISI), and the Positive and Negative Suicidal Ideation Scale (PANSI).

Results: A total of 344 adolescents with MDD were included in the study, and the prevalence of anxiety symptoms was 51.5% (177/344). Binary logistic regression analyses demonstrated that anxiety symptoms were significantly associated with a lower proportion of living with family, a higher proportion of parents with disrupted marital status, and higher scores on the ISI and PANSI (all $P < 0.05$). The mediation analyses further revealed a partial mediation of insomnia on the association between anxiety symptoms and SI; the total, indirect, and direct effects were 1.188 (95% CI: 0.734-5.786), 0.373 (95% CI: 0.183-0.595) and 0.815 (95% CI: 0.275-1.354), respectively.

Discussion: Anxiety symptoms are common in adolescents with MDD, and insomnia partially mediated the associations between anxiety symptoms and SI. Therefore, effective identification and intervention for insomnia may be an important strategy to help reduce anxiety-related suicide risk in adolescents with MDD.

Funding: This study was supported by National Natural Science Foundation of China (Grant No. 82401798) and the Scientific Research Project of Anhui Higher Education Institutions (Grant No. 2024AH050681, 2022AH050671).

The influence of ruminative response style on the course of childhood onset depression and suicidal behavior

Submitter: Krisztina Kapornai, Hungary

Co-Authors: K. Kapornai, D. Varga, E. Kiss

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: It is well documented in the literature that ruminative response style is a risk factor in the development of major depression (MDD). However, the influence of this maladaptive strategy on the course of early-onset MDD is less examined.

We explored the effect of ruminative response style on the number of depressive episodes and suicidal behavior in a large sample of children and adolescents diagnosed with major depression. We hypothesized that more severe rumination would be associated with higher number of depressive episodes and increase the tendency toward suicidal behavior.

Methods: We examined a sample of 196 Hungarian children (mean age at the onset of MDD: 9.74 ± 1.5 years; 64.8% boys) enrolled in the "Risk Factors for Childhood Depression" study. The subjects met the DSM diagnostic criteria for major depressive disorder (MDD). The assessment of suicidal behavior was based on the Interview Schedule for Children and Adolescents: Diagnostic (ISCA-D). Responses to Depression Questionnaire (RDQ) was used to measure ruminative response style.

Results: The group which experienced multiple episodes had significantly higher mean ruminative score (37.8 ± 8.8) than those who experienced only 1 episode (34.8 ± 8.8). Although, the average score on the Distraction subscale of RDQ was lower in the group with multiple episodes (33.84 ± 5.7) than in the other group (34.94 ± 5.8), the difference was not statistically significant. On the Rumination subscale, we found that the average score for girls (38.9 ± 8.9) was significantly higher than that for boys (35.2 ± 8.6). In contrast, comparing boys and girls, no significant difference was found on the Distraction subscale. In our sample, a weak correlation was found between suicidal behavior and rumination.

Discussion: Rumination is associated with recurrent depressive episodes in children and adolescents. It would be necessary to assess this maladaptive response styles, especially in girls, and attention should be paid to strengthening adaptive regulation strategies during therapy.

P-51-007

Suicide attempts and non-suicidal self injuries in recurrent depression in comparison to single episode depression: Prospective follow-up study of former adolescent inpatients

Submitter: Joonas Halonen, Finland

Co-Authors: J. Halonen, V. Säynäjäkangas, I. Turula, P. Riipinen, K. Riala, H. Hakko, A. Halt

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Although the link between depression and suicidality is well established, there are relatively few studies examining the impact of depression recurrence on suicidality in adolescents and young adults. This study aims to analyse suicidality and self-harm in former adolescent inpatients with recurrent depression, comparing to a control group with a single depressive episode.

Methods: Study population included 224 former adolescent inpatients with lifetime depression diagnosis, 77 classified as recurrent depression group and 147 in single depressive episode group. Information on familial factors, adverse childhood events, substance use, suicidal ideation and attempts as well as non-suicidal self-harm was gathered using semi-structured interviews during adolescent inpatient hospitalisation. After the initial adolescent inpatient hospitalization information on participants psychiatric diagnoses and self-harm events were gathered from national health care registry data up until the end of 2023 (follow-up time of 10-15 years).

Results: Drug poisonings (OR 2.31, 95%CI 1.24-4.30, $p=0.008$) and personality disorders (OR 3.16 95%CI 1.38-7.20, $p=0.006$) were significantly associated with recurrent depression. Intentional self-harm and suicide attempts were associated with recurrent depression in males (OR 6.19, 95%CI 1.71-22.37, $p=0.005$). In females, drug poisonings (OR 2.25, 95%CI 1.07-4.72, $p=0.033$) and personality disorder (OR 5.10, 95%CI 1.69-15.41, $p=0.004$) were associated with recurrent depression. In survival estimates substance use disorder was significantly associated with any earlier self-harm events in males (HR 0.56, 95%CI 0.33-0.96, $p=0.035$)

Discussion: This study highlights the importance of comprehensive treatment approach that includes assessing personality disorders and substance use regularly in adolescents and young adults with depression. Effective early treatment of depression and prevention of recurrence can reduce suicide attempts and non-suicidal self injury.

P-51-008

Long-term follow up of early onset depression and suicidal behavior

Submitter: Eniko Kiss, Hungary

Co-Authors: E. Kiss, I. Baji, K. Kapornai

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Early-onset depression frequently continues into young adulthood. Multiple episodes, comorbid disorders and long-term functional impairment might be characteristic features. Suicidal behavior is also closely associated major depression. We followed a sample with childhood onset depression into young adulthood and examined their depression characteristics, comorbid disorders and suicidal behavior. We hypothesized that earlier onset age will be associated with more episodes and more severe suicidal behavior.

Methods: The sample included 116 young adults with a mean age of 25.3 (SD 2.5) years (44.8% men), who had the onset of major depressive disorder before age 15. The length of the follow-up period was 14.9 (SD 2.2) years. Psychiatric diagnosis was ascertained by a semi-structured psychiatric interview. Suicidal behavior was examined in four levels of severity: recurrent thoughts of death, thoughts of suicide, suicidal plan, and suicide attempt.

Results: 45.7% of the sample only had one depressive episode in childhood, 33.6% had 2 episodes, 20,7% had 3 or more during the follow-up period. The most frequent comorbid disorder was attention-deficit hyperactivity-disorder (24.1%), specific phobia (22.4%) and oppositional disorder (14.7%). 19% of the sample never had any suicidal symptom. The most severe suicidal behavior during the follow-up period was recurrent thoughts of death in 11.2%, suicidal thoughts in 22.4%, and suicidal plan in 24.1%. 23.3% attempted suicide and 1.7% (2 patients) committed suicide. Comorbid disorders and suicidal symptoms were associated with the onset age of depression.

Discussion: Early onset depression has a long-term negative impact on the patients' lives. Comorbid mental disorders are frequent and disrupt functionality further. Monitoring suicidal symptom is paramount in long-term prognosis.

P-51-009

Early-Onset Psychosis and Suicidal Behavior in Children and Adolescents: A Multifactorial Clinical Approach

Submitter: Salma Benkirane, Morocco

Co-Authors: S. Benkirane, O. Baali, L. Rachidi

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: In children and adolescents, the presence of psychotic symptoms is frequently accompanied by an increased risk of suicidal thoughts and behaviors. These manifestations may appear as early as the prodromal phases, even before the onset of a fully established psychotic disorder, highlighting the particular vulnerability of this population. Recent literature indicates that suicidality in young people with psychosis results from a complex interaction between symptomatic, emotional, social, and environmental factors, with a central role played by positive psychotic distress, which is experienced as overwhelming, persecutory, and difficult to mentalize (Murray et al., 2017; Fusar-Poli et al., 2020).

Understanding this relationship is essential for guiding prevention and clinical management. The aim of this study is to describe suicidal behavior in children and adolescents with psychotic disorders and to identify the clinical, family, social, and traumatic factors that may influence suicide risk in this population.

Methods: This retrospective, descriptive study was conducted over three years, from September 2022 to September 2025, among patients receiving child and adolescent psychiatric care for psychotic disorders. Inclusion criteria included patients aged 9 to 18 years with a confirmed diagnosis of psychotic disorder according to DSM-5 and receiving regular follow-up. Patients consulting for other psychiatric reasons or aged under 9 years were excluded.

Data were collected using a standardized form that included: sociodemographic and educational characteristics, family and socioeconomic background, medical and psychiatric history, exposure to violence and trauma, substance use, psychotic and suicidal symptoms, and treatment modalities. This methodology provided a detailed clinical and psychosocial profile of each patient.

Results: 152 patients (52.6% girls) were included. The mean age 15.25, mostly urban (88%) with low-medium socioeconomic status (94.7%).

Schooling was limited: 36.8% dropped out, 48.7% were enrolled - high school 27.7%- with 42.1% achieving average-low grades.

Family dysfunction affected 61.8%, and 56.7% experienced childhood abuse. Personal psychiatric history was present in 28.2% (ID 5.2%, ASD 1.3%, prior psychosis 1.5%), 26.3% reported substance use.

Family psychiatric history (36.9%), included suicide (10.5%).

Psychotic symptoms: hallucinations 89.5% (auditory 86.8%, visual 77.6%), delusions 93.4% (persecutory 88.2%, mystical 34.2%), thought disorders 72%, negative symptoms 23.7%, behavioral disturbances 97.4%, thymic 13.2%.

Suicidal ideation occurred in 48.7%, with 51.3% attempting suicide - 36.8% defenestration - often concomitant with positive psychotic symptoms (48.7%).

Hospitalization (21.1%) ; 88.2% received pharmacotherapy.

Discussion: Recent studies describe a multifactorial model in which suicidality is central to early psychotic experience in adolescents. Clinical observations show suicidal acts often occur in the context of intense positive psychotic symptoms experienced as overwhelming, persecutory, and difficult to mentalize, more markedly than isolated mood symptoms.

Psychosocial factors play a major role: childhood abuse, family conflicts, dysfunctional family environment, school dropout, low socioeconomic status contribute to cumulative vulnerability. Personal or family psychiatric history, substance use, and access to lethal means increase the risk of suicidal acts. Academic, social, and family difficulties reflect functional disorganization, limiting protective factors. The use of violent suicidal methods underscores the impulsive and potentially lethal nature of suicide in early psychosis.

These findings highlight the need for early, integrated suicide risk assessment, incorporating psychotic symptoms, trauma, psychosocial context, medication, psychotherapy, and family and school support.

Limitations : the retrospective, single-center design and reliance on consultation records.

Intranasal Esketamine in an Adolescent With Treatment-Resistant Depression and High Suicide Risk: A Case Report

Submitter: Gabriela Rubira, Brazil

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To describe the clinical course and treatment response of an adolescent with treatment-resistant severe depression, complex childhood trauma, and chronic suicidal ideation, treated with intranasal esketamine during psychiatric hospitalization, contributing to the limited literature on its use in high-risk adolescent populations.

Methods: This case report describes a 17-year-old adolescent with a history of intrafamilial sexual abuse and parental maltreatment. These experiences contributed to early-onset depression, worsening during the COVID-19 pandemic, with suicidal ideation, self-harm, suicide attempts, social and functional withdrawal, and increased engagement with violent online games.

Clinical data were retrospectively collected from inpatient and outpatient records. Before the current intervention, the patient underwent multiple pharmacological treatments (antidepressants, mood stabilizers, benzodiazepines, and typical and atypical antipsychotics) at adequate doses and duration, with limited response.

During the most recent hospitalization (2025), off-label intranasal esketamine was initiated following an induction protocol (84 mg twice weekly for four weeks), alongside optimized psychopharmacological treatment. Symptom severity was assessed before and after treatment using Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder 7 (GAD-7), and Montgomery-Åsberg Depression Rating Scale (MADRS), indicating severe depressive and anxiety symptoms at baseline.

Results: At baseline, the patient presented with severe depression and anxiety, chronic suicidal ideation with planning, and recurrent self-harm. Pre-treatment scores indicated symptom severity (PHQ-9 = 27; GAD-7 = 20; MADRS = 48). During esketamine induction phase, early clinical improvement was observed, with significant reductions in depressive symptoms and remission of suicidal ideation. Post-induction assessments demonstrated sustained symptomatic improvement, even after hospital discharge (PHQ-9 = 7; GAD-7 = 5; MADRS = 14), corresponding to mild symptom severity. The patient also reported improvement in quality of life and global functioning. Given the favorable response, intranasal esketamine was continued as part of a structured outpatient maintenance regimen, maintaining stability during follow-up, alongside engagement in complementary non-pharmacological interventions, including Dialectical Behavior Therapy, parental guidance, family therapy, group therapy, absence of self-harm and acute suicidal ideation,

and completion of academic activities at home, allowing progression to the next school year.

Discussion: This case highlights the potential role of intranasal esketamine as an adjunctive treatment for adolescents with severe, treatment-resistant depression and chronic suicidal ideation. The rapid and clinically meaningful improvement observed contrasts with the limited response to multiple prior treatment strategies. However, findings must be interpreted cautiously due to the single-case design and the concurrent use of multimodal interventions, including psychopharmacological optimization and intensive psychotherapy, which precludes causal attribution. Although intranasal esketamine has been primarily studied in adult populations, this report contributes to emerging evidence suggesting potential benefits in carefully selected adolescents with early-onset, developmentally complex depressive disorders. Further controlled studies are required to better establish safety, efficacy, and long-term outcomes in pediatric and adolescent populations.

P-52

Substance-Related and Addictive Disorders

P-52-001

Validity of The Car, Relax, Alone, Forget, Friends and Trouble + Hooked on Nicotine Checklist (CRAFT+N) as a Brief Screening Tool for Concurrent Substance Use Disorder Among Thai Youth in Psychiatric Outpatient Care

Submitter: Treevarath Daengpumee, Thailand

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: This study aimed to evaluate the psychometric properties of the Thai CRAFT+N, a brief screening tool, for detecting concurrent substance use disorders (concurrent SUD) among adolescents attending psychiatric outpatient services in Thailand.

Methods: A cross-sectional study was conducted among 82 adolescents aged 12-18 years attending the Child and Adolescent Psychiatric Outpatient Clinic, Queen Sirikit National Institute of Child Health, Thailand between 15 January - 30 April 2025. Participants completed The Thai CRAFT+N, and diagnoses of concurrent SUD were independently established by child and adolescent psychiatrists using criteria from The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition as the gold standard. Internal consistency was analyzed using Cronbach's alpha, and validity indices were calculated based on sensitivity, specificity, predictive values, and the area under the receiver operating characteristic (AuROC) curve.

Results: The Thai CRAFT+N demonstrated good internal reliability (Cronbach's alpha = 0.788 for CRAFT and 0.815 for HONC).

The instrument showed excellent criterion validity, with an accuracy of 95.1%, sensitivity of 93.3%, specificity of 95.5%, positive predictive value of 82.4%, and negative predictive value of 98.5%.

The AuROC value of 0.952 indicated outstanding discriminative performance.

A combined cut-off score to greater than or equal to 2 further optimized screening accuracy while maintaining high sensitivity.

Discussion: Despite international recommendations, substance use screening in adolescents remains limited. Implementing validated instruments in mental health services is crucial to close the treatment gap and allow early intervention.

The Thai CRAFT+N is a concise, reliable, and valid tool for identifying concurrent SUD in adolescent outpatient settings. E-cigarettes were the most frequently used substance, followed by alcohol and cannabis, differing from Western patterns.

The HONC subscale showed good internal consistency (Cronbach's alpha=0.815), supporting its reliability. Adjusting the total cut-off score to greater than or equal to 2 improved diagnostic accuracy (AuROC=0.952) and clinical utility. This adjustment better reflects severity (consistent with DSM-5 standards) and enhances early, multiple substance use detection.

The Thai CRAFFT+N is suitable for routine screening in child and adolescent psychiatric clinics and is adaptable for school or community use, with the HONC component covering emerging substances.

P-52-003

Digital Addiction and Parent-Adolescent Relationship Quality in Adolescents with Sleep Bruxism: A Cross-Sectional Study

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: Bruxism is a parafunctional motor disorder characterized by repetitive, involuntary masticatory muscle activity, typically manifesting as teeth grinding or jaw clenching. The etiology of sleep bruxism (SB) is multifactorial and has been associated with psychobiological factors such as anxiety, depression, parasomnias, psychotropic drug and stimulant use, obstructive sleep apnea, and stress. The literature provides strong evidence that positive parenting attitudes reduce stress levels, improve sleep quality, and decrease mental health symptoms in adolescents. Conversely, authoritarian, neglectful, or inconsistent parenting styles have been associated with depression, anxiety, and sleep disorders. Digital addiction and prolonged screen exposure may be one of the triggering factors of SB by causing delayed sleep onset and reduced total sleep time. This study aims to investigate the psychosocial context of SB by examining digital addiction levels and parent-adolescent relationship characteristics in adolescents with SB compared to healthy controls.

Methods: This cross-sectional study included 43 adolescents aged 10-18 years diagnosed with SB and 245 healthy controls matched for age and gender. The SB diagnosis was made according to the diagnostic criteria recommended by the American Academy of Sleep Medicine (AASM). The clinician noted the sociodemographic characteristics of the participants and their families, as well as individual and environmental factors predicted to influence bruxism. All participants completed the Quality of Parent-Adolescent Relationship Scale (QPARS) and the Child-Adolescent Digital Addiction Scale (CADAS). Nonparametric tests were used to compare groups. Partial correlation analysis and multivariate logistic regression analysis were performed to examine psychosocial factors associated with bruxism. Statistical significance was set at $p < 0.05$.

Results: The groups were similar in terms of sociodemographic characteristics. There were no significant differences between the groups in terms of caffeine consumption, snoring, bedwetting, night light use, sleepwalking, nightmares, family history of bruxism, recent exposure to stress, and smoking. The negative paternal relationship score was significantly higher in the SB group. No significant differences were found in the CADAS subscales. The CADAS total score was significantly higher in the bruxism group. In a partial correlation analysis within the SB group, controlling for all sociodemographic data, CADAS total score showed a weak correlation with positive maternal relationship, a strong correlation with paternal explanation, and a moderate correlation with positive paternal relationship. In the multivariate logistic regression analysis, CADAS total score and negative paternal

relationship scores were entered into the model. Neither variable remained a statistically significant independent predictor of bruxism, and the overall model had limited explanatory power.

Discussion: This study is, to our knowledge, the first to focus on the quality of the parent-adolescent relationship and digital addiction as factors potentially associated with sleep bruxism in adolescents. The results of the study suggest that digital addiction and the quality of the parent-adolescent relationship may be psychosocial factors associated with bruxism rather than independent risk factors. This supports the information in the literature that bruxism is a multifactorial condition influenced by psychological, behavioral, and environmental factors, rather than a condition arising from a single etiological cause.

P-52-004

Efficacy of Internet-Based Interventions for Gambling Disorder: A Systematic Review and Meta-Analysis

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: To evaluate the effectiveness of internet-based interventions in reducing gambling disorder severity.

Methods: A systematic search of Scopus, PsycINFO, Embase, Cochrane CENTRAL, and MEDLINE was conducted from inception to June 2025. Eligible studies were randomized controlled trials comparing internet-based interventions with non-internet comparators, waitlist, or placebo in individuals with gambling disorder. Random-effects meta-analyses were performed; heterogeneity was assessed using I^2 statistics.

Results: Seventeen RCTs ($n = 5,766$) were included. Across eight pooled outcomes, online interventions demonstrated modest effects on gambling symptom severity. The Gambling Symptom Assessment Scale (G-SAS) improved significantly post-intervention (mean difference [$N = 6$; MD = -2.14; 95% CI -3.82 to -0.46) and showed a nonsignificant trend at follow-up ($N = 3$; MD = -0.66; 95% CI -1.93 to 0.60). The Problem Gambling Severity Index (PGSI) showed non-significant change at post-intervention ($N = 4$; MD = -0.92; 95% CI -3.41 to 1.56) but improved significantly at follow-up ($N = 4$; MD = -1.11; 95% CI -2.22 to -0.01). Behavioral metrics including gambling days, money, and time spent showed no statistically significant change. Internet-based interventions yield modest yet meaningful reductions in gambling symptom severity, with potential sustained effects, though behavioral outcomes remain inconsistent.

Discussion: Gambling disorder remains underdiagnosed and undertreated despite profound personal, social, and financial consequences, including elevated suicide risk. Internet-based interventions offer accessible, anonymous, and scalable treatment options that mitigate stigma and cost barriers. However, these vary widely in format, duration, and therapeutic content.

P-52-007

Familial, Social, and Psychological Risk Factors for Adolescent Substance Use: A Romanian Clinical Sample

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: In recent years, a significant increase in the use of psychoactive substances among adolescents has been observed in Romania, with a negative impact on personal, social, and educational functioning. However, the risk factors contributing to this increase are not fully understood. The aim of this study was to identify the risk factors associated with the onset of substance use in adolescents. Specific objectives included the analysis of familial risk factors (parenting style, family structure, socioeconomic status, and family history of substance use), social risk factors (peer influence, bullying, and academic stress), as well as the assessment of associations between substance use and exposure to major stressors (sexual, physical, or emotional abuse, neglect) and the presence of mental health disorders.

Methods: This observational, descriptive study was conducted on a sample of 60 adolescents hospitalized in the Child and Adolescent Psychiatry Department of the "Prof. Dr. Alexandru Obregia" Clinical Hospital between January 2024 and January 2026. Patients aged 10-18 years with a history of psychoactive substance use were included. Data were collected through clinical evaluation and standardized questionnaires and analyzed descriptively.

Results: Preliminary results show that the most frequently used substances were tobacco, cannabis, and alcohol, with onset occurring predominantly between 12 and 14 years of age. Substance use in peer groups was common, suggesting a strong influence of peer environment. The most frequently associated stressors were psychological stress, bullying, and emotional abuse. Common psychiatric comorbidities included major depressive disorder, anxiety disorders, and ADHD. More than half of the participants had a positive family history of substance use and came from single-parent families. The predominant parenting style was authoritative, and a medium to high parental educational and socioeconomic level was frequently observed.

Discussion: The findings highlight the multifactorial nature of substance use onset in adolescents, involving individual, familial, and social factors. Peer influence, emotional stressors, and psychiatric comorbidities appear to play a central role. The early age of substance use onset is particularly concerning, as early initiation is associated with a higher risk of developing substance use disorders and adverse mental health outcomes later in life. Early identification of these risk factors is essential for the development of

prevention and early intervention strategies aimed at reducing the long-term negative consequences on adolescent mental health and development.

P-52-008

Subjective Experiences and Developmental Trajectories of Substance Use Disorders among Adolescent Girls: A Qualitative Exploration from a Tertiary Care Mental Health Setting

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: To explore the subjective experiences of substance use initiation, progression, and recovery among adolescent girls diagnosed with substance use disorders. The study aimed to understand the developmental, psychological, familial, and sociocultural contexts shaping substance use behavior in this population. By centering the lived experiences of adolescent girls, the study sought to elucidate gender-specific vulnerabilities, meanings attributed to substance use, pathways to escalation, and factors facilitating engagement with treatment and recovery. This qualitative inquiry was designed to complement clinical profiling by capturing experiential dimensions that are often under-represented in substance use research, particularly in the Indian sociocultural context where stigma and gender norms strongly influence help-seeking and illness trajectories.

Methods: This qualitative study was conducted using in-depth interviews with eight adolescent girls diagnosed with substance use disorders and treated at the National Institute of Mental Health and NeuroSciences (NIMHANS), Bengaluru. Participants were purposively sampled from outpatient and inpatient services and represented urban, middle- and upper-socioeconomic backgrounds. Semi-structured interviews explored experiences of substance initiation, perceived effects, progression of use, interpersonal and academic impact, treatment experiences, and recovery-related changes. Interviews were audio-recorded, transcribed verbatim, and analyzed using Reflexive Thematic Analysis. An inductive, iterative approach was employed to identify patterns of meaning, with reflexivity maintained throughout analysis. Themes were refined through repeated engagement with the data and consensus discussions among the research team to ensure conceptual coherence and depth.

Results: Reflexive thematic analysis yielded five major themes: (1) adolescence as a vulnerability, reflecting heightened emotional sensitivity, impulsivity, and developmental challenges; (2) predisposition to early use, driven by peer influence, curiosity, experimentation, and attempts to cope with negative emotions; (3) escalated progression, wherein substance use rapidly transitioned from an enjoyable peer group activity to harmful use and dependence; (4) change of perception through treatment, marked by increased insight into the harmful effects of substances on health, development, and functioning; and (5) factors promoting change, including support, empathy, and a non-judgmental attitude from therapists, along with improved communication with parents. Although substance use initially served social and hedonic purposes, it gradually evolved

into a maladaptive coping mechanism in vulnerable adolescent girls, contributing to emotional distress, interpersonal disruption, and academic impairment. With effective engagement in treatment, participants reported relief, renewed hope, and a shift toward adaptive ways of coping.

Discussion: The findings highlight substance use among adolescent girls as a developmentally embedded phenomenon shaped by intersecting emotional, familial, and sociocultural stressors. Substance use frequently functioned as a maladaptive coping strategy rather than a primary pathology, reinforcing its conceptualization as an epiphenomenon within a broader matrix of vulnerabilities. The rapid progression, concealment, and association with high-risk behaviors contributed to delayed recognition and treatment. Therapeutic experiences underscored the centrality of empathy, validation, and relational safety in facilitating engagement and recovery. These insights emphasize the need for gender-sensitive, developmentally informed, and family-inclusive treatment models that move beyond symptom reduction to address underlying vulnerabilities and relational contexts. Qualitative understanding of lived experiences is essential for designing responsive interventions for this complex and under-recognized population.

P-52-009

Implementation of a Guidance Group for Caregivers of Adolescents with Substance Use Disorders in a Tertiary Care Outpatient Clinic: Initial Implementation Outcomes

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: To describe the implementation of a caregiver guidance group for caregivers of adolescents with substance use disorders in a tertiary care hospital, focusing on key implementation outcomes, including feasibility, acceptability, adoption, and self-reported impact on caregiving practices and adolescent care.

Methods: This is an experience report of the implementation of a caregiver guidance group in an outpatient therapeutic program for adolescents with substance use disorders in a tertiary care hospital. This therapeutic group began six months ago and has been offered once a week in 50-minute sessions, with the objective of listening to the demands presented, selecting a topic and discussing it based on their real-life experiences (situations with positive and negative outcomes). Core topics included the theoretical basis of substance use disorders in adolescence, nonviolent communication strategies, boundary setting, management of oppositional defiant behavior, building a support network, and caregiver self-care.

Implementation outcomes presented will be feasibility (delivery of sessions), adoption (attendance), and acceptability (caregiver satisfaction). Qualitative feedback was collected through brief written forms and verbal reports about the perceived usefulness and points to improve of the intervention and self-reported impact on caregiving practices.

Results:

Feasibility:

Over the six-month implementation period, the caregiver guidance group demonstrated good feasibility, being delivered as planned with 50-minute sessions, with interruptions only due to national holidays.

Adoption:

There was initially low adherence to the group, but it has been increasing slowly due to initial resistance from some caregivers to group interventions. Those who participated actively engaged in the proposed discussions.

Acceptability:

Acceptability was high based on positive qualitative feedback from written forms and verbal reports. Caregivers reported feeling better supported by the team and did not report discomfort in participating in the sessions.

Self reported impact on caregiver practice:

Caregivers reported reductions in stress, reductions in conflicts and situations involving violence with the adolescent, and better understanding of substance use disorders.

Discussion: Caregiver guidance is an important part of many disorders in child and adolescent mental health. Substance use disorders often involve severe emotional dysregulation and risk behaviour and require intense management by caregivers, who need support and proper guidance for effective actions.

This report describes the initial implementation of a caregiver guidance group in an outpatient program for adolescents with substance use disorders. The findings suggest that this intervention is feasible and acceptable but presents a challenge in adoption. Caregivers also reported preliminary positive impacts on their practices, including reduced stress, fewer conflicts with adolescents, and improved understanding of substance use disorders.

These findings suggest that caregiver-focused interventions are a valuable complement to adolescent treatment. Limitations include the short duration of the intervention, reliance on self-reported data, and lack of standardized measures. Future studies should include structured outcome assessments, longer follow-up, and strategies to improve early caregiver engagement

P-52-010

Psilocybin-Associated Acute Mania with Psychotic Features in an Adolescent: A Case Report

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: This report presents a case of acute mania with psychotic features temporally associated with psilocybin ingestion in a 17-year-old female and aims to raise awareness of potential psychiatric risks related to psychedelic use in adolescents.

Methods: The case was identified during an inpatient psychiatric admission following an acute manic episode with psychotic features after self-reported psilocybin use. Clinical data were obtained from patient interviews, family reports, and medical records. The diagnostic process included psychiatric evaluation, clinical observation, psychological testing, and laboratory investigations. The patient's clinical course and treatment response were documented and analyzed descriptively. A literature review was conducted using the PubMed database.

Results: A 17-year-old female with no known genetic predisposition, but with a psychiatric history of behavioral problems, alcohol and cannabis use, self-harm, and suicidal ideation, presented with acute mania with psychotic features following self-reported psilocybin mushrooms ingestion. Despite prior exposure to alcohol and cannabis, no previous manic or psychotic episodes had been documented before the reported psilocybin use. Clinical symptoms included elevated mood, increased energy, decreased need for sleep, pressured speech, inappropriate affect, reckless behavior, grandiosity, disorganized thinking, and delusions. Laboratory and toxicology investigations were unremarkable, excluding alternative medical or substance-related causes of mania. Thought disorder was identified during psychological assessment. Initial treatment with olanzapine 5 mg/day was escalated to 15 mg/day without sufficient therapeutic response. Gradual symptom resolution was observed over a four-week period.

Discussion: This case illustrates that psilocybin use in adolescents may be associated with acute mood and psychotic symptoms. While psychedelics are increasingly discussed for potential therapeutic applications in adults under controlled conditions, evidence regarding their safety and psychiatric impact in adolescents remains limited. Ongoing neurodevelopment and heightened vulnerability of serotonergic systems may increase susceptibility to adverse psychiatric reactions following psychedelic use in this population. This report underscores the importance of routine assessment of psychedelic use in adolescents presenting with acute mood or psychotic symptoms and supports the need for increased clinical awareness, preventive psychoeducation, and further research into the psychiatric risks associated with adolescent exposure to psychedelics. This case

contributes to the limited but growing evidence base and highlights the need for caution regarding non-medical or informal psychedelic use among adolescents.

P-53

Anxiety: From Family Pathways and Clinical
Presentations to Intervention

P-53-001

Mental Health Interventions on Adolescents with Depression and Anxiety in Low- and Middle-Income Countries: A Systematic Review of the Evidence

Submitter: Shuya Yin, United States of America

Co-Authors: S. Yin, T. Tian, W. Auslander

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: One in 7 adolescents aged 10 to 19 worldwide suffer from mental disorders. Anxiety and depression disorders makeup about 40% of mental disorders Adolescents in low-and middle-income countries (LMICs) are particularly vulnerable due to limited access to evidence-supported mental health services. Evidence from LMICs, where 90% of the world's adolescents live, remains scarce. In response to an international action plan to promote mental health by WHO (2013), a systematic review of intervention studies to reduce depression and anxiety in LMICs was conducted. This review addressed the following research questions: 1) What types of interventions were used to reduce depression and anxiety among adolescents in LMICs? 2) What was the methodological quality of these studies? 3)What types of interventions (school versus non-school-based) were most effective when considering the study's methodological rigor?

Methods: A systematic search of five databases was conducted to identify publications. Studies were included if they were: 1) peer-reviewed publications between 2013- 2025, 2) written in English; 3) conducted in an LMIC; 4) quasi-experimental or experimental designs; 5) quantitative evaluations on depression and/or anxiety;6) participants ages 10-19 who screened positive for symptoms of depression and/or anxiety. Studies that only evaluated medical interventions were excluded. The 12-item Methodological Quality Rating Scale (MQRS) was used to assess methodological rigor. Strength of the evidence for each study was evaluated by combining methodological rigor with statistical significance on outcomes of depression and anxiety according to the following ratings: "strong" evidence (significant outcomes with high rigor); "promising" evidence (significant outcome with low rigor); or "weak" evidence (non-significant outcome with high or low rigor). The strength of evidence was compared by intervention setting (school vs non-school).

Results: Seventeen studies met the inclusion criteria. Ten studies were school-based, and 7 were non-school-based. Analysis of MQRS showed that, out of a possible range of 0-13, the actual total scale scores ranged from 5 to 12, with a median of 10 ($M = 9.73$, $SD = 2.21$). Using the mean split, of the 22 studies, 15 had higher methodological rigor, and 7 had lower rigor. Our findings indicated that school-based interventions were more effective in reducing adolescent depression and anxiety. Specialist-delivered interventions were more effective for depression, while non-specialists showed slightly better outcomes for anxiety.

Discussion: Our findings suggest that schools may be an important venue for delivering scalable mental health interventions and support. Non-specialist providers or task-shifting

may not have uniform effectiveness across different mental health conditions. Future interventions should consider tailoring intervention setting provider training to the specific needs of adolescents with depression and anxiety in LMICs to optimize outcome effectiveness.

P-53-002

Adolescents anxiety and problem behaviours measured by self-reported DSM-oriented scales in Georgia

Submitter: Justina Racaite, Lithuania

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Adolescence is a crucial developmental period, during which almost half of the psychopathologies emerge, yet population-level data on young people's mental health, especially in Eastern Europe, is scarce. The present study addressed this gap by investigating anxiety and problem behaviours among adolescents in Georgia.

Methods: Between October 2021 and January 2022, 933 adolescents (12-18 years old) from 18 public schools (response rate: from 10.7% to 70.7%) participated in an anonymous school-based survey. American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders - DSM-Oriented scales were derived from Achenbach's Youth Self-Report. Mean scores of each problem, including affective, anxiety, somatic, attention-deficit/hyperactivity, oppositional defiant and conduct, were compared between girls and boys using two-sample t-tests. Further, analysis of the anxiety scale was done to adjust for age, parental migration and other individual/demographic variables using multiple linear regression.

Results: In all scales, adolescents scored higher than the normative sample provided by Achenbach. Compared to boys, girls obtained higher mean scores in all DSM-oriented scales (total score boys mean 19.5, 95% CI 18.1-20.9; girls mean 26.2, 95% CI 24.4-28.0), except for conduct problems, where boys scored higher (boys 4.1, girls 3.5; p-value < 0.0318). Multiple linear regression showed associations between girls' higher anxiety scores and having no siblings or a bad relationship with siblings and having a migrant parent; in boys, experiencing school problems and a bad relationship with peers were associated with higher anxiety scores.

Discussion: This study underscores unmet mental health needs as well as gender differences in perceived emotional and behavioural problems among adolescents in Georgia. In addressing these needs, it is crucial to prioritize prevention and early detection, using diagnostic tools such as DSM-oriented scales.

P-53-003

Parental Accommodation of Child Anxiety: a Community-Based Study of Mothers and Fathers in Quebec

Submitter: Maryka Larouche, Canada

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Parental accommodation refers to behaviors through which parents modify their own actions to reduce a child's anxiety in the short term (e.g. by providing reassurance, enabling avoidance, or changing family routines). Although often well intentioned, theoretical models suggest that these behaviors may maintain anxiety by reinforcing avoidance patterns. This study aimed to (1) describe the frequency and perceived impact of parental accommodation behaviors in response to child anxiety symptoms in a Quebec sample, (2) examine potential differences according to parent gender, and (3) compare findings with previous research.

Methods: Participants included parents of 241 children aged 8 to 15 years ($M = 12.02$, $SD = 1.37$), for a total of 285 parents (214 mothers, 71 fathers). Participants were recruited from a previous study in which they had agreed to be contacted for future research. Parents completed the Family Accommodation Checklist and Interference Scale (FACILIS) to assess both the scope of accommodation behaviors and their interference with child functioning, as well as the Screen for Child Anxiety Related Emotional Disorders (SCARED) to measure child anxiety severity. For 44 children, data were obtained from both parents. Descriptive analyses were conducted to depict the range of accommodation behaviors, and group comparisons were performed based on parent gender to explore potential differences in patterns of parental accommodation.

Results: Mothers' Accommodation Scope scores ranged from 0 to 16 ($M = 2.96$, $SD = 3.10$), whereas fathers' scores ranged from 0 to 13 ($M = 2.61$, $SD = 3.03$), with no significant differences between groups. Similarly, Accommodation Interference scores reported by mothers ($M = 1.41$, $SD = 1.55$) and fathers ($M = 1.46$, $SD = 1.70$) did not differ significantly, suggesting comparable patterns of accommodation across parent gender. Compared to the reference sample (Thompson-Hollands et al., 2014), small effect size differences were observed for accommodation scope (mothers: $d = -0.28$; fathers: $d = -0.3$), whereas large differences emerged for accommodation interference (mothers: $d = 1.13$; fathers: $d = -0.79$), indicating substantially lower interference in the present sample.

Discussion: Findings suggest that mothers and fathers in this Quebec community sample engage in comparable accommodation behaviors, highlighting parental accommodation as a shared caregiving pattern rather than a gender-specific one. The markedly lower levels of reported interference relative to a clinical reference sample suggest that while the types of accommodation behaviors are consistent across studies, their impact on child functioning

may vary as a function of anxiety severity and sample characteristics or contextual factors.

P-53-004

**Parental Attitudes and the Development of Anxiety from Childhood to Adolescence:
The Moderating Effect of Externalizing Problems**

Submitter: Maryka Larouche, Canada

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Anxiety disorders are among the most common mental health difficulties in youth. Family dynamics, particularly parental attitudes are recognized as key factors in the emergence of anxiety during childhood and adolescence. Yet, little research has examined the unique and relative impact of distinct parental attitudes in the developmental course of anxiety throughout this period. Moreover, externalizing problems are well-documented as increasing the risk to present high anxiety levels by creating contexts of social rejection, family conflict, and academic difficulties. However, prior studies have rarely considered both the specific contributions of parental attitudes and the potential moderating effects of children's externalizing problems. This project pursues two objectives: to establish the unique and relative contribution of parental attitudes to the developmental trajectory of anxiety over a five-year period, from childhood to adolescence; and to examine the moderating effects of externalizing problems on these associations.

Methods: Data were drawn from a longitudinal study conducted at the Université de Sherbrooke (Déry et al., 2007-2022), including 744 children (53.2% boys; mean age = 8.4 years), recruited from 155 elementary schools in the province of Quebec, nearly half of whom showed at-risk or clinical levels of externalizing problems at study entry. Anxiety was assessed at six annual waves (T1-T6) using the DSM-oriented scale for anxiety problems from the ASEBA (Achenbach & Rescorla, 2001), completed by parents. Parental attitudes were assessed at T1 with the warmth, hostility, neglect, and undifferentiated rejection subscales of the Parental Acceptance-Rejection Questionnaire (PARQ; Rohner & Khaleque, 2005), completed by parents. Externalizing problems were measured at T1 with the ASEBA externalizing problems scale (Achenbach & Rescorla, 2001), completed by parents and teachers.

Results: Anxiety showed a gradual decrease between the ages of 8 and 13 years. Conditional latent growth models showed that, when examined separately, each parental attitude was associated with initial anxiety levels. Greater parental warmth at age 8 predicted lower anxiety, whereas parental hostility/aggression, indifference/neglect, and undifferentiated rejection predicted higher levels of anxiety. None of the parental attitudes predicted change in anxiety over time. Regarding relative contributions, only hostility/aggression uniquely and positively predicted anxiety levels when all attitudes were entered simultaneously in the model. Externalizing problems did not moderate any of these associations.

Discussion: Taken together, these results suggest that parental attitudes contribute to shape concurrent levels of anxiety in school-aged children, while suggesting that these influences do not explain changes in anxiety trajectories or vary according to externalizing problems. In particular, parental hostility/aggression could play an early and central role in the emergence of anxiety, highlighting it as a potential critical target for prevention. Interventions aimed at reducing parental hostility/aggression could be implemented regardless of the child's level of behavioral problems.

P-53-005

Longitudinal Investigation of Maternal Mental Health and Anxiety Trajectories in Children with Food Allergy: A 5-Year Follow-Up Study

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Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Food allergy imposes a significant burden on daily family life and is known to increase maternal stress. While cross-sectional studies report elevated anxiety and depression in mothers of children with food allergies, longitudinal data regarding the persistence of these effects are scarce. This study aimed to examine the long-term impact of pediatric food allergy and elimination diets on maternal mental health. Specifically, we compared anxiety and depression levels in mothers of children with food allergies against healthy controls from the neonatal period (baseline) to five years post-diagnosis. Additionally, we assessed current maternal eating behaviors (orthorexia) and feeding practices.

Methods: This longitudinal study included 33 mothers (19 in the food allergy group, 14 in the healthy control group). Baseline assessments were conducted during the neonatal period when mothers in the allergy group were adhering to elimination diets. Follow-up assessments occurred five years later. Maternal anxiety and depression were evaluated using the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) at both time points. Secondary outcomes at the 5-year follow-up included maternal eating habits using the ORTO-11 (Orthorexia Nervosa) scale and feeding strategies using the Behavioral Pediatrics Feeding Assessment Scale (BPFAS). Longitudinal changes were analyzed using paired t-tests and repeated measures ANOVA.

Results: Mothers in the allergy group adhered to elimination diets for a mean duration of 9 ± 1.4 months. At the 5-year follow-up, cross-sectional analysis revealed that mothers in the allergy group had significantly higher anxiety scores compared to controls ($p=0.022$), though depression scores, ORTO-11, and BPFAS scores did not differ significantly between groups ($p>0.05$). Longitudinally, the allergy group exhibited a significant increase in both anxiety ($p=0.007$) and depression ($p=0.029$) scores over the 5-year period, whereas the control group showed no significant changes. Repeated measures ANOVA confirmed that the presence of food allergy significantly predicted the worsening trajectory of maternal anxiety and depression symptoms over time ($F(1, 62.2)=4.24, p=0.044$).

Discussion: This longitudinal pilot study demonstrates that the psychological impact of pediatric food allergy extends well beyond the initial diagnosis and dietary restriction period. Mothers of children with food allergies experienced a significant deterioration in

mental health over five years, maintaining higher anxiety levels than controls even after dietary restrictions had ended. These findings highlight the necessity for long-term psychosocial support and preventive interventions for mothers managing pediatric food allergies to mitigate the risk of chronic anxiety and depression.

P-53-006

Depression and Anxiety among patients with Rheumatological diseases in Adults and Children in Saudi Arabia

Submitter: Duaa Abudawoud, Saudi Arabia

Co-Authors: D. abudawoud

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Depression and anxiety are prevalent comorbidities in rheumatological conditions like rheumatoid arthritis, affecting over a third of patients. These psychiatric health issues impact pain, treatment, and quality of life. This study aims to assess their prevalence and risk factors in pediatric and adult patients with rheumatological diseases in Saudi Arabia

Methods: It is a cross-sectional observational study, uses online questionnaires distributed via social media to assess depression and anxiety prevalence in Saudi pediatric and adult rheumatology patients. Data were extracted in Excel and analyzed via IBM SPSS 29.0.0.

Results: This study encompassed 723 participants, including 258 pediatric (35.7%) and 465 adult (64.3%) rheumatology patients. Data revealed notable sociodemographic disparities: most children were females ($n=187/258$, 72.5%) and attended government schools ($n=212/258$, 82.2%), whereas adults predominantly were female ($n=377/465$, 81.1%) and younger adults aged 19-29 years ($n=196/465$, 42.2%). Rheumatoid arthritis was the most common disorder among adults ($n=195/465=41.9\%$), while Juvenile Idiopathic Arthritis was prevalent in children ($n=90/258=34.9\%$). Psychological assessments indicated higher depression and anxiety in adults, with significant disparities in depression ($p<0.001$) and anxiety scores ($p=0.006$).

Discussion: This study highlights significant sociodemographic differences and variations in rheumatic disease prevalence between pediatric and adult patients. Psychological assessments revealed higher depression and anxiety levels in adults, emphasizing the need for targeted psychiatric health interventions in rheumatology care for both age groups.

P-53-007

Impact of cyberchondria on health anxiety and psychological well-being among patients attending a tertiary care hospital: A cross-sectional study

Submitter: Sucheta Sucheta, India

Co-Authors: S. Sucheta

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Context: In today's digital age, access to health information online has significantly influenced the way individuals perceive and manage their health.

Aims: To assess the Impact of Cyberchondria on Health Anxiety and Psychological Well-being among Patients attending tertiary care hospital

Methods: Methods and Material: This descriptive cross-sectional study was conducted among 556 patients using consecutive sampling technique. Data were collected using the Cyberchondria Severity Scale (CSS-33), Short Health Anxiety Inventory (SHAI-18) and Psychological Wellbeing Scale (PWS-18).

Statistical analysis used: Descriptive statistics, linear and multiple regression, two sample t test, one way ANOVA and Karl Pearson correlation coefficient were used to analyse the data.

Results: Results: The total mean score of Cyberchondria, Health Anxiety, and Psychological well-being was 90.87 ± 17.87 , 18.39 ± 7.25 and 92.16 ± 10.01 respectively. The Linear regression analysis described that the cyberchondria can significantly aggravate the health anxiety of the patients ($B = 0.160$, $p < 0.001$) and can play a significant negative effect on psychological well-being of the patients ($B = -0.138$, $p < 0.001$). In addition, a statistically significant association was found in cyberchondria with the duration of Internet search ($P = 0.0047$) at 0.05 level of significance.

Discussion: In the present study the mean cyberchondria score of the participants was 90.87 ± 17.87 which is higher than other similar studies (Cyberchondria Severity Scale-33). Sezer O, Basoglu MA and Dagdeviren HN (2022) conducted a descriptive cross-sectional study in Turkiye to examine cyberchondria's relationship with trait anxiety and psychological well-being in women of reproductive age. The average CSS score was 89.42 ± 21.688 .

This study revealed that there was statistical significant positive correlation found between cyberchondria and health anxiety which is in consistent with the study conducted by Sezer O, Basoglu MA and Dagdeviren HN (2022)(4).

The findings of the current study revealed that there was a statistical significant negative correlation between cyberchondria and psychological well-being. Likewise, Liu Y, Peng W, Cao M et al. (2023) (30) found that cyberchondria was negatively correlated with well-being.

P-53-008

Avoidant Oral Intake and Saliva Retention in a 6-Year-Old Girl: An Unusual Case Report with Familial Anxiety and Obsessive Traits

Submitter: Arda Sunam, Germany

Co-Authors: A. Sunam, R. Burghardt

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To describe a complex case of avoidant oral intake and saliva retention in a young child, emerging after perceived choking and contamination experiences, in the context of familial anxiety and obsessive traits, and to discuss diagnostic and therapeutic challenges.

Methods: A detailed clinical case evaluation was conducted in a 6-year-old girl admitted to a child and adolescent psychiatry unit following refusal of oral intake leading to metabolic acidosis. Data were obtained from parental interviews, developmental and family history, inpatient behavioral observation, and multidisciplinary interventions including pediatrics, speech therapy, and occupational therapy.

Results: The patient developed progressive refusal of swallowing food, liquids, and saliva following choking-related incidents, accompanied by contamination fears. She retained saliva in her cheeks and spat it out, expressing beliefs about bacterial contamination. Oral intake ceased completely, requiring nasogastric feeding. Family history revealed anxiety disorders and obsessive traits. During hospitalization, weight improved from the 1st BMI percentile to the 19th percentile. With structured behavioral support, speech therapy, and limited parental feeding involvement, gradual improvement in swallowing saliva and water was observed, along with reduced anxiety and improved mood. However, elevated liver enzymes (ALT/AST > 150) emerged, prompting metabolic and genetic evaluation.

Discussion: This case highlights the interaction between anxiety, obsessive-compulsive features, and avoidant restrictive oral intake in early childhood. The clinical presentation overlaps with avoidant/restrictive food intake disorder and anxiety-related somatic avoidance. Familial vulnerability to anxiety and obsessive traits may contribute to symptom development and maintenance. Early multidisciplinary intervention focusing on behavioral exposure, parental involvement regulation, and somatic monitoring proved essential. Awareness of medical complications, including metabolic disturbances and liver enzyme elevation, is crucial in prolonged oral intake refusal.

P-53-009

Using virtual reality to augment exposure intervention in young persons with anxiety disorder

Submitter: Choon Guan Lim, Singapore

Co-Authors: C. Lim, S. Lim

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: We aim to evaluate the safety and acceptability of the neuro-technological mindfulness-based intervention in the treatment of adolescents with anxiety disorders. Our technology will deliver a mindfulness-based anxiety regulation intervention through a neuro-/ bio-feedback-based virtual reality game interface that is driven by an electroencephalography (EEG) algorithm.

Methods: We recruited outpatient adolescents aged 13-18 diagnosed clinically by child and adolescent psychiatrists to have an anxiety disorder. They received 8 sessions of 30-minute intervention sessions over 4 weeks. Pre- and post-intervention questionnaires will be applied to assess safety, clinical effects and acceptability of the intervention.

Results: We examined the data from the first 17 participants who completed the intervention. There were 14 females and 3 males, and their mean age is 16.4 (SD 1.7) years. Changes in the total score on the Multidimensional Anxiety Scale for Children (MASC), both for self-reported and parent-reported scores, before and after intervention were analysed using ANOVA. The self-reported total score improved from 73.7 +/- 12.9 pre-intervention to 66.5 +/- 14.2 post-intervention ($p=0.002$) and parent-reported total score improved from 77.3 +/- 12.6 pre-intervention to 71.1 +/- 15.2 post-intervention ($p=0.017$). There were no major adverse events reported.

Discussion: This pilot study showed that this brain-computer interface based intervention shows promise for the treatment of anxiety disorders in adolescent patients and is safe and tolerable. However, this study has important limitations as there is no control group and co-interventions were permitted. Further clinical trials will be needed to establish the efficacy of this treatment approach.

P-53-010

Acceptability and Feasibility of a Hybrid Yoga Intervention for Anxiety Disorders in Children and Adolescents: A Pilot Study

Submitter: Pranshu Sharma, India

Co-Authors: P. Sharma, A. Sharma, N. Chauhan, A. Anand, K. Sony, N. Sharma, M. Baig

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: To assess the acceptability and feasibility of a structured hybrid yoga intervention for children and adolescents with anxiety disorders in a tertiary care psychiatric setting.

Methods: This single-arm pilot study was conducted among 10 children and adolescents aged 10-17 years attending a tertiary care psychiatry setting in North India. The subjects were recruited after obtaining parental consent and the participant's assent. A group-based yoga intervention was delivered twice weekly for 8 weeks. The first two sessions were conducted in person and subsequent sessions were delivered online. Feasibility outcomes included Retention Rate (RR), Completion Rate (CR), clinician-rated adherence (AR'C), and yoga instructor-rated adherence (AR'YI), combined into a Total Feasibility Index (TFI). Acceptability was assessed prospectively, concurrently, and retrospectively using structured questionnaires. Safety was monitored after each session.

Results: The mean age of participants was 14.1 ± 1.9 years; 6 participants (60%) were female, and 8 (80%) were from rural backgrounds. Participants attended a mean of 10.1 ± 4.7 sessions (range: 4-16). The mean AR'C was $63.5\% \pm 27.9\%$, while AR'YI was high at $96\% \pm 8.4\%$. Retention and completion rates were both 70%, resulting in an overall Total Feasibility Index of 74.9%, indicating moderate feasibility. Acceptability ratings were favourable. One participant (10%) reported mild, self-limiting muscle strain; no serious adverse events were observed.

Discussion: This pilot study demonstrates that a hybrid yoga intervention is acceptable, feasible, and safe for children and adolescents with anxiety disorders in a tertiary care setting. This supports the integration of yoga-based interventions into routine child and adolescent mental health services. Larger controlled studies are needed to assess clinical effectiveness.

P-54

Gender Diversity and Sexual Orientation in Youth

P-54-001

The ongoing sex/gender controversy in the U.S.

Submitter: Heino Fl Meyer-Bahlburg, United States of America

Co-Authors: H. Meyer-Bahlburg

Topic: Gender Issues

Objective: In an Executive Order dated Jan. 20, 2025, U.S. President Trump declared: "It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality... "Sex" shall refer to an individual's immutable classification as either male or female. "Sex" is not a synonym for and does not include the concept of "gender identity". Related statements were added later. I will review the constitutional basis for such dictates by a U.S. President and contrast the President's construct of "sex" with that used in biology and psychology.

Methods: This presentation is based on a review of the U.S. Constitution, of President Trump's recent Executive Orders regarding sex/gender, and of recent published reviews of sex/gender in the psychobiological literature.

Results: The U.S. Constitution does not give the U.S. President the power to dictate regulatory statements regarding "sex", "gender", or "gender identity" in the absence of a pertinent emergency situation.

Mammalian reproduction is based on the two sexes, female and male. Yet, if the developmental process of sexual differentiation is disturbed, it may result in "inter-sex" individuals, who - in the Western societies of the later 20th century - were fitted into the binary sex/gender model by 'normalizing' genital surgeries. More recently, certain subgroups of intersex individuals have started to adopt a third-gender category. In addition, some individuals born with unambiguously male or female genitalia develop transgenderism. Recent research has shown that such transgender individuals differ from cisgender individuals in neuroanatomic and neurofunctional characteristics. Thus, the process of sexual differentiation of the body is not identical with that of the brain.

Discussion: Many past societies have differed in the number of "sexes" or "genders" by which they categorize individuals. Thus, the current movement by Western societies away from the binary system of sex/gender, which was based on the interpretation of certain statements in the Jewish/Christian bible, fits in well with the anthropological findings regarding the sex/gender system in other societies, and the introduction of respective third-sex/gender categories for government documents is overdue and highly welcome. This development also requires a move away from 'normalizing' genital surgeries in newborns and young children before the age of consent; such surgeries, if done at all, should not be considered before later adolescence or adulthood, when such patients have (a) sufficient intellectual maturity and (b) sufficient experience with the role of sex/gender categorization in their respective society to be capable of fully informed decisions regarding such

surgeries.

P-54-003

A Decade of Research on the Prenatal Thyroid Theory of Sexual Orientation and Gender Identity

Submitter: Osman Sabuncuoglu, Türkiye

Co-Authors: O. SABUNCUOGLU

Topic: Gender Issues

Objective: The Prenatal Thyroid Theory of same-sex attraction and gender dysphoria (SA/GD) proposes that maternal thyroid disease during pregnancy influences sex-specific development of offspring, in terms of sexual orientation and gender identity. First reported in 2015, this theory has been expanded through successive studies over the past decade. We aim to summarize these reports and highlight additional clinical insights.

Methods: Three separate clinical reports of children and adolescents with SA/GD born to mothers with documented thyroid dysfunction during pregnancy and beyond are reviewed. All samples originate from a longitudinal clinical cohort maintained by the present author to examine maternal thyroid disease and developmental outcomes in offspring. Additional recently identified cases are also included.

Results: The initial report described 12 patients (2 girls, 10 boys) with SA/GD and maternal thyroid dysfunction during pregnancy. Subsequent publications in 2018 and 2024 expanded the sample by 19 cases (10 girls, 9 boys), with four additional cases identified after 2024. Altogether, the cohort comprised 35 adolescents with SA/GD and maternal thyroid dysfunction. Across all samples, the association remained statistically significant ($p < 0.0001$). While recent cohorts show a female predominance, both sexes are affected overall. Outcomes included variations in both sexual orientation and gender identity. Thyroid disorders in immediate and extended family members of affected adolescents warrant further consideration. Additionally, a subset of girls with SA/GD ($n=6$) also presented with juvenile thyroid disease.

Discussion: A consistent link between maternal thyroid disease during pregnancy and SA/GD in offspring has been observed across a decade of longitudinal data. These findings contribute to the ongoing development of the Prenatal Thyroid Theory and highlight its potential relevance for clinical practice and preventive strategies. Continued research is essential to advance understanding and to clarify how these insights may inform future clinical applications.

P-54-004

Health Service Use In Young Individuals With Gender Incongruence: A Nationwide Registry Study

Submitter: Lise Gulli Brokjøb, Norway

Co-Authors: L. Brokjøb, M. Garcia-Argibay, L. Torgersen, E. Simonoff, A. Mykletun

Topic: Gender Issues

Objective: Referrals for gender incongruence care have increased rapidly in Norway and internationally, particularly among adolescents assigned female at birth. At the same time, evidence on benefits, risks, discontinuation, and longer-term outcomes of medical interventions remains limited. Using Norway's population-wide registries, which enable identification of key aspects of gender-affirming care and legal sex change, this study aims to describe characteristics and health service use among young people presenting with gender incongruence in specialist healthcare services.

Methods: The study draws on nationwide, registry-linked data combining specialist healthcare records with prescription, demographic, and other national registries. The study population includes all individuals recorded as having contact with specialist healthcare services where gender incongruence was listed as a reason for contact, regardless of treatment intensity or duration.

Results: The project is ongoing, and results will be presented at the conference.

Discussion: This study presents a descriptive overview of healthcare use and characteristics among young people presenting with gender incongruence in specialist healthcare. By engaging stakeholders throughout the project, the aim is to support transparent discussion and inform subsequent analyses and service development for this demographic.

P-54-005

Prevalence of Autism Spectrum Disorder in Youth Seeking Gender-Affirming Care in Brazil

Submitter: Érica Bonganhi De Bem, Brazil

Co-Authors: É. Bonganhi de Bem, L. Dellazari, A. Fontanari, L. Montedo, R. Baptista, C. Maciel Szobot, M. Rodrigues Lobato

Topic: Gender Issues

Objective: Recent literature suggests a significant co-occurrence between Gender Incongruence (GI) and Autism Spectrum Disorder (ASD). However, most data rely on screening scales or retrospective chart reviews rather than standardized diagnostic instruments. This study aims to estimate the prevalence of ASD among children and adolescents seeking care at a specialized gender identity service in Southern Brazil and to describe their clinical characteristics using gold-standard diagnostic tools: Autism Diagnostic Observation Schedule (ADOS-2) and the Autism Diagnostic Interview-Revised (ADI-R).

Methods: This cross-sectional study included 44 participants aged 8-17 years, 26 of them were assigned female at birth (AFAB) and 18 were assigned male at birth (AMAB) at a specialized transgender outpatient clinic in Southern Brazil. A Free and Informed Assent Form was given to the child or adolescent, and a Free and Informed Consent Form was provided to the legal guardian. Assessment followed a rigorous protocol: ADOS-2, ADI-R and clinical evaluation by two child psychiatrists. Comorbidities, intelligence and autistic traits with Social Responsiveness Scale 2 (SRS-2) were also assessed. The inter-rater agreement was then analyzed using Cohen's Kappa coefficient.

Results: The prevalence of ASD in the sample was 20.5% (n=9; 95% CI: 9.8-35.3%), significantly higher than the Brazilian general population estimate (1.5%). Of those diagnosed, 55.6% (n=5) were AFAB and 33.3% (n=3) were newly diagnosed during the study. Among participants who did not meet clinical criteria for ASD, 22.9% scored within the clinical range on the SRS-2 when corrected by gender, and 31.4% when corrected by sex. All clinically diagnosed ASD cases were positive on the ADOS-2, with strong agreement between clinical diagnosis and ADI-R (kappa = 0.85). Participants with ASD were significantly younger (M=11.88, SD=3.48) than those without (M=14.51, SD=2.52; p=0.014).

Discussion: The 20.5% prevalence rate found in this study supports the hypothesis of a high co-occurrence between ASD and GD in Southern Brazil, matching or exceeding rates in international clinic-based samples. The identification of previously undiagnosed ASD cases suggests that gender-related distress may be the primary reason for clinical contact, potentially masking atypical neurodevelopment. Notably, the high percentage of non-autistic participants scoring in the clinical range of the SRS-2 underscores that screening tools may overestimate ASD in this population, likely due to the influence of minority stress

on social communication scores. While the representativeness of this single-center, cross-sectional sample may be constrained, the use of gold-standard instruments (ADOS-2 and ADI-R) mitigates the risk of overestimation common in screening-only studies. Finally, specialized gender services should implement systematic neurodevelopmental screening to ensure comprehensive, tailored care for this population.

P-54-006

Comparison of Sociodemographic, Developmental, and Clinical Characteristics in Autistic and Non-Autistic Adolescents Attending a Hospital-Based Gender Identity Service

Submitter: Marcela Mezzatesta Gava, Spain

Co-Authors: M. Mezzatesta Gava, D. Polo Rangel, M. Mairena García de la Torre

Topic: Gender Issues

Objective: The co-occurrence of autism and gender diversity has been highlighted across several studies (Van der Miesen et al., 2016), with evidence of an over-representation of autism among young people referred for gender diversity concerns (6-23%; Nahata et al., 2017), and a higher prevalence of gender diversity among autistic individuals (up to 15% in adulthood; Walsh et al., 2018).

However, there remains limited literature comparing sociodemographic, clinical, and gender-related needs between autistic and neurotypical populations (Crehan et al., 2023). The present study aims to compare these domains in autistic adolescents (Group A) and non-autistic adolescents (Group B) attending a paediatric hospital gender identity service.

Methods: A retrospective data chart review was conducted. Descriptive analyses were carried out to characterise the study sample, followed by group comparisons of target variables across four time points (baseline: T0; 12 months: T1; 24 months: T2; discharge: T3). Student's t-tests and Chi-squared tests were applied to quantitative and categorical variables, respectively. Analyses were performed using SPSS (v.24).

Results: 175 adolescents were included (Group A: $n = 66$; Group B: $n = 109$; mean age = 14.9 years, $SD = 1.52$). Group A showed significantly higher proportions of non-normative sexual orientations ($X^2 = 18.1$, $p = 0.006$), religious practice ($X^2 = 10.7$, $p = 0.014$), and lower educational attainment ($X^2 = 12.7$, $p = 0.013$), whereas Group B displayed more childhood indicators of gender diversity ($X^2 = 8.55$, $p < 0.001$). Group A exhibited more mental health difficulties (T0-T3; X^2 range = 7.05-24.12, all $p < 0.001$ and use of psychopharmacological treatment ($X^2 = 8.05$, $p = 0.005$), particularly SSRIs ($X^2 = 4.49$, $p = 0.034$) and antipsychotics ($X^2 = 5.84$, $p = 0.016$). Group B reported higher rates of medicalised gender-related needs throughout follow-up: menstrual suppression, puberty blockers, cross-sex hormone therapy, and surgical interventions (X^2 range = 3.4-32.9; $p = 0.05$).

Discussion: Findings suggest differences in sociodemographic profiles, mental health needs, and gender-related care trajectories between autistic and non-autistic adolescents. Further research and improved characterisation of these profiles are warranted to inform the design of tailored and adequately adapted interventions for autistic youth experiencing gender diversity.

P-54-007

Comorbid gender dysphoria in paediatric inpatients with Asperger syndrome: onset, course and psychiatric comorbidity

Submitter: Alzbeta Virdzekova, Slovakia

Co-Authors: A. Virdzekova, J. Trebaticka, Z. Matzova, K. Vajdova, M. Vatrál

Topic: Gender Issues

Objective: Across multiple studies and national health data (Gotschalk et al., 2025), the number of patients diagnosed with gender dysphoria has increased markedly since 2015, with a more pronounced rise among individuals assigned female at birth (AFAB). The causes of this phenomenon are not precisely known; however, they are being intensively investigated. It is crucial to study both its clinical presentation and its co-occurrence with various comorbid diagnoses. The objective of the present study was to estimate the frequency of comorbid gender dysphoria in patients with Asperger syndrome hospitalised at the Department of Paediatric Psychiatry over the past 10 years. The main focus was on onset, course and other psychiatric comorbidities.

Methods: A retrospective, single-centre chart review was conducted by our team at the Department of Paediatric Psychiatry, National Institute of Children's Diseases, Bratislava, Slovakia. Medical records of patients hospitalised over a 10-year period (1 January 2015 to 14 January 2026) with Asperger syndrome (ICD-10 F84.5) were screened for comorbid gender dysphoria-related diagnoses (ICD-10 F64.x, F66.x). Extracted data included gender identity-related concerns, reported age at onset, symptom course over time (episodic vs persistent/stable), and other psychiatric comorbidities. Analyses were descriptive.

Results: Among 205 patients with ICD-10 F84.5, 10 (4.9%) had a comorbid ICD-10 F64.x/F66.x diagnosis. Eight patients (80%) were assigned female at birth (AFAB) and two (20%) were assigned male at birth (AMAB). Reported onset occurred between ages 11 and 15 years in eight patients, while two reported onset in early childhood. Two patients described an episodic course of gender dysphoria, whereas eight had a stable/persistent course, including persistence into late adolescence or up to age 18 where documented. The most frequent psychiatric comorbidities included suicide attempts, non-suicidal self-injury, mixed anxiety and depressive disorder, depressive episodes and anorexia nervosa.

Discussion: In this cohort of hospitalised patients with Asperger syndrome, comorbid gender dysphoria was identified in a small proportion, but showed a clear predominance of individuals assigned female at birth (AFAB) and typically began in early to mid-adolescence. This aligns with international observations of increased adolescent presentations since 2015. Psychiatric comorbidity and self-harm risk were substantial, underscoring the need for comprehensive, longitudinal and multidisciplinary assessment that addresses both gender-related distress and co-occurring psychopathology. Given the retrospective, single-centre design and the small comorbid subgroup, future prospective

studies should further clarify developmental trajectories, persistence and clinical needs in neurodiverse adolescents presenting with gender-related distress.

P-54-008

Media use and depressive symptoms among gender diverse youth: a cross-sectional study

Submitter: Diana Klinger, Austria

Co-Authors: D. Klinger, P. Plener, G. Marboe, A. Karwautz, O. Kothgassner, T. Dienlin

Topic: Gender Issues

Objective: Over the past decades, media use has become a central component of adolescents' and young adults' daily lives, shaping social interactions, learning processes, and leisure activities. At the same time, growing concerns have emerged regarding potential links between media use and mental health, particularly depressive symptoms. These concerns may be especially relevant for gender diverse youth, who might experience digital spaces differently due to increased exposure to stigma, cyberbullying, or identity-related content. However, empirical evidence on how specific types of media use relate to depressive symptoms in this population remains limited. This study therefore aimed to examine associations between different forms of media use and depressive symptoms among youth and to investigate whether gender moderates these relationships.

Methods: A cross-sectional, school-based survey was conducted as part of the Mental Health Days program in Austria, including 8,158 participants ($M_{\text{age}} = 14.05$ years, $SD = 2.45$; $N_{\text{diverse}} = 144$). Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9). Media use was measured by self-reported average daily time spent on smartphones, streaming services, social networks, television, messaging apps, reading, news consumption, video games, and AI-based services. One-way ANOVAs were conducted to compare media use and depressive symptoms across gender groups. Multiple regression analyses were performed to examine predictors of depressive symptoms, including age and different media use variables, within the gender diverse subsample. Moderation analyses using the PROCESS macro for SPSS were conducted to test whether gender moderated associations between media use and depressive symptoms in the full sample.

Results: Gender diverse youth reported the highest average use of smartphones, streaming and messenger services, social networks, and video games compared to female and male peers. They also exhibited significantly higher depressive symptom scores on the PHQ-9. In multiple regression analyses within the gender diverse group, greater use of streaming services ($\beta = .265$, $p = .005$) and social networks ($\beta = .189$, $p = .037$) predicted higher depressive symptoms, whereas television viewing was associated with lower symptom levels. Moderation analyses revealed that gender significantly moderated the relationship between smartphone use and depressive symptoms, as well as between streaming use and depressive symptoms, with the strongest associations observed for gender diverse youth.

Discussion: Findings highlight a complex relationship between media use and depressive symptoms among gender diverse youth, varying by media type. Streaming and social network use were associated with higher depressive symptoms, whereas television viewing showed a potentially protective association, possibly due to its less interactive nature. Stronger associations for gender diverse youth suggest that media environments may have differential psychological impacts depending on gender identity and social context. Future longitudinal research should clarify temporal dynamics and explore protective aspects of media use. Results underscore the need for gender-sensitive media literacy and mental health interventions that balance risks and benefits of digital media engagement.

P-54-009

A Longitudinal Analysis of Sexual Orientation Fluidity and Depressive Symptoms in Adolescents During and After the COVID-19 Pandemic

Submitter: Sebla Gökçe, Türkiye

Co-Authors: S. Gökçe, G. Çarkaxiu Bulut, E. Erturan, O. Keles

Topic: Gender Issues

Objective: This longitudinal study aimed to investigate the association between early adolescent depressive symptoms and changes in self-identified sexual orientation. During the COVID-19 pandemic, we observed an increase in adolescent psychiatric admissions who reported non- heterosexual orientations during early adolescence and were diagnosed with depressive disorders.

Methods: Medical records of 32 adolescents (aged 12-15) who were diagnosed with depressive disorder and self-identified as homosexual or bisexual during the pandemic period were retrospectively reviewed. Participants were followed for 4 years using a multimodal treatment approach including pharmacotherapy, dialectical behavior therapy, and family-based interventions. At the end of the follow-up period, clinical information was updated via phone or email if necessary.

Results: By the end of the four-year follow-up, all participants showed significant improvement in depressive symptoms. Initially, all 32 adolescents (100%) self-identified as either homosexual (n = 24; 75%) or bisexual (n = 8; 25%). After 4 years of follow-up: 20 participants (62.5%) reported heterosexual orientation, 8 participants (25%) continued to identify as bisexual and 4 participants (12.5%) continued to identify as homosexual. These findings suggest that 62.5% of adolescents who reported same-sex or bisexual orientation at beginning, later identified as heterosexual.

Discussion: This study presents findings consistent with existing literature suggesting that a substantial proportion of individuals who report diverse sexual orientations during early adolescence later identify as heterosexual in late adolescence or early adulthood. The data highlight the dynamic nature of sexual interest, behavior, and identity development during adolescence and emphasize the need for further investigation into the relationship between these developmental processes and depressive symptoms.

P-54-010

Sexual Medicine and Therapy Competencies in Child and Adolescent Psychiatry - Needs Assessment and Curriculum Development

Submitter: Viktoria Märker, Germany

Co-Authors: V. Märker, M. Buettner, J. Renner

Topic: Gender Issues

Objective: The aim of this study is to identify current competency needs in sexual medicine and therapy among child and adolescent psychiatrists and psychotherapists. In addition, the study seeks to analyze existing gaps within national and international training frameworks related to sexual health education in this field. Based on these findings, a structured curriculum is intended to be developed that systematically integrates sexual medicine and therapy competencies into clinical education and professional training.

Methods: A mixed-methods design is used:

1. Systematic literature review of national and international training standards in sexual medicine and therapy
2. Survey among child and adolescent psychiatrists and psychotherapists assessing perceived needs, insecurities, and competence gaps
3. Expert workshops with professionals from sexual medicine, psychiatry, and psychotherapy to consolidate content and didactic strategies

Results: Based on the identified key competency domains and training needs, a preliminary modular curriculum structure is proposed. Core areas include sexual and gender development in childhood and adolescence, gender identity and sexual orientation, clinically relevant sexual problems in adolescence, and fundamental aspects of sexual medicine and therapy such as communication and sex education. Additional components address legal and ethical principles, including child protection and forensic issues, as well as interdisciplinary collaboration and self-reflection as cross-cutting competencies. The curriculum is designed to be adaptable to existing training frameworks and aims to improve treatment quality, professional awareness, and the destigmatization of sexual health issues in child and adolescent psychiatry and psychotherapy.

Discussion: The proposed curriculum structure addresses the heterogeneity and complexity of sexual health-related issues in child and adolescent psychiatry and psychotherapy. The identified competency domains underline the need for a structured and integrated training approach that encompasses clinical, communicative, legal, and ethical aspects. Strengthening competencies in sexual development, identity, and clinically relevant sexual problems may reduce professional uncertainties, enhance clinical decision-making, and promote open, destigmatizing communication with patients and families. Overall, the findings highlight the importance of needs-based curricular

development to improve quality of care and professional confidence in this sensitive field.

P-55

Diagnostic Assessment

P-55-001

Understanding complex mental health problems in diagnostic assessment: the need for transdiagnostic and relational-focused approaches in child and adolescent psychiatry

Submitter: Chanel Bansema, Netherlands

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Topic: Diagnostic Assessment

Objective: Youth (16-25 years) with severe and enduring mental health problems (SEMHP) often fall outside traditional classification systems that typically guide diagnostics and treatment. These youth experience multiple, co-occurring problems that are dynamic and persistent across several life domains, including family, peer relations, mental health care systems, and broader society. Common examples include depression, suicidality, eating problems, frequently combined with hopelessness, isolation, school dropout, and repeated hospitalizations. The complexity and overlap of youths mental health problems mean they rarely align neatly with standard diagnostic categories (e.g. DSM-5). This can limit the effectiveness of standard assessment procedures and interventions. Both youth and their parents report feeling unheard when diagnostic assessments focus narrowly on individual symptoms rather than the broader psychosocial context. Therefore, this study aimed to explore how SEMHP are currently assessed within child and adolescent psychiatry, with a focus on the perceptions of youth, parents, and clinicians.

Methods: This exploratory study built upon prior research that described the characteristics of SEMHP in youth. The study consisted of two phases. First, the diagnostic process within a child and adolescent psychiatry (CAP) service in the Netherlands was mapped using available documentation and semi-structured preparatory interviews with CAP professionals (N = 8). This phase focused on diagnostic steps, tools, and procedures used in clinical practice. Second, stakeholder experiences were explored to understand how SEMHP characteristics are assessed and which factors facilitate and hinder adequate assessment. Focus groups were conducted with clinicians (N = 10), youth (N = 8), and parents (N = 5). All interviews and focus groups followed a topic guide. Data were analyzed using reflexive thematic analysis to identify barriers and facilitators in SEMHP assessment.

Results: Although all examined SEMHP characteristics in this study - including trauma, suicidality, hopelessness, caregiver stressors and societal stressors - were formally addressed within the diagnostic process, participants frequently reported feeling unheard and misunderstood during diagnostic assessments. Both youth and parents described a mismatch between the clinical diagnostic assessment and their lived experiences. Participants identified several factors that hindered adequate diagnostic assessment of SEMHP, including distrust in mental health care systems, masking behaviors by youth and parents, time constraints, and a generational gap.

Discussion: This exploratory study shows that addressing SEMHP in diagnostics requires more than standardized procedures alone and benefits from attention to relational, contextual, and societal dimensions. Even when crucial characteristics are diagnostically assessed, youth and parents may not feel fully heard. Our findings reflect participants' perceptions of relational dynamics throughout the diagnostic process, including mutual distrust. Notably, this study uniquely demonstrates that the therapeutic relationship, often considered a component of treatment, is already integral to diagnostics and shapes how youths' mental health problems are communicated and understood. While standardized diagnostic assessment tools remain essential, they should be complemented by continuous attention to relational processes and context. These findings support the use of transdiagnostic and relationally focused approaches in child and adolescent psychiatry.

Child and adolescent psychiatry: using the multiaxial diagnostic system (MAS) and/or the International Classification of Functioning, Disability and Health (ICF)?

Submitter: Andreas Seidel, Germany

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Topic: Diagnostic Assessment

Objective: This study aims to analyze the similarities and differences between the Multiaxial Classification Scheme (MAS) for children and adolescents and the International Classification of Functioning, Disability and Health (ICF). Both systems originate from the WHO classification family and are suitable for diagnostic and descriptive purposes in the field of child and adolescent psychiatry. The objective was to determine how each system contributes to a comprehensive, participatory understanding of the living situation of affected individuals and to assess their potential for interdisciplinary and interprofessional communication.

Methods: The research combined a systematic theoretical analysis with an empirical qualitative component.

In the theoretical part, the study compared both classification models regarding their history, objectives, diagnostic procedures, and conceptual foundations. MAS was examined as a multidimensional extension of the ICD-10 for psychiatric diagnostics, while ICF was considered as a bio-psycho-social model emphasizing functioning, participation, and environmental interaction.

The empirical part consisted semi-structured expert interviews with professionals trained in both systems (MAS and ICF). Guided by an interview protocol based on the research questions, the conversations explored experiences with both systems, perceived advantages, limitations, and the potential for integrating their concepts. Data were analyzed through qualitative content analysis following Mayring's approach, focusing on categories such as environmental factors, resource orientation, participation, and practical applicability.

Results: MAS and ICF both aim to describe individuals holistically but differ in focus and application. MAS is a clinically oriented diagnostic tool structuring psychiatric information across six axes: syndromes, developmental disorders, intellectual functioning, somatic conditions, psychosocial factors, and global functioning. It ensures standardized psychiatric terminology and reliable documentation but remains deficit-oriented, emphasizing symptoms over resources.

ICF, in contrast, takes a functional, resource-based perspective. Globally standardized and interdisciplinary, it views health as an interaction of body functions, activities, participation, and contextual factors. Unlike MAS, it classifies facilitators as well as barriers and integrates ethical principles such as participation and self-determination. Experts noted its empowering, less stigmatizing language and its usefulness across

healthcare, education, and social services.

While ICF was considered more complex and time-consuming, MAS offered higher clinical precision. Experts concluded the two systems are complementary: MAS supports diagnostic clarity, ICF enables contextualized, holistic intervention planning.

Discussion: The comparison shows that neither MAS nor ICF alone fully captures the complexity of child and adolescent development and mental health. MAS remains essential in clinical contexts, aligned with ICD standards and legal requirements, but it lacks participatory and environmental dimensions.

ICF, though less specific for psychiatric symptomatology, offers a universal framework bridging medicine, education, and social work. Its emphasis on participation and contextual influences reflects the UN Convention on the Rights of Persons with Disabilities and supports empowerment and inclusion.

The findings suggest that combining both systems is most effective: MAS provides diagnostic precision, while ICF supports holistic, needs-based planning and interprofessional collaboration. Their integration may improve continuity of care, reduce stigmatization, and strengthen communication across disciplines. Future work should focus on developing practical tools and training to merge MAS's diagnostic depth with ICF's participatory breadth in child and adolescent mental health practice.

P-55-003

An Integrated Multidisciplinary Assessment Model in Child Development: Optimizing Diagnostic Accuracy, Time, and Resource Utilization

Submitter: Mariana Granato, Brazil

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Topic: Diagnostic Assessment

Objective: To describe an integrated, interdisciplinary assessment model for children and adolescents with developmental and behavioral concerns, aimed at improving diagnostic accuracy while optimizing time, financial resources, and clinical efficiency. The model emphasizes early medical gatekeeping, individualized selection of assessment tools, and structured interdisciplinary collaboration to reduce redundancy, fragmentation, and delays commonly observed in sequential evaluation pathways.

Methods: This model is implemented within an interdisciplinary child development clinic and begins with a comprehensive medical intake, including detailed parental anamnesis and a developmental-behavioral pediatric evaluation. Based on this initial gatekeeping step, the clinical team conducts a structured pre-assessment discussion to define diagnostic hypotheses and determine which evaluations are truly indicated. Assessments are then selectively conducted by a multidisciplinary team (including psychology, speech-language pathology, occupational therapy, physiotherapy, physical education, and psychopedagogy), with explicit avoidance of overlapping evaluation of the same functional domains. The model relies on mutual trust in each professional's expertise and shared clinical language. Following completion of the selected assessments, the team reconvenes for a post-assessment discussion to integrate findings prior to delivering a unified feedback session and a single, coherent report to the family. An intensive pathway allows completion of the full process within a condensed timeframe when clinically appropriate.

Results: Clinical observations indicate improved diagnostic clarity, reduced duplication of assessments, and shorter overall evaluation timelines compared to fragmented or sequential models. Families report reduced financial burden, lower emotional fatigue, and greater understanding of their child's developmental profile and therapeutic needs. The model enhances access to specialized assessment for families traveling from regions with limited resources, while also optimizing care for local populations by minimizing unnecessary evaluations and delays. Clinicians report improved interdisciplinary alignment, more focused use of standardized tools, and greater confidence in shared clinical decision-making.

Discussion: Integrated multidisciplinary assessment models that prioritize early medical triage, individualized selection of assessment tools, and structured interdisciplinary

collaboration can enhance both efficiency and quality in developmental diagnostics. Avoiding redundant evaluations requires a shared clinical framework, clear role definition, and mutual trust across disciplines. This model demonstrates that it is possible to reduce time and cost without compromising diagnostic depth, while providing families with coherent feedback and actionable recommendations. Such approaches may inform the design of sustainable and accessible child development and mental health services in diverse healthcare settings.

P-55-004

Semi-structured diagnostic interviewing in child and adolescent psychiatry: clinical rationale and a Romanian service-integration perspective

Submitter: Ioana-Cristina Postolache, Romania

Co-Authors: I. Postolache, D. Vieru

Topic: Diagnostic Assessment

Objective: Diagnostic assessment in child and adolescent psychiatry integrates developmental context, multi-informant evidence, comorbidity, and timely risk appraisal. Unstructured interviews can support clinically rich narratives, yet the breadth of domain coverage and the comparability of formulations may vary across clinicians and services. Fully structured interviews enhance standardization but can limit flexible clarification, developmentally attuned phrasing, and hypothesis-driven follow-up. Semi-structured diagnostic interviewing is regarded as a pragmatic approach, pairing systematic coverage of diagnostic domains with professional judgement within a formulation-oriented encounter. By making core questions and decision points more explicit, semi-structured approaches may also help reduce vulnerability to clinician bias in what is explored and how clinical evidence is weighted.

We articulate the clinical rationale for semi-structured interviewing in formal youth diagnostic assessment and consider the potential contribution of an electronic semi-structured framework (EPSI-C) in relation to current needs and practices in Romania.

Methods: We present a clinically focused literature review on unstructured, structured and semi-structured diagnostic interviews in pediatric mental health, emphasizing implications for differential diagnosis, comorbidity profiling, functional impairment and risk assessment. The discussion is contextualized with reference to published work that includes Romanian samples, where standardized clinician-administered interviews have been used in epidemiological and longitudinal research designs. We describe in general terms the staged introduction, in selected child and adolescent services, of an electronic semi-structured DSM-5-aligned interview (EPSI-C), implemented by professionals within multidisciplinary teams to complement multi-informant history-taking and dimensional measures. We summarize practice conditions that support consistent application (training, supervised practice and periodic calibration) and safeguards specific to assessment with minors (consent, confidentiality and documentation), while also considering how structured information capture may support clinical work by reducing avoidable omissions and potentially alleviating the bureaucratic burden associated with assessment and documentation.

Results: The synthesis suggests that semi-structured interviewing can increase the consistency of coverage across core diagnostic domains while preserving flexibility to adapt language, sequencing and depth of enquiry to developmental level and clinical context. A shared interview scaffold can support more structured documentation of

symptom phenomenology, onset and course, functional impact and contextual factors, thereby improving the traceability of clinical reasoning and communication within multidisciplinary teams. The importance of systematic safety-oriented enquiry is illustrated by school-based studies in which subclinical psychotic experiences were largely elicited through direct questioning and were strongly associated with suicidal behavior, underscoring the clinical relevance of domains that may not be volunteered spontaneously. Early integration observations further indicate that potential benefits depend substantially on interviewer competence and on maintaining a responsive clinical stance rather than a checklist-driven interaction.

Discussion: Semi-structured diagnostic interviews are described as reducing unwarranted variability while preserving developmentally sensitive clinical judgement and supporting diagnosis formulation. In Romania, standardized interviews are documented in epidemiological and longitudinal studies, whereas indexed publications provide limited systematic characterization of their uptake in routine clinical intake. A shared semi-structured framework may improve comparability across clinicians and services, increase the visibility of comorbidity, and strengthen risk appraisal without displacing professional judgement. EPSI-C could exemplify how an electronic semi-structured tool may support this approach as it is embedded in clinical workflows, supported by training, supervision and calibration, and guided by safeguards for work with minors.

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Observing and Analyzing Parent-Child Interactions with the OPCII-2.0

Submitter: Jörg Michael Müller, Germany

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Topic: Diagnostic Assessment

Objective: The newly developed observational instrument for parent-child interaction (OPCII-2.0) comprises nine child scales (e.g., activity, autonomy, positive and negative emotions, effortful control) that allow the estimation of BIS/BAS-related temperamental factors and attachment. Twelve parenting scales assess positive and negative parenting tendencies, including child-related emotional competence (e.g., sensitivity and responsiveness), social competence, academic support, self-regulation, active and passive rejection, intrusiveness, over- and under-involvement, and impaired predictability.

Methods: Research question: Does the OPCII-2.0 show superior internal and external validity compared to instruments such as the EAS (Biringen), SIRS (McCall), Play-PAB (Wilson & Durbin), EKF (Rindermann), and IKT (Zentner)?

Methods: All observational instruments were coded by two independent and blinded raters each (twelve raters in total) based on videotaped parent-child interactions in a predominantly free-play setting. The sample consisted of clinically referred and non-clinically referred dyads (N = 116; preschool aged children). Additional information on child psychopathology (CBCL) and parental psychopathology (SCL) was available. We present descriptive test statistics (including internal consistency and factorial validity) and examine shared variance across instruments using canonical correlation analyses. In comparative analyses, we assess the predictive validity of each instrument with respect to child and parental psychopathology as well as observed interaction behavior.

Results: The OPCII-2.0 shows high internal consistency for nearly all scales, and the measurement models are satisfactory. The structural model for the child temperament scales was successfully confirmed. The measurement model for the parenting scales indicates high internal homogeneity and can be summarized by two higher-order dimensions: positive and negative parenting. Both domains predict observed interaction behavior and show meaningful associations with external criteria. In addition, a short version with validated global ratings is available for a more parsimonious assessment.

Discussion: Findings will be discussed with respect to content validity, factorial validity, convergent, divergent, discriminant, and incremental validity. The OPCII-2.0 appears to outperform alternative methods, particularly in capturing relevant child characteristics that may also be predictive beyond the parent-child interaction setting. All materials are open access and freely available for clinical and research purposes.

P-55-006

Electroencephalogram in Child Psychiatry: From Request to Real Impact in Neurodevelopmental Disorders

Submitter: Beatriz Moreira Crelie, Brazil

Co-Authors: B. Moreira Crelie, P. Oliveira da Conceição, P. Guimarães Coscarelli, V. Waldheim Cozer, C. Gruber Gikovate, P. Oliveira da Conceição

Topic: Diagnostic Assessment

Objective: To analyze electroencephalogram (EEG) requests in children undergoing evaluation for autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and other neurodevelopmental disorders, focusing on the clinical utility, diagnostic yield, and real-world impact of EEG in neurodevelopmental disorders

Methods: This retrospective observational study analyzed electroencephalogram (EEG) examinations performed in pediatric patients during 2023 at a tertiary referral center. Data were obtained from anonymized EEG reports and their respective clinical indications at the time of request.

Indications for EEG included the investigation of neurodevelopmental disorders-such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), intellectual disability, developmental delay, and speech or learning disorders-as well as other pediatric psychiatric conditions and suspected epilepsy.

EEG findings were classified as normal or abnormal. Abnormal results were further categorized into epileptiform discharges, background slowing, or abnormal rhythmic activity. A descriptive analysis was performed to evaluate the distribution of EEG requests and the frequency of abnormal findings according to clinical indication.

Results: Neurodevelopmental disorders accounted for 7.3% of all EEG requests, with autism spectrum disorder and attention-deficit/hyperactivity disorder representing frequent indications within this group.

Overall, 22% of EEG examinations demonstrated abnormal findings. Epileptiform discharges were identified in 14.5% of the total sample, while background slowing and abnormal rhythmic activity were observed less frequently.

Abnormal EEG findings were more commonly detected in children with a documented history or clinical suspicion of epileptic seizures. In contrast, EEGs requested during the diagnostic evaluation of neurodevelopmental disorders without seizure-related clinical features showed a lower frequency of abnormalities. These findings indicate a limited diagnostic yield of EEG when used as part of the investigation of neurodevelopmental disorders in the absence of suspected epilepsy.

Discussion: This study highlights the frequent request of electroencephalography during the evaluation of autism spectrum disorder, ADHD, and other neurodevelopmental disorders in pediatric clinical practice. Although EEG abnormalities were identified in a

subset of examinations, these findings were predominantly associated with cases involving documented or suspected epileptic seizures. In contrast, EEGs requested in the absence of seizure-related clinical features demonstrated a low diagnostic yield.

These results suggest a potential misunderstanding between real EEG utilization and its established clinical indications in child and adolescent mental health care. Routine EEG use during the diagnostic investigation of neurodevelopmental disorders may offer limited additional diagnostic information and may expose patients and families to unnecessary procedures and incidental findings. Aligning EEG requests more closely with clinical features suggestive of epilepsy could improve diagnostic efficiency and support more evidence-based assessment strategies in pediatric neurodevelopmental evaluations.

P-55-007

Stool Patterns and Dietary Intake in Children with Functional Constipation: A Rome IV-Based Analysis

Submitter: Deepak Bhat, India

Co-Authors: D. Bhat

Topic: Diagnostic Assessment

Objective: To describe demographic characteristics, stool patterns using the Bristol Stool Form Scale (BSFS), and dietary intake status in children diagnosed with functional constipation.

Methods: This cross-sectional study included 70 children and adolescents fulfilling Rome IV criteria for functional constipation. Demographic data, Rome IV-related clinical features, BSFS stool types, and daily dietary intake status were recorded. Data are presented as mean $\pm$ standard deviation and frequencies with percentages.

Results: The cohort comprised 48 males (68.6%) and 22 females (31.4%), with a mean age of 16.2 ± 4.0 years (range: 10-30 years). Adolescents constituted the majority of participants. Constipation-predominant stool forms were highly prevalent, with BSFS type 2 observed in 45.7%, type 3 in 34.3%, and type 1 in 7.1% of patients. Normal stool form (BSFS type 4) was present in only 8.6%, while types 5-7 were uncommon. Overall, more than 80% of participants demonstrated BSFS types 1-3. Common clinical features included hard and painful defecation, stool retention behaviors, and reduced bowel movement frequency. The majority of participants had reduced daily dietary intake compared with age-appropriate recommendations, which was predominantly associated with harder stool forms.

Discussion: This study highlights a high prevalence of constipation-predominant stool patterns among children and adolescents with functional constipation, with a clear male predominance. The predominance of Bristol stool types 1-3 and frequent stool retention behaviors are consistent with Rome IV-defined functional constipation and reflect chronic symptom patterns. Reduced dietary intake was commonly observed and appeared to be associated with harder stool forms, supporting the role of nutritional factors in symptom persistence. These findings underscore the importance of early identification, dietary optimization, and integrated behavioral interventions in the comprehensive management of pediatric functional constipation.

P-55-008

Fabricated disorder imposed on another

Submitter: Olivera Aleksic Hil, Serbia

Co-Authors: O. Aleksic Hil, J. Kolarov

Topic: Diagnostic Assessment

Objective: The quality of family relationships has a significant impact on a child's mental health. In everyday clinical practice, anamnestic data on family functioning, as well as observation of family dynamics, can reveal possible etiological factors in the development of a child's psychiatric disorder. This paper presents the case of an eleven-year-old girl diagnosed with autism spectrum disorder with pronounced, long-standing, sleep-onset difficulties, which led to her admission for inpatient treatment.

The aim of this paper is to highlight, through this clinical case, the importance of assessing overall family functioning during the diagnostic evaluation of a child. In order to facilitate early recognition of this rare form of medical abuse, it is essential to involve a multidisciplinary team in the treatment process.

Methods: For diagnostic assessment, data on the patient were collected from medical documentation, clinical observation, and assessment scales in the form of structured and unstructured interviews.

Results: Through clinical observation and applied diagnostic procedures during hospitalization, as well as analysis of long-term outpatient, follow-up patterns in the mother-child relationship were identified that suggest the possible presence of a fabricated disorder imposed on another.

Discussion: The findings highlight the importance of interdisciplinary collaboration among professionals, and sometimes importance of clinical observation in inpatient clinic.

P-55-009

Dimensions of Treatment Satisfaction in Adolescents in Inpatient Psychiatry: Factor Structure of the BEST Questionnaire in a Replication Study

Submitter: Ferdinand Keller, Germany

Co-Authors: F. Keller

Topic: Diagnostic Assessment

Objective: The Broad Evaluation of Satisfaction with Treatment (BEST) questionnaire is an instrument designed to assess patient satisfaction following a stay in inpatient or day clinic units. The BEST is available in three versions: for children, adolescents, and parents/caregivers. Psychometric properties of the adolescent version (BEST-A) were published in Keller et al. (2021, *Child Adolesc Psychiatry Ment Health*, 15:46). Exploratory and confirmatory factor analyses revealed three factors, which were labeled as: 1) Therapeutic Relationship, 2) Environment, and 3) General Satisfaction and Treatment Success. The reliability of each subscale derived from these factors was good (all Cronbach's alpha > .80). The aims of the present study were: a) to replicate this factor structure and factor composition in a new inpatient adolescent sample, and b) to further evaluate the construct of satisfaction through the application of advanced factor models, including bifactor models.

Methods: The replication sample consisted of 1,034 adolescents assessed between 2021 and 2023 in five state hospitals across Southern Germany. Regarding age and gender, 57% were in the 14-16 year age group, with the remaining participants roughly equally distributed below and above this range. Of the participants, 65% were female, 30% male, and 5% identified as diverse; 88% had a stay of more than 14 days. The BEST-A consists of 27 items, each rated on a 5-point scale. The factorial structure was determined through exploratory and confirmatory factor analyses, including bifactor models and correlated factor models with a method factor. Factor models were estimated using Mplus 7.4 with the weighted least square mean and variance-adjusted (WLSMV) estimator, treating items as ordered-categorical.

Results: Exploratory factor analyses suggested a solution with three factors, based on commonly used goodness-of-fit criteria and interpretability. The item composition was consistent with that in previous analyses, and as a result, the factors could be labeled as described above. Subsequent confirmatory factor analyses favored a bifactor model with a strong general factor, while still retaining the three specific factors with substantial loadings. The highest factor loadings (around .70) on the general factor were found for items referring to: 'goals of treatment discussed,' 'information about treatment after stay,' 'information about coercive measures,' and 'privacy respected.' Regarding mean ratings, adolescents were most satisfied with 'taken seriously by therapist' (mean = 3.90 on the 5-point scale), while the lowest rating was for 'food quality' (mean = 1.98). Overall, item means were similar across the two samples.

Discussion: The factor structure of the BEST-A, as determined in the 2021 publication, was largely confirmed. Adolescents distinguished between aspects related to the environment, as well as their relationship with therapists and caregivers, and an additional factor indicating treatment success. The reliabilities of these subscales were very similar to those found in the previous sample. All three factors provided additional information beyond the general factor and can be used as subscale scores. Based on the loadings on the general factor, aspects related to information and participation appear to represent a core component of the overall satisfaction construct. The use of individual items seems beneficial for quality management purposes.

P-56

Conduct Disorders and Aggression

P-56-001

Prevalence and Correlates of SDQ-Defined Conduct and Hyperactivity Problems Among Lebanese Children and Adolescents

Submitter: Ahmad Nsouli, Lebanon

Co-Authors: A. Nsouli, L. Ghandour, F. Maalouf

Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: This study aimed to estimate the national prevalence of conduct and hyperactivity problems among Lebanese children and adolescents using Strengths and Difficulties Questionnaire (SDQ)-defined criteria. It examined sociodemographic, academic, peer, familial, and clinical correlates, with particular attention to academic functioning, bullying involvement, household income, and parental psychological distress. Independent predictors were identified using multivariate logistic regression models adjusted for relevant confounders. Psychiatric comorbidity among affected children and adolescents, including anxiety, depressive symptoms, post-traumatic stress symptoms, and suicidal ideation, was also described. The overall objective was to generate population-based evidence to inform early identification and school-, family-, and mental health policy-level interventions targeting externalizing behavioral problems.

Methods: Data were drawn from a nationally representative, population-based cross-sectional mental health survey of 1,517 children and adolescents aged 5-17 years and their parents. Behavioral difficulties were assessed using the Strengths and Difficulties Questionnaire. Cases were defined by an abnormal score on the relevant symptom subscale in combination with an abnormal impact score, based on established cut-off points. Sociodemographic, scholastic, peer, familial, and clinical correlates were examined using bivariate analyses, followed by multivariate logistic regression models to identify independent predictors. Psychiatric comorbidities were described among children and adolescents screening positive on corresponding standardized questionnaires.

Results: Overall, 2.6% (n = 40) of participants screened positive for conduct problems and 2.5% (n = 38) for hyperactivity problems, predominantly among adolescents aged 12-17 years. Both outcomes were strongly associated with poorer academic functioning, including lower school performance, grade repetition, and remedial academic support. In multivariate models, conduct problems were independently predicted by poor academic performance (OR = 11.54, CI: 3.34-40), bully-victim status (OR = 8.70, CI: 3.20-23.64), and higher parental GHQ scores (OR = 1.08, CI: 1.05-1.11). Hyperactivity was independently predicted by bully-victim status (OR = 3.35, CI: 1.61-6.98), tutoring (OR = 2.92, CI: 1.36-6.27), grade repetition (OR = 3.14, CI: 1-10), and low family income (OR = 0.095, CI: 0.012-0.76). High comorbidity was observed with anxiety, depression, PTSD, and suicidal ideation ($p < 0.001$, 95% CI).

Discussion: This national study provides rare population-based evidence on conduct and

hyperactivity problems among Lebanese children and adolescents. Although prevalence estimates were low, affected youth showed marked academic impairment, bullying involvement, family distress, and high psychiatric comorbidity, underscoring substantial functional burden. The strong association with bully-victim status aligns with literature highlighting links between externalizing symptoms and peer victimization. Academic difficulties and reliance on private tutoring likely reflect both symptom-related learning challenges and contextual educational pressures in Lebanon. Lower household income as a predictor of hyperactivity supports social gradient effects observed globally. Parental psychological distress independently predicted conduct problems, emphasizing intergenerational and family-level influences. Findings support integrated school- and family-based interventions, screening using tools such as the SDQ, and linkage to mental health services. Longitudinal studies are needed to clarify causal

P-56-003

A short low burden transdiagnostic youth mental health pre-screening within TRR379 incorporating bullying and aggression: feasibility, validity evidence, and preliminary clinical associations

Submitter: Anna Erdogan, Germany

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Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: Child and adolescent psychiatric research faces a persistent trade-off between comprehensive, developmentally sensitive assessment and participant burden, particularly in multi-study settings. We adapted and implemented a short, low-burden, web-based prescreening battery informed by the DZPG minimal data set (MDS) initiative and the MDS-Child beta version, designed to support harmonized, transdiagnostic characterization of mental health symptoms, functioning, and contextual risk/resilience factors across two complementary adolescent TRR379 studies investigating transdiagnostic risk mechanisms for aggressive behaviors in mental disorders longitudinally during adolescence. This contribution reports initial feasibility and validity-related evidence and presents first analyses linking bullying and aggression assessed at prescreening to downstream clinical and functional outcomes derived from multi-informant deep phenotyping.

Methods: Adolescents aged 10-18 years complete a standardized web-based prescreening (~30 minutes), including sociodemographics, via REDCap at study entry in both projects. The battery is organized within a domain-guided framework informed by the DZPG MDS and the MDS-Child beta version, conceptually guided by transdiagnostic dimensional models (e.g., HiTOP- and RDoC-related domains). Core symptom domains include internalizing, externalizing, disinhibition-antagonism, and attention problems. Clinical functioning domains comprise emotion regulation, sleep/arousal, loneliness, and social and cognitive processes. Domains capturing exposome/early adversity, positive mental health, and health status represent relevant risk and resilience factors. Bullying and victimization are assessed using the Olweus Bully/Victim Questionnaire, and aggression subtypes are measured using the Reactive-Proactive Aggression Questionnaire (RPQ). All participants subsequently undergo multi-informant deep phenotyping, including validated, standardized questionnaires and clinician-based diagnostic interviews.

Results: Data collection and analyses are ongoing. We will present preliminary feasibility metrics (completion rates, missingness) and early psychometric findings, including internal structure and reliability of the instrument. We will further report initial validity evidence based on convergent relations between prescreening symptom domains (e.g., depressive, internalizing, and externalizing symptoms) and corresponding validated questionnaire- and interview-based measures obtained during downstream deep phenotyping. In addition, we

will present initial cross-domain association patterns among prescreening variables and first association patterns linking bullying and aggression measures assessed at prescreening to symptom dimensions, diagnoses, and functional outcomes.

Discussion: A short developmentally informed prescreening battery may reduce participant burden while enabling harmonized characterization of mental health and socially embedded risk factors across complementary study designs. Integrating validated measures of bullying and aggression within a transdiagnostic screening framework allows early investigation of how these relate to broader symptom profiles and clinical outcomes. Preliminary findings will inform iterative refinement of the prescreening and its potential reuse in future research studies.

P-56-004

Callous Unemotional Traits and Conduct Problems: Implications of the DSM-5 and ICD-11 Specifier "with Limited Prosocial Emotions" for Diagnostic and Treatment

Submitter: Felix A. Wolters, Germany

Co-Authors: F. Wolters, A. Eichler, O. Kratz

Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: Children with callous-unemotional (CU) traits (e.g., lack of remorse or guilt, callous lack of empathy) represent a subgroup of conduct problems (CP) that are at higher risk for severe aggression and a persistent pattern of antisocial behaviour. Reflecting the diversity in how CP present, recent diagnostic frameworks, ICD-11 and DSM-5, now include the specifier "with Limited Prosocial Emotions" (LPE) to identify CU traits. The semi-standardized Clinical Assessment of Prosocial Emotions interview (CAPE; Frick, 2013) was developed to diagnose LPE.

- (1) Can LPE be validly diagnosed in a German clinical sample using a German version of the CAPE? Relevant constructs (e.g., prosocial/antisocial behaviour, proactive/reactive aggression) will be linked.
- (2) Although parent- and child-focused training effectively reduces CP symptoms, do these programs adequately decrease CU traits? A meta-analysis was conducted to evaluate the relevant studies.

Methods:

- (1) In a multicenter, cross-sectional design (ID: DRKS00035428; status: ongoing recruitment), the study will include 120 children and adolescents aged 8 to 18 with CP. LPE will be diagnosed through interviews. Prosocial and antisocial behaviour will be assessed using parent-rated questionnaires. Proactive/reactive aggressive behaviour, empathy, and emotion recognition will be evaluated through child-rated questionnaires. The construct validity of the interview will be tested using general linear models.
- (2) A systematic search across six databases (e.g., PubMed; Web of Science), along with citation tracking, identified 28 studies (N = 2,765; Mage = 10.6 years) with control conditions. Random-effects meta-analyses assessed overall reductions in CU traits, differences between CU-specific and CP-focused interventions targeting CU traits, moderators (such as treatment focus, duration, and age), and impacts on CP symptoms. A mixed-effects meta-regression was performed to explore potential moderating variables (PROSPERO-ID: CRD42024508891).

Results:

- (1) The initial results on the construct validity of the German translation of the CAPE interview (Frick, 2013) for assessing LPE in a clinical sample are presented.
- (2) Psychotherapeutic interventions demonstrated a small to moderate overall effect in reducing CU traits compared to control conditions. CU-specific and CP-focused programs showed moderate effects on reducing CU traits, with no clear difference between groups.

Age, treatment setting, country, and study year were identified as moderators of treatment outcomes.

Discussion:

(1) CAPE interviews may offer clinicians an additional method for diagnosing LPE.

(2) Despite study heterogeneity, it has been shown that parent-, child-, and family-focused interventions reduce CU traits across all age groups. CU-specific randomized controlled trials are necessary to identify the most effective treatment components for decreasing CU traits.

P-56-005

Severe Conduct Disorder With Persistent Callous-Unemotional Traits in an Adolescent Girl: A High-Risk Developmental Case

Submitter: Adelina Ahmeti Pronaj, Kosovo

Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: To describe a high-risk adolescent case of childhood-onset conduct disorder with persistent callous-unemotional traits and limited treatment responsiveness, and to discuss its clinical and forensic implications within a low-resource setting.

Methods: The patient underwent a comprehensive clinical assessment over a 12-month period, including repeated psychiatric evaluations, collateral information from family, school, and legal authorities, and structured professional judgment of violence risk (SAVRY). Psychometric assessment included the PCL:YV and MMPI-A-RF, interpreted within developmental and cultural context. Treatment response was monitored longitudinally across outpatient psychotherapy, family-based interventions, and staged pharmacotherapy.

Results: Psychometric assessment indicated a high-risk callous-unemotional profile (PCL:YV = 32/40) and a predominantly externalizing pattern on the MMPI-A-RF with acceptable validity indices. Structured professional judgment (SAVRY) identified elevated risk for future violent behavior. Across the 12-month follow-up, overt violent incidents decreased primarily in parallel with increased external monitoring and legal oversight, while core callous-unemotional traits, instrumental manipulation, and lack of remorse remained stable across settings.

Discussion: This case highlights a rare but clinically significant developmental trajectory in which childhood-onset conduct disorder with persistent callous-unemotional traits shows limited responsiveness to intensive, evidence-based intervention. The stability of core traits across contexts, despite reduced overt aggression under external control, underscores the distinction between behavioral suppression and genuine emotional change. Such presentations challenge developmentally rigid diagnostic assumptions and emphasize the need for nuanced risk formulation and inter-agency coordination, particularly in low-resource settings.

P-56-006

Remediating Callous-Unemotional Traits in Young Children: Mechanism Engagement and Control Replication

Submitter: Bradley White, United States of America

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Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: Callous-unemotional (CU) traits predict severe, persistent conduct problems and poorer response to standard interventions in children. This study used an experimental-therapeutics framework to test whether Facial Affect Sensitivity Training (FAST), a computerized reward-based intervention, engages facial affect sensitivity as a mechanistic target for CU-related deficits in children ages 6-11. The objective was to determine, in a registered clinical trial, whether FAST improves facial emotion recognition (FER) and related processes as a prerequisite for later clinical benefit. A further aim is to describe how a second, ongoing randomized controlled trial extends this work by adding an active control and evaluating downstream change in CU traits and empathic behaviors.

Methods: Children ages 6-11 with elevated CU traits and FER deficits were randomized to FAST (n=15) or a no-treatment control (n=12). FAST comprised ten computerized sessions over approximately five weeks using automated feedback, points, and prizes to reinforce accurate identification of emotional facial expressions. Mechanistic outcomes included recognition accuracy for fear and sadness, eye-tracking indices during emotion recognition, and EEG event-related potentials (including N170). Generalized linear mixed-effects models examined condition differences in change over time and moderation by anxiety level, reflecting primary (low-anxiety) versus secondary (high-anxiety) CU variants.

Results: FAST improved fear emotion recognition relative to control, with a peak effect at Session 9 (Cohen's $d=0.71$; odds ratio=3.67), exceeding the preregistered target-engagement milestone ($d \geq 0.50$). Anxiety significantly moderated response; gains were strongest among higher-anxiety children consistent with a secondary CU variant, whereas lower-anxiety children showed no meaningful differential benefit. Despite explicit "look at the eyes" instructions, eye fixations to the eye region did not increase, and ancillary analyses suggest a shift toward more efficient, distributed/configural feature sampling across the face, consistent with implicit perceptual learning. Right-hemisphere N170 amplitude change differed between groups, with control participants showing increased neural responsiveness and FAST participants improving emotion recognition without comparable neural amplification. No study-related adverse events were observed and completion rates were high.

Discussion: Findings from the initial mechanism-focused trial support FAST as a feasible intervention that successfully engages a theoretically specified target, motivating

progression to a follow-up randomized trial to further probe mechanisms and examine clinical outcomes. The pattern of improved fear recognition without increased eye fixation suggests that reward-based implicit perceptual learning and more expert-like configural processing may be more important than simple attention redirection to the eyes. Anxiety-based moderation highlights a potential treatment-matching strategy, with secondary CU variants appearing most responsive to affect-sensitivity training. The ongoing follow-up randomized trial (target N=84) compares FAST to an active control involving implicit eye-gaze training to isolate the emotion-feedback component and examine downstream changes in CU traits and empathic behaviors. Enrollment is complete, and preliminary analyses will describe feasibility, target-engagement indices, and initial FAST versus active-control contrasts.

P-56-007

Lifespan Normative Modelling of Aggression and Structural Brain Correlates

Submitter: Ke Chen, Germany

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Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: Aggression varies across age and sex, yet there is a lack of studies utilizing large datasets to model aggression across the lifespan. Moreover, evidence regarding the structural brain correlates of aggression is inconclusive. This research aims to construct normative models of aggression and examine structural brain correlates linked to individual extreme aggression deviations.

Methods: Using data from both publicly available datasets (e.g., the ABCD study) and in-house datasets including epidemiological, at risk and clinical cohorts, we analysed data from approximately 39,000 individuals aged 3 to 59 years. Aggression levels, assessed through both self-report and other-report, were modelled using warped Bayesian linear regression to capture age-related trajectories. Individuals showing extreme deviations from normative patterns were further examined for the structural brain correlates.

Results: Other-reported aggression declines from early childhood to adolescence, rises in early adulthood, and stabilizes thereafter. Self-reported aggression was generally lower than other-reported aggression, and showed weaker age-related patterns. Preliminary findings suggested that reduced left lateral orbitofrontal cortex (LOFC) surface area was associated with high aggression deviations.

Discussion: These findings provide large-scale normative benchmarks of aggression across the lifespan. The preliminary association between extreme aggression deviations and reduced left LOFC surface area suggests a potential structural correlate linked to impaired regulation and inhibitory control. This work may provide insights on early identification and targeted interventions for high-risk individuals.

P-56-008

Identification and multimodal characterization of biosignatures in aggressive behavior across psychiatric diseases

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Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: Research on aggression in mental disorders (AMD) faces major challenges, including limited clinical characterization, insufficient knowledge of developmental trajectories, and the lack of large-scale, ecologically valid longitudinal studies. Subproject Q01 of the transregional Collaborative Research Center (TRR379) addresses these gaps by recruiting a large multi-site sample in Germany (Aachen, Mannheim, Frankfurt) using harmonized clinical, neuropsychological, imaging, and genetic methods. Its key strength is the longitudinal, integrated assessment of psychopathology, aggressive behavior, and neuropsychobiological correlates, advancing the understanding of AMD mechanisms across development.

This contribution reports first feasibility data from one recruiting site, focusing on recruitment performance, sample characteristics, data completeness, and compliance with clinical, EMA, hormonal, and MRI assessments. The aim is to demonstrate the practicality, scalability, and data quality of the Q01 protocol as a prerequisite for subsequent multi-site integration and longitudinal, mechanism-oriented analyses.

Methods: Adolescents aged 10-18 years with aggressive behavior in mental disorders undergo comprehensive multi-informant deep phenotyping. This includes validated, web-based standardized questionnaires administered via REDCap, clinician-led diagnostic interviews, and structural and functional neuroimaging, as well as collection of hormonal and genetic biosamples. In addition, Ecological Momentary Assessment is conducted via participants' smartphones using Movisens. Domains assessed comprise among others aggressive behavior, internalizing and externalizing symptoms, disinhibition-antagonism, and attention problems, as well as emotion regulation, sleep and arousal, loneliness, and social and cognitive processes.

Results: Data collection and analyses are ongoing, demonstrating successful implementation of the Q01 protocol. We will present preliminary feasibility metrics as mentioned above.

Discussion: This feasibility assessment will inform the scalability and robustness of the Q01 infrastructure and identify potential bottlenecks in recruitment and assessment workflows. Establishing reliable, harmonized procedures at an early stage is essential for subsequent multi-site integration and longitudinal, mechanism-oriented analyses within

the TRR379.

P-56-009

Do they see books as prevention? Attitudes of Belarusian school children and specialists to anti-bullying children's literature

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Topic: Specific CAP Conditions / f. Disruptive and Conduct Disorders

Objective: The study conducted in Belarus checks whether books about bullying are perceived as a means of prevention, not just as help in surviving trauma. We studied attitudes towards such books among Belarusian specialists (educational psychologists) and schoolchildren, and collected opinions of parents to see the picture from different angles. Additionally, we analyzed the market of Russian-language children's books about bullying: availability, thematic coverage, and presence of practical advice. Key questions: do adults and schoolchildren consider these books useful for social-emotional development and conflict prevention? How familiar are children with such works, how do they perceive them, and what emotions do they experience? We also assessed whether the perception of benefit depends on personal experience of bullying and whether respondents distinguish between support for the victim and the impact on the behavior of the aggressor.

Methods: In order to conduct a study aimed at studying the attitude of children and parents (the 1st and 2nd groups of respondents) to the topic of bullying in children's literature, we developed two author's questionnaires. The obtained data were analyzed using the sign criterion to correlate the bullying experience of schoolchildren and their confidence in the effectiveness of books on this topic. Educational psychologists (the 3rd group of respondents) were offered a survey to study their ideas about the role of modern children's literature in preventing school conflicts. Analysis of their responses allowed us to obtain a professional opinion on this topic, including their attitude to such literature, ways of using it in working with children. Based on their opinion, recommendations were offered on the use of the selected books as tools for preventing bullying and conflicts at school.

Results: The study found that most adolescents see value in reading books about bullying, even without personal experience, and believe such books can support victims. Opinions are split on whether these books influence aggressors' behavior or reduce bullying overall. When facing bullying or peer-relationship issues, most adolescents prefer to seek information online; many would also consult professionals (psychologists, counselors), while relatively few turn to parents. Some would look for a relevant book. Parents and educational psychologists largely agree that reading about bullying is useful for children who have not faced it. Psychologists express greater confidence than parents that such books can affect aggressors' behavior. Parents and psychologists believe books can help victims and may reduce incident rates, with a majority endorsing both effects. Professional experience may underpin psychologists' higher confidence in the preventive and corrective

impact of bullying-themed literature, while parents acknowledge its usefulness with somewhat less certainty.

Discussion: Findings support using bullying-themed fiction as a practical component of school bullying prevention. Such books can help children grasp consequences, build empathy and compassion, learn conflict-resolution strategies, and strengthen self-esteem. Benefits extend to those without direct experience: reading can develop emotional intelligence and awareness of peers' challenges. However, books are not a cure-all; they should complement comprehensive measures (school programs, specialist support, family involvement). Effectiveness depends on quality and fit: titles must be age-appropriate, clear, and actionable, offering constructive strategies rather than merely condemning or describing harm. Curated recommendations (published earlier) can guide selection for both children facing bullying and those without personal exposure. Overall, literature can raise awareness, foster empathy, provide practical coping tools, and support confidence, but it works best as one element within a broader, coordinated anti-bullying strategy.

P-57

Social Media and Digital Wellbeing: Public
Mental Health, Policy, and Clinical Risk

P-57-001

Current Global Crises and Youth Mental Health in Germany: The Role of Media Use, Coping and Resources

Submitter: Anne Kaman, Germany

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Children and adolescents are currently growing up in a context of overlapping global crises, including climate change, wars, economic insecurity and rapidly evolving digital environments. While mental health deteriorations during the COVID-19 pandemic are well documented, less is known about how young people are coping in the post-pandemic multi-crisis period and which factors promote risk or resilience. This study aims to (1) describe current levels and trajectories of health-related quality of life (HRQoL), mental health problems, anxiety, depressive symptoms and loneliness among children and adolescents in Germany; (2) examine crisis-related worries and future anxiety; and (3) explore the role of coping strategies, psychosocial resources and social media use in shaping youth mental health within this multi-crisis context.

Methods: Data were drawn from eight waves (2020-2025) of the nationwide, population-based longitudinal German COPSy study, including 3,312 families and 2,291 adolescent self-reports. Outcomes included HRQoL, mental health problems, anxiety, depressive symptoms and loneliness, assessed with validated instruments and compared with pre-pandemic reference data. Crisis-related worries and future anxiety were assessed from 2022 onwards. Temporal trends and current prevalence rates of mental health outcomes and crisis-related worries were analysed descriptively and compared across waves. Associations between crisis-related future anxiety and mental health outcomes were examined using multivariate logistic regression models adjusted for age and gender. Further, social media use, exposure to distressing online content, coping strategies and psychosocial resources were analysed descriptively, and their associations with mental health outcomes were examined using multiple logistic regression models including risk and resource factors.

Results: In autumn 2025, mental health indicators among children and adolescents in Germany remained above pre-pandemic levels. Overall, 22 % reported low health-related quality of life (HRQoL), 23 % mental health problems, 25 % anxiety symptoms and 18 % loneliness. While most indicators improved since the pandemic peak, anxiety and depressive symptoms increased between 2024 and 2025 among girls aged 14 years and older. Crisis-related worries were widespread, particularly regarding wars (70 %), terrorism (62 %) and economic insecurity (57 %). More than half of participants reported crisis-related future anxiety, which was consistently associated with all mental health outcomes (ORs 1.8-3.4). Social media use was high, with frequent exposure to distressing content. Active coping strategies were most commonly used and perceived as most helpful. Strong

personal, familial and social resources showed pronounced protective effects, substantially reducing the likelihood of poor mental health outcomes.

Discussion: Despite partial recovery since the pandemic peak, a substantial subgroup of young people continues to experience elevated psychological distress in the context of multiple global crises. Crisis-related future anxiety appears to be a key correlate of reduced well-being and internalizing symptoms, particularly among adolescent girls. At the same time, the majority of children and adolescents demonstrate resilience, supported by active coping strategies and strong psychosocial resources. These findings highlight the importance of strengthening family, school and community resources, promoting adaptive coping, and ensuring safer digital environments. Sustained monitoring and targeted, gender-sensitive prevention and intervention strategies are essential to support youth mental health in an increasingly uncertain global landscape.

P-57-002

Social Media Use and Adolescent Mental Health: Implications for Public Health Policies

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: This presentation aims to examine current evidence linking social media use to adolescent mental health, with a particular focus on public health and policy implications, using recent national and international data.

Methods: The presentation synthesizes findings from international reports and scientific literature on adolescent social media use and mental health outcomes. Particular emphasis is placed on data from a 2024 World Health Organization report covering the period 2021-2022, as well as recent international studies addressing problematic and excessive social media use among adolescents.

Results: According to the 2024 WHO report, 22% of Romanian adolescents aged 11-15 exhibit problematic social media use, a prevalence that is double the average reported across the 44 countries included in the study. International evidence consistently raises concerns regarding the potential negative effects of excessive and dysfunctional social media use on adolescents' mental health, including risks related to emotional well-being, sleep, and behavioral regulation.

Discussion: These findings highlight an urgent need for comprehensive public health policies at both national and global levels. Digital education should be introduced from primary school to support critical online engagement among children and parents. Psychoeducation on balanced digital use and sleep hygiene is essential. Clinicians should routinely assess social media use in adolescent populations to identify harmful patterns and implement harm-reduction strategies, drawing on models used in addiction care. Effective policy responses require collaboration between mental health professionals, educators, technology companies and policymakers to strengthen age verification, increase the minimum age for account creation to 16 and ensure high privacy standards for minors. Additionally, investment in safe offline spaces such as cultural and sports centers is crucial to promote healthy socialisation and identity development. Overall, public mental health strategies must integrate digital literacy initiatives, support further research to inform evidence-based guidelines, and ensure accessible offline alternatives for adolescents.

P-57-003

Digital screen exposure in infants, children and adolescents: a systematic review of existing recommendations

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Digital screen exposure has become a pervasive feature of childhood and adolescence and has been found associated with a wide range of health outcomes, including mental health, psychological and emotional wellbeing, sleep quality and duration, and developmental outcomes. For clinicians, caregivers, and policymakers working in child and adolescent mental and general health, guidance on healthy digital media use represents a critical component of prevention and early intervention strategies. However, no previous review ever synthesised existing recommendations. This review, with the broader scope of informing the new WHO-UNICEF C&A Health strategy of the Euro Region, aimed to synthesise all existing recommendations - issued by either United Nations agencies, scientific societies, governmental health authorities, non-profit organisations, or others - on digital screen exposure in infants, children, and adolescents.

Methods: A wide search strategy was utilised - including digital databases (PubMed, EMBASE, Web of Science), Google, ChatGPT, reference lists and grey literature. Identified documents were categorized by type, issuing institutions, audience, publication year, and age groups. A synthesis of recommendations on screen time quantity was provided, comparing recommendations from the World Health Organization (WHO) with those from other institutions/bodies.

Results: Out of 85,425 records retrieved, 41 documents were identified. Of these, 23 were published by scientific societies, 13 by government/health authorities, two by the WHO, and three by non-profit organisations. In relation to digital screen quantity, most documents aligned: i) for children under 2 years, most documents recommended zero exposure (n = 20/22); ii) for children aged 2-5 years, the majority recommended limiting screen time to 1 h per day (n = 17/21); iii) for children over 5 years and adolescents, the most permissive guidelines suggested a maximum of 2 h per day (n = 8/10). Existing recommendations were either equally strict or more restrictive than WHO guidelines. In regard to the quality of digital screen exposure, 10 key points emerged, along with additional guidance for parents, schools, healthcare professionals, researchers, and industry.

Discussion: This review shows strong convergence across international and national bodies on the need to limit the quantity of digital screen time for infants, children and adolescents, and to improve the quality of exposure, in order to reduce the overall burden on children's health, including mental health outcomes. This alignment provides a strong

basis for governments, stakeholders, and other bodies to agree on local recommendations, as well as strategies to improve their implementation in practice. For clinicians, these findings support the systematic integration of screen-use guidance into routine prevention, health promotion, and early intervention programmes, reinforcing the role of digital exposure management as a modifiable determinant of child and adolescent health.

P-57-004

Toward Adolescent Digital Well-Being: Thematic Analysis of Expert Recommendations for Technology Use Policies

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Digital screens are becoming increasingly integral to everyday life. It offers various functions and aids day-to-day activities. However, excessive screen time is associated with a wide spectrum of negative physical and psychological health outcomes, especially among adolescents who are at a greater risk. Though in the Indian context, there are specific legislations such as the Information and Technology Act of 2008 and the Digital Personal Data Protection Act of 2023, to monitor and protect adolescents from the negative impacts of social media through regulations surrounding safe use, there is an absence of policies and skill-based preventive strategies to be used by parents, teachers, and adolescents for technology engagement. Hence, the aim of the current study is to develop policy and prevention recommendations for healthy use of technology among adolescents.

Methods: The data were collected through a consultative meeting of 40 experts from mental health, child and adolescent psychiatry, cybersafety, and policy development. The collected data were then analyzed using Thematic Analysis (Braun and Clarke, 2002) to generate themes and develop suggestions/ directives for policy development.

Results: The resulting themes and data were compiled using a multisystemic approach to inform the development of policy on screen use. The emerging themes were centered around three levels of functioning: The Digital Environment (School Level Reforms, Collaborations, Environmental Modifications, Guidelines on Healthy Technology Use, and Regulation of Compulsive Design Features); The Family Environment (Parental Awareness, Parental Regulation, and Parental Emotional Involvement); and the Individual Level (Digital Literacy, Digital Skill Development, and Recreational Alternatives to Screen Use). The expert discussion also highlighted potential barriers to implementation, such as poor parental participation due to work demands, limited resources and awareness, the need for trained counselors, a lack of collaboration across departments/sectors, the role of media design features, and discrepancies between adolescents' and adults' views on problematic technology use. Additional themes on Artificial Intelligence Use, Cyberbullying Related Measures, and Barriers to Implementation were generated.

Discussion: The current study helps in identifying a more holistic approach to healthy technology use to guide policy development. Further, the current study highlighted the need to discuss and address the mental health implications of technology use. In the future, periodic meetings of experts across fields are needed to revise suggestions in light

of the evolving digital landscape. The regulation of artificial intelligence use needs further discussion.

P-57-005

Access Regulation and Digital Literacy: Navigating the Future of Social Media Use for Children and Adolescents in India and Germany

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Globally, adolescents increasingly integrate social media into daily routines. The UNCRC (1989), ratified by 196 countries including India and Germany, affirms in Article 17 children's right to diverse media access promoting development and well-being, while tasking parents and governments with guidance and protection from harmful content. Amid debates on restricting or banning youth social media access due to health and developmental risks, we analyzed national policies and laws in India and Germany. This situates discussions in real-world regulatory contexts, highlighting transferable lessons and context-specific challenges. We additionally reviewed empirical evidence on mobile phone/social media bans' impacts on adolescents' health and academic outcomes, enabling evidence-based evaluation of potential benefits and limitations.

Methods: Key policies, frameworks, and laws governing digital/social media use among children and adolescents in India and Germany were identified and reviewed for provisions related to digital/media literacy promotion, regulation of access to social media and online safeguarding for children/adolescents. Available information on these themes was extracted and compared between India and Germany.

A scoping review of reviews was conducted to understand the impact of mobile phone/social media use on children and adolescents physical and mental health, academic performance, and overall well-being. Electronic databases (Pubmed, ProQuest, Google Scholar and Scopus) were searched for eligible studies. Systematic reviews and meta-analyses of studies conducted globally between 2015-2025 among children/adolescents aged <25 years were eligible for inclusion. Data on aims, study design, target populations, sites and types of intervention, study outcomes, indicators of intervention effect, study findings was extracted and analysed.

Results: Germany's Interstate Media Treaty (2021) mandates state media authorities to foster children's media literacy, while the Youth Protection Act requires platforms to moderate content, reporting and blocking tools to shield minors from harm. GDPR Article 8 further requires parental consent for data processing and social media access for those under 16, backed by independent oversight. In India, no national digital literacy program or comprehensive youth protection law exists for social media; however, the Digital Personal Data Protection Act (2023) and Rules (2025) demand verifiable parental consent for users under 18, ban child data tracking and targeted ads. The Information Technology Rules (2021) curb harmful content. Review highlighted excessive or problematic use was linked to

increased risk of depression, anxiety, poor sleep, and lower well-being, while moderate or purposeful use could have neutral or supportive effects. Longitudinal studies suggest that these relationships may be bi-directional.

Discussion: Neither Germany nor India has imposed an explicit statutory age ban to use social media; however, both countries regulate use through parental consent for processing children's personal data including for social media accounts. This shifts responsibility to parents to authorise access and oversee their children's personal data use. Reliance on parental authorisation, until age 16 in Germany and 18 in India, could undermine adolescent's right to autonomy and participation and exacerbate digital inequalities, especially in India where parental digital literacy is often limited. Promoting digital literacy for children and parents is therefore crucial to enable informed choices about social media use. Evidence from review highlight that policies should focus on reducing problematic social media use rather than enforcing blanket bans. Integrating mental health support alongside these measures is important given the bi-directional relationship between social media use and adolescent mental health and well-being.

P-57-007

Digital Disadvantage outside the Classroom: Comparative Profiles of Problematic Smartphone Use, Stress, and Psychopathology in Out-of-School Youth

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Problematic smartphone use (PSU) is increasingly linked to adolescent mental health, yet out-of-school youth (OSY) remain understudied. We compared PSU and related psychosocial risks between students and OSY in a Korean urban community and examined correlates of smartphone overdependence.

Methods: A community-based cross-sectional survey was conducted in 2025 among 1,485 adolescents (1,287 students; 198 OSY). Participants completed measures of smartphone overdependence (K-SAS), perceived stress (PSS-10), substance use and drug-related awareness, emotion regulation, and Mind EASY mental health screening. Group differences were tested using chi square and Welch t-tests; multivariable correlates were examined using multiple linear regression.

Results: PSU prevalence was higher in OSY than students (43.9% vs 35.3%; $p = 0.018$), with a pronounced concentration of high-risk users among OSY. Mean stress levels were similar, but OSY were overrepresented in both low and high stress categories ($p < 0.001$). OSY showed substantially higher priority-risk rates on Mind EASY overall (25.8% vs 6.0%). In regression, higher perceived stress, poorer school adaptation, and higher externalization risk were independently associated with higher smartphone overdependence; smoking (but not drinking) was also associated with higher scores.

Discussion: OSY constitute a high-risk group for severe PSU and broad mental health vulnerability. Integrated community-based interventions addressing stress, adaptation difficulties, and risk behaviors may be essential for OSY.

P-57-008

Exploring the link between digital addictions and impulsivity in a clinical population of adolescents

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: To study the relationship between impulsivity and digital addictions in a clinical population of adolescents.

Methods: Cross-sectional, descriptive and analytical study, conducted between January and April 2025 among adolescents aged 12 to 18 years consulting at the Child and Adolescent Psychiatry department of Mongi Slim Hospital (Tunis, Tunisia). Data were collected using a pre-established questionnaire and scales to assess the degree of addiction: the IAT-20 for Internet addiction, the IGD-20 for problematic video game use, and the Bergen Social Media Addiction Scale for problematic social media use. Impulsivity was assessed using the Barratt Impulsiveness Scale.

Results: The study involved 205 adolescents with a mean age of 14.8 years, of which 62.4% were girls.

Among them, 84.4% owned a smartphone. On average, participants spent 1 ± 1.2 hours per day on video games, 1.6 ± 1 hours per day on the Internet and 1.7 ± 1.1 hours per day on social media.

Additionally, 26.7% of adolescents reported that screen use affected their daily lives, while 61.5% reported conflicts with their parents regarding this issue. The mean scores obtained were 40 for the IAT, 43 for the IGD, 16 for the BSMAS, and 71.96 for impulsivity. The analysis revealed significant associations between impulsivity and the IAT score ($p < 10^{-3}$), the BSAMS score ($p < 10^{-3}$), as well as the IGD-20 score ($p < 10^{-3}$).

Discussion: Our findings are situated within a robust global context, confirming that problematic screen use is a significant source of daily impairment and family conflict for adolescents, aligning with recent epidemiological data establishing parental-child conflict as both a risk factor and consequence of problematic digital media use. Furthermore, The elevated scores in our clinical sample exceed general population averages, a finding that may be explained by the high-risk profile and underlying psychiatric comorbidities of our participants.

The strong, statistically significant association we found between impulsivity and both Internet Addiction and time spent online is strongly supported by meta-analytic evidence, which positions impulsivity as a core predictor of problematic digital media use.

However, our results present a critical nuance regarding video game addiction. Contrary to much of the literature that reports robust associations, our study did not find a statistically

significant link between impulsivity and IGD scores.

P-57-009

Social Media Use and Suicidality in Adolescents: A Narrative Review

Submitter: María Magdalena Martínez Llaría, Spain

Co-Authors: M. Martínez Llaría

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: To examine the association between social media use and self-harm behaviors in adolescents, with a focus on risk and protective factors.

Methods: A narrative review was conducted by searching PubMed, PsycINFO, and Scopus databases (2018-2024) using the terms "adolescents," "social media," "self-harm," and "suicidality." Peer-reviewed articles evaluating the relationship between social media use and suicidal ideation, suicide attempts, or nonsuicidal self-injury were included

Results: A total of 45 studies met inclusion criteria. Problematic or excessive social media use was consistently associated with higher rates of depressive symptoms, suicidal ideation, and self-harm behaviors. Exposure to harmful content and algorithm-driven recommendations of pro-suicide or self-injury material increased vulnerability, particularly among high-risk groups. Conversely, positive online interactions, moderated peer-support communities, and digital mental health campaigns showed potential protective effects. Several longitudinal studies suggested a bidirectional association: depressive symptoms predicted problematic social media use, while heavy use exacerbated preexisting mental health difficulties. Evidence remains limited by cross-sectional designs and heterogeneity in measurement tools

Discussion: Social media exerts a complex and dual influence on adolescent mental health. While excessive or unregulated use increases risk for suicidality, supportive online communities may provide protective benefits. Clinical practice should incorporate digital behavior assessment into routine adolescent psychiatric evaluations. Preventive interventions must combine digital literacy, parental involvement, and platform accountability to mitigate risks while harnessing potential benefits. Future research should prioritize longitudinal designs and culturally sensitive approaches to clarify causal pathways and optimize prevention strategies.

SSRI-Related TikTok Content Worldwide - A Mixed-Methods Analysis of Distribution, Engagement and Representation

Submitter: Florian Handermann, Germany

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Social media platforms, particularly TikTok, are increasingly important sources of health-related information, especially for adolescents and young adults. Selective serotonin reuptake inhibitors (SSRIs) represent a well-established and widely prescribed class of psychotropic medications. Previous research on SSRI-related content on social media has largely focused on posts from individual countries and small samples. The aim of the present study was to quantitatively analyze the global distribution, reach, and metadata of SSRI-related TikTok posts, as well as to qualitatively examine their thematic focus, attitudes, and modes of representation.

Methods: Publicly available TikTok posts using the hashtag #ssri were collected from 127 countries; for each country, the first 50 search results were included. After removal of duplicates, the final sample comprised 525 videos. Metadata were extracted, including number of likes, comments, hashtags, and country of origin. Engagement rates were calculated and subjected to descriptive and exploratory analyses. In addition, a structured content characterization was performed using a systematically developed coding framework. This framework captured predefined content and presentation features, including creator gender and age, medical background, personal experiences with SSRIs, primary informational focus, use of humor or memes, discussion of SSRI discontinuation symptoms, and overall tone. Coding discrepancies were resolved through consensus or, when necessary, by consultation with a third rater.

Results: N = 525 SSRI-related TikTok videos from 127 countries form the basis of the presented results, accounting for over 145 million total views at the time of collection. The findings encompass global distribution, reach, metadata, engagement, and content-related characteristics. Key thematic clusters are identified, as well as differences related to creators' age groups, medical background, and regional origin. Associations between content types and user engagement are further explored.

Discussion: This mixed-methods analysis provides comprehensive insights into both the dissemination patterns and the content-related characteristics of SSRI-related TikTok videos. In combination, the quantitative and qualitative findings allow for the identification of overarching patterns and regional differences. These insights may inform targeted and evidence-based health communication strategies on social media platforms, particularly for adolescents and young adults.

P-58

Global Child and Adolescent Mental Health:
Cultural Adaptation, Early Identification, and
Service Capacity

P-58-001

Early Minds, Early Action: Infant Mental Health Service Planning in Nova Scotia

Submitter: Jennifer Cumming, Canada

Co-Authors: J. Cumming, J. Smith

Topic: Infant Mental Health

Objective: Infant mental health conditions are common, yet specialized services for children aged 0-5 years remain limited. This project aimed to characterize the current scope and capacity of a tertiary infant mental health clinic based in Nova Scotia, Canada, identify system-level gaps and service priorities through consultation with local health and community organizations and evaluate evidence-informed intervention options to inform service development and planning

Methods: A mixed-methods service planning approach was employed. Clinic data was reviewed to describe referral sources, diagnoses and interventions. Semi-structured interviews were conducted with representatives from pediatrics and various community organizations, such as family resource centres, to identify perceived gaps and unmet needs. Findings were integrated with a rapid evidence synthesis conducted in collaboration with a regional Strategy for Patient Oriented Research (SPOR) Support Unit, examining the evidence base of selected interventions.

Results: In the clinic's first year it served approximately 46 children,, predominantly for behavioral concerns and trauma-related symptoms, representing a small proportion of the estimated population need. Partner organizations reported system-wide challenges including limited service capacity, unclear referral pathways, long wait times for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) assessments, financial barriers and insufficient access to early intervention, particularly for children under three years of age. Priority service requests included early attachment-focused interventions, support for severe behavioral presentations, diagnostic and medication consultation, caregiver education, and enhanced inter-agency collaboration. Evidence synthesis identified several feasible intervention models such as Circle of Security Parenting, Parent-Child Interaction Therapy (PCIT) and Video-feedback Intervention to Promote Positive Parenting (VIPP), each with distinct training requirements

Discussion: These findings reveal a clear gap between the number of young children who need infant mental health support and the services currently available. Community partners identified early, relationship-based interventions as a good fit for their needs and a practical way to support families outside of clinics. Strengthening consultation, collaboration, and the use of evidence-informed interventions may improve access to care, reduce fragmentation across services, and ensure that children and families receive timely, developmentally appropriate support. Overall, this work highlights the value of engaging stakeholders and using rapid evidence synthesis to inform practical and scalable

planning for infant mental health services.

P-58-002

Early identification of psychological difficulties among infants and toddlers: a cross-sectional study from Cambodia

Submitter: Puthy Pat, Cambodia

Co-Authors: P. Pat, M. Vaezghasemi, D. Sok, R. Coleman, B. Jegannathan

Topic: Infant Mental Health

Objective: Children's mental health is increasingly recognized as fundamental to lifelong wellbeing and sustainable development, yet services in low- and middle-income countries (LMICs), like Cambodia remain underdeveloped. There is immense need for screening for mental health and psychosocial development of infants and toddlers in Cambodia, but currently unavailable. This study aims to identify early through screening of mental health problems among children aged 06-36 months in Cambodia.

Methods: Children between 6 to 36 months were screened using the 'Psychological Difficulties Screening for Children Aged 6 to 36 months (PSYCa 6-36)', a tool validated in Cambodia, Kenya, and Uganda. The staff from 9 health centers in 2 provinces of Cambodia were trained to administer PSYCa 6-36 who interviewed caregivers of 197 children.

Results: 7.0% of respondents to PSYCa 6-36 reported having psychosocial difficulties. Among them, boys (OR 2.50; CI 1.1 - 1.88) and children aged 25-36 months (OR 3.34; CI 1.67 - 13.51) reported significantly high scores. The regression analyses found no statistically significant difference between the two provinces, household size, number of siblings and caregiver education. Among the children who scored higher than the cut-off, there was significant association with caregiver occupation viz housewives reporting significantly fewer psychosocial difficulties.

Discussion: This is a pioneering study from Cambodia that identified early childhood psychological difficulties. A qualitative study will complement the findings related to gender and age differences and probable parenting differences. Building the capacity of the health center staff may enable integration of infant and toddler mental health services into the health system in Cambodia, a post-conflict LMIC setting.

P-58-003

Child & Adolescent Mental Health Non-government Organization in Low resource setting : Impact & Potential

Submitter: Savita Malhotra, India

Co-Authors: S. Malhotra

Topic: Infant Mental Health

Objective: To examine the impact and potential of the Indian Association for Child and Adolescent Mental Health, a national level non-government organization (NGO) dedicated to improving services, education, advocacy, research and professional development.

Methods: A retrospective analysis of the work carried out by tracing the journey and challenges over the last 35 years.

Results: The Indian Association for Child and Adolescent Mental Health (IACAM) started in 1991, showed very slow growth in the initial decade. A boost was provided by the opportunity to organize the 15th IACAPAP congress in Delhi in 2002, which worked as a turning point in bringing CAMH on national agenda, increasing clamor for research and training in India. There was policy change in making child psychiatry units essential in all institutions running MD psychiatry courses. Superspecialist training in child and adolescent psychiatry was started in 2011, and a one-year online certificate course for general psychiatrists was started in 2021. Now, the activities have wideved through CMEs, publishing ejournal, yearly webinar on World Infant, Child, and Adolescent Mental Health Day. Recently, IACAM was a partner in the South Asian network (CAMHSAN) for regional advocacy and has completed the National level Service Mapping exercise along with 8 others South Asian countries.

Discussion: In India, child and adolescent mental health research and services are meagre and mostly unavailable to masses. With specialized training is limited to a very few centers that too only very recently. Very few centers running general psychiatry postgraduate training or pediatrics are equipped with CAMH training due to lack of faculty and infrastructure. IACAM has made a significant impact in raising the profile of child psychiatry in India, and on the national level policies, programs, research, professional training, and capacity building. IACAM has made a significant impact in raising the profile of child psychiatry in India, and on the national level policies, programs, research, professional training, and capacity building.

P-58-004

Validation and psychometric properties of the Early Childhood Screening Assessment in two large nationally representative samples in Hungary

Submitter: Ildikó Danis, Hungary

Co-Authors: I. Danis, R. Durányik, J. Gervai

Topic: Infant Mental Health

Objective: The Early Childhood Screening Assessment (ECSA) is a parent-report questionnaire with a long (Gleason et al., 2010) and a short (Fallucco et al., 2017) version that measure the frequency of children's early psychological symptoms and identifies parental distress and depression. Cut-off scores help identifying the risk of having mental health problems. The present study aimed to explore the factor structure, to examine the reliability and validity of the ECSA among mothers of 20-36-month-old children in nationally representative community samples.

Methods: ECSA was administered in two studies of the 'Infancy in 21st century Hungary' project, which examine parenting and mental health in early childhood. Data were collected from mothers of children aged 3-36 months in two cohorts (2019-2020, n=980; 2023-2024, n=415) before and after a stressful historical period resulting from the COVID-19 waves, geopolitical and financial crisis. The samples were nationally representative in terms of children's age, gender and type of residence. ECSA was administered to mothers of 20-36 month-old children.

Results: Factor structure, psychometric properties and construct validity of the ECSA were tested, and we examined and compared the distributions of aggregated scores in the two waves. We present these results with a focus on possible stress-related cohort effects in the prevalence of mental health problems in early childhood.

Discussion: We aim introducing the long and short versions of ECSA in Hungary to facilitate further research and to help primary practices to screen for emotional and behavioural symptoms in the early years. We propose national percentile values to help identify children at higher risk of emotional and behavioural problems. There is no meaningful difference between the ECSA scores of the two cohorts, suggesting that children's resilience was maintained during the stressful historical period.

P-58-006

From Motivation to Capacity: Challenges in Research Training in Medical and Psychiatry Education Across Latin America and the Caribbean.

Submitter: Montserrat Nieto , Dominican Republic

Co-Authors: M. Pichardo Santana, M. Nieto, Z. Morillo de Nieto, R. Cosme, T. Pinheiro, S. Liaqat, F. Perez

Topic: Infant Mental Health

Objective: This study aims to assess the training needs and perceived barriers to participate in research among medical students, psychiatry residents, child and adolescent psychiatry fellows and general practitioners in Latin America. We aim to identify gaps that limit research and with that information develop a quality-improvement plan to address those gaps and improve skills amongst mental health professionals.

Methods: A pilot cross-sectional, multilingual (Spanish, Portuguese, and English) online survey was administered to medical students, general practitioners, psychiatry residents, and child and adolescent psychiatry fellows across Latin America between December 2025 and January 2026 using RedCap. The survey assessed demographics, level of training, prior research training, publications, perceived institutional support, and barriers to participate in research. Descriptive statistics were used to analyze this project.

Results: 78 participants responded, representing the Dominican Republic, Paraguay, Bolivia, Brazil, Mexico, El Salvador, Argentina, and Uruguay. 17.9% were medical students, 33.3% general practitioners, 35.9% psychiatry residents (PGY-1 to PGY-4), 3.8% Child and Adolescent Psychiatry Fellows, and 9% selected "other".

84% demonstrated interest in research. However, 37.2% reported no formal research training, 79.5% received informal or no guidance, 53.8% lacked an assigned research mentor, and 51.3% reported no structured research/QI requirements in their programs. 66.7% reported no peer-reviewed publications with a PMID, 59% had not served as a lead author on a research project, and 87.2% reported no participation in a QI project. Perceived barriers reported were insufficient time due to clinical responsibilities (43.5%), a limited understanding of research design and methodology (39.5%), and difficulties navigating Institutional Review Board or research approval processes (33.42%).

Discussion: Trainees and practitioners in Latin America and the Caribbean show motivation in research engagement, however, reported limited or no formal training, institutional support, lack of mentorship, and limited time due to clinical duties as substantial barriers to conduct research. Although the sample size (n = 78) reflects the limited number of psychiatry training positions in the region, there seems to be a gap between motivation and system-level factors that represent a constraint to generate data that is culturally and contextually relevant for Latin America. Institutions should focus on developing strategies to improve access to research training and protected time with

models embedded within medical schools, residency and fellowship programs, minimizing gaps, and promoting further education and training to foster a culture of quality and equity of mental health care.

P-58-007

Cultural Adaptation and Psychometric Evaluation of the Arabic Parent-Child Relationship Questionnaire Among Low-Literacy Parents of Deaf and Hard-of-Hearing Children in Egypt: A Multicenter Study

Submitter: Rabab Ahmed, United States of America

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Topic: Infant Mental Health

Objective: The quality of the parent-child relationship is crucial for children's emotional and behavioral well-being and a central focus of child and adolescent mental health care. For deaf and hard-of-hearing (DHH) children, family relationships are particularly critical, as communication barriers, parental stress, and limited access to specialized services may increase vulnerability to mental health difficulties. In Egypt, assessment of parent-child relationships is further complicated by high rates of adult illiteracy and limited feasibility of self-administered or digital questionnaires. No validated Arabic-language instrument has been available to assess parent-child relationship quality among Egyptian families with low literacy. This study aimed to culturally adapt the Parent-Child Relationship Questionnaire (PCRQ; 40 items, five subscales) into Arabic and to evaluate the psychometric properties of an interviewer-administered verbal version for parents of DHH children in Egypt.

Methods: Data were collected between Fall 2024 and Spring 2025 as part of a national, multi-site cross-sectional study. A convenience sample of parents of DHH children aged 6-17 years was recruited from 25 schools for DHH children across seven Egyptian governorates. The study followed a sequential, multi-phase design. In Phase I, the parent-report PCRQ was translated and culturally adapted into written Arabic using forward-back translation and expert review. In Phase II, the instrument was adapted for interviewer-administered verbal delivery through cognitive interviews and pilot testing with parents with limited literacy, and the original 5-point ordinal Likert scale was simplified to a 4-point format. In Phase III, the finalized verbal version was implemented at scale. Psychometric evaluation used categorical multilevel confirmatory factor analysis (ML-CFA), with reliability assessed using McDonald's omega and construct validity examined through model fit and latent factor correlations.

Results: Total of 856 parents completed the interviewer-administered parent form of PCRQ. Total scores ranged from 1.77 to 3.90 ($M = 3.18$, $SD = 0.38$), indicating positive perceived parent-child relationships with minimal floor or ceiling effects. Content validity was supported by expert agreement on item relevance and clarity; and further confirmed through cognitive interviews with parents of DHH children during pilot testing, which demonstrated good comprehension and cultural appropriateness. ML-CFA analysis supported a refined five-factor structure at the individual level, with excellent model fit

(RMSEA = 0.017; CFI = 0.96; TLI = 0.96; SRMR-within = 0.111). Internal consistency was excellent for Warmth (0.94), very good for Positive Relationship (0.89) and Discipline-related domains (0.85), and acceptable for Power Assertion/Autonomy (0.68). Latent factor correlations were below 0.85, supporting acceptable discriminant validity, and findings were robust across alternative model specifications.

Discussion: The Arabic interviewer-administered PCRQ is a reliable, valid, and clinically feasible tool for assessing parent-child relationship quality among low-literacy parents of DHH children in Egypt. Its brief administration time and verbal format make it suitable for use in child mental health services, school-based assessments, and research in resource-limited settings. This work supports more inclusive assessment practices in child and adolescent psychiatry and provides a model for adapting family-focused measures for marginalized populations in LMICs.

P-58-008

Cross-Cultural Adaptation and Psychometric Validation of the RS-10: A Brief, Developmentally Appropriate Self-Report Resilience Measure in Turkish Pediatric Oncology and Community Settings

Submitter: Ezgi Uluduz, Türkiye

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Topic: Infant Mental Health

Objective: Resilience functions as a dynamic protective factor, buffering children against significant stressors such as pediatric cancer and treatment procedure. However, valid assessment tools for school-aged children are limited in Turkey. Current instruments are often designed for older adolescents or rely predominantly on parent/caregiver proxy reports, overlooking the child's self-reported experience. This study aimed to bridge this gap by translating and culturally adapting the Resilience Scale for Children-10 (RS-10) into Turkish. We evaluated its reliability, factor structure, and validity in a mixed sample of healthy children and those undergoing cancer treatment. Additionally, we compared resilience levels between pediatric cancer patients and healthy controls to understand the potential impact of chronic illness on psychological adaptation. By validating the RS-10, this study seeks to provide a robust, developmentally appropriate self-report tool to identify resilience strengths directly from the child's perspective, facilitating targeted psychosocial support.

Methods: This cross-sectional validation study included 182 children aged 7-14 years, comprising pediatric oncology patients and healthy controls recruited from two centers in Turkey. The Resilience Scale for Children-10 (RS-10) was translated and adapted into Turkish following WHO guidelines, including forward-backward translation, expert panel review and cognitive interviewing. Participants completed the RS-10 alongside the Child and Youth Resilience Measure (CYRM-12) for convergent validity, the Children's Depression Inventory (CDI) for discriminant validity, and the Pediatric Quality of Life Inventory (PedsQL) for criterion-related validity. Psychometric evaluation included internal consistency (Cronbach's alpha), test-retest reliability (2-week interval), and construct validity analyses. Additionally, resilience scores were compared between the cancer and control groups to assess the impact of chronic illness. Ethical approval and informed consent were obtained for all participants.

Results: The study included 182 participants (105 cancer patients, 77 controls). Exploratory Factor Analysis confirmed a two-factor structure: "Personal Competence" and "Self-Acceptance." The Turkish RS-10 demonstrated acceptable internal consistency (Cronbach's alpha=0.76) and test-retest reliability ($r=0.66$). Construct validity was supported by strong correlations with the CYRM-12 ($r=0.62$) and significant negative correlations with depression ($r=-0.59$). Resilience scores positively correlated with Quality

of Life in both healthy ($r=0.54$) and cancer groups ($r=0.42$). Demographically, the control group was younger, had significantly higher parental education and income levels ($p<0.001$). However, contrary to the hypothesis, no significant difference was found in total resilience scores between pediatric cancer patients and healthy controls ($p=0.72$), indicating comparable resilience levels across both groups despite demographic disparities.

Discussion: This study provides the first Turkish, child self-report version of the Resilience Scale for Children-10 (RS-10) for ages 7-14, addressing the lack of developmentally appropriate resilience measures in Turkey. The findings establish the Turkish RS-10 as a psychometrically robust, developmentally appropriate self-report instrument for school-aged children. By prioritizing the child's perspective, this tool addresses the critical scarcity of non-proxy measures in pediatric oncology. Despite higher socioeconomic indicators in controls, resilience scores did not differ between pediatric oncology patients and peers, suggesting resilience may be preserved during treatment. The Turkish RS-10 may facilitate routine screening and targeted psychosocial support in pediatric settings. Further studies should confirm measurement invariance and sensitivity to change across different treatment phases and interventions.

P-58-009

Integrating 'Vipassana practice', - a culturally appropriate 'mindfulness intervention' among young prisoners, - a protocol for RCT

Submitter: Jegannathan Bhoomikumar, Cambodia

Co-Authors: J. Bhoomikumar, P. Pat

Topic: Infant Mental Health

Objective: Young prisoners suffer from significant mental health problems and suicidal behavior as revealed by Youth Self Report (YSR) and Attitude Toward Suicide (ATTS) questionnaires (Pat P et al. 2021) in the overcrowded prisons of Cambodia. Vipassana, a 10-day intense mindfulness practice has reported reduction of mood disorders and enhanced emotional intelligence among inmates of a maximum-security prison (Abigayl M et al. 2012). A culturally appropriate intervention such as Vipassana, could easily be incorporated into the prison setting, Buddhism being a predominant (98%) religion in Cambodia. This self-observing mindfulness practice will be not only relevant and appealing for the young prisoners, but also may reduce mental distress, suicidal thinking and recidivism. The objective is to integrate Vipassana, -a mindfulness practice among randomly assigned GHQ-28 positive young prisoners, and measure the outcome using RCT

Methods: From the cohort of 88.74% of the 657 young prisoners in the age group of 15 to 24 from the six prisons who scored above the GHQ-28 cut-off, are randomly assigned for stress management and relaxation training (SMART), a control group and a 10-day intense full-time Vipassana mindfulness practice group, an intervention group. Informed consent is sought and the option to withdraw from the study any stage is given. GHQ-28 and Columbia Suicide scale are administered at three points:

1. At the commencement of intervention (pre)
2. Immediately after the intervention (immediate post)
3. Six months after the intervention (post-six-month practice)

Recidivism is ascertained through prison registers followed-up for an year.

Results: It is expected that the young prisoners practicing Vipassana, the self-observing mindfulness program (intervention group) report significantly less mental health problems as revealed by the GHQ-28 score at immediate and at six months period when compared with the pre and post scores of the control group practicing stress management and relaxation training (SMART), signifying the impact of intervention over the time. The Columbia Suicide scale will reveal less suicidal behavior among the Vipassana practitioners than the control group practicing stress management and relaxation training (SMART) indicating less suicidal behavior in the intervention group. The prison registers followed-up for an year shows less number of young prisoners from the intervention group re-entering the prison system compared with the control group signifying less recidivism.

Discussion: Prison mental health is at a nascent stage in Cambodia, a post conflict nation with meagre human and material resources. The practice of Vipassana has been reported to be effective both in Low- and Middle-Income Countries (Rathi M 2021) and High-Income Countries (Giridharan S et al. 2025) but hitherto not reported from a post-conflict nation from Southeast Asia. This pioneering study among young prisoners in Cambodia will add to the evidence of culturally appropriate interventions that will be acceptable and accessible, strengthening the prison mental health system. The self-observing mindfulness techniques might enable young prisoners to continue to practice once outside of the prison system, resulting in less criminal tendencies and repeat offences, leading to less recidivism in the intervention group as indicated by the prison records followed up for a year.

P-58-010

Healing after disaster in Pakistan

Submitter: Shazia Parveen, Pakistan

Co-Authors: S. Parveen

Topic: Infant Mental Health

Objective: The objective of this project is to support child and family survivors of the devastating floods in Pakistan through trauma-informed interventions and psychosocial healing. During my visits to relief camps, I observed that the most significant distress among families was fear about the future. My goal is to develop a culturally sensitive Caregiver-Child Flood Recovery Workbook inspired by the model used by the Supporting Child Caregivers (SCC) team in Turkey after the earthquake, which itself was adapted from Dr. Gilbert Kliman's trauma workbook. The workbook will help children narrate their flood experiences and guide caregivers in managing their own stress while supporting their children's recovery. By incorporating play-based and environmental healing activities, including tree planting, the project aims to foster resilience, emotional expression, and hope among affected families, serving as a model for other communities impacted by climate disasters.

Methods: The intervention began with direct engagement in flood-relief camps, where I observed and interacted with affected families. I conducted informal interviews to understand their emotional challenges, focusing on anxiety, grief, and uncertainty about the future. For children, I organized creative play, storytelling, and group activities to help them express feelings and regain a sense of safety. Together, we planted trees as a symbolic act of renewal and environmental recovery. Guided by insights from Dr. Harrison and the SCC team, I plan to adapt Dr. Gilbert Kliman's trauma workbook to the Pakistani cultural and linguistic context. The adaptation will integrate local idioms, drawings, and exercises derived from my fieldwork activities. The workbook will be co-designed with community input to ensure accessibility and cultural resonance, promoting both individual healing and community connection through caregiver-child collaboration.

Results: Preliminary outcomes from my engagement in the flood camps showed that children responded positively to structured play and environmental activities. Participation in storytelling and tree-planting sessions helped reduce fear and restore a sense of belonging. Caregivers reported improved emotional connection with their children and a better understanding of stress responses. Families became more open to discussing feelings and rebuilding hope for the future. These early findings informed the design of the Caregiver-Child Flood Recovery Workbook, which provides guided exercises for emotional expression and practical strategies for stress management. Feedback from local families indicates strong trust in the program, as they are more receptive to community-based interventions led by familiar professionals. The positive reception suggests that trauma recovery efforts rooted in cultural familiarity and nature-based healing can enhance

engagement and long-term resilience in post-disaster mental health care.

Discussion: This project highlights the importance of culturally grounded, relationship-based trauma interventions following climate-related disasters. The experience in Pakistan parallels findings from the SCC team in Turkey, where families initially hesitated to engage with unfamiliar professionals. In contrast, my established trust with local families enabled greater participation and emotional openness. Adapting Dr. Gilbert Kliman's trauma workbook within a Pakistani context###integrating local symbols, environmental activities, and accessible caregiver guidance###can serve as an effective tool for psychosocial recovery. The inclusion of nature-based healing, such as tree planting, reinforces community resilience and ecological restoration. The Flood Recovery Workbook has potential not only to aid flood survivors but also to serve as a scalable model for future climate emergencies in vulnerable regions. Ultimately, strengthening caregiver-child bonds through shared storytelling and healing activities can mitigate the long-term mental health consequences of climate-induced trauma.

P-59

Risk and Resilience Factors IV: Physical Health and Vulnerability

P-59-001

Impact of the COVID-19 pandemic on health and development of 0-3 year old children up to three years after the pandemic

Submitter: Amber Sterenborg, Netherlands

Co-Authors: A. Sterenborg, M. Basten, M. van Stralen, E. Vlemincx

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: While the impact of the COVID-19 pandemic is widely documented for school-aged children and adolescents, evidence of the pandemic's impact on preschool-aged children remains less clear. Some studies suggest increased socio-emotional and behavioral problems and poorer lifestyle behaviors during the pandemic, which questions the longer-term consequences of the pandemic on these young children. Therefore, the current study evaluates the impact of the COVID-19 pandemic on health and development of 0-3-year-old children up to three years after the pandemic.

Methods: Longitudinal data, collected between October 2018 and January 2025, from the dynamic population-based Sarphati Cohort Amsterdam were used. Children aged 0-3 years with at least one measurement before or during the COVID-19 pandemic (March 2020 - March 2022) were included (N = 8596). Six health and developmental outcomes were assessed, sleep, screen time, emotional well-being, weight to height, motor development and language development, at multiple times before, during and after the pandemic. Mixed-model analyses were used to evaluate the longitudinal changes across pre-, peri-, and post-pandemic periods.

Results: Screen time significantly increased during lockdown periods (M = 73.9 minutes/day, 95% CI [67.6-80.2]) compared to pre-pandemic levels (M = 53.1 minutes/day, 95% CI [48.0-58.2]) at age 3 years, but returned to pre-pandemic levels after the pandemic. Sleep quality remained stable during and after the pandemic, and nighttime sleep duration increased with 5-10 minutes during lockdowns compared to pre- and post-pandemic periods in 1-3 year old children. Most parents reported no changes in their child's emotional well-being due to the COVID-19 pandemic (80%), some reported better emotional well-being (12.1%), and a small group reported poorer emotional well-being of their 3-year-old child during the pandemic (7.8%). Analyses on the impact of the COVID-19 pandemic on weight to height, motor development, and language development are currently ongoing.

Discussion: The initial findings demonstrate that screen time increased during lockdown periods, but returned to pre-pandemic levels after the pandemic. Additionally, according to parents, the majority of children were not emotionally affected by the pandemic and positive effects on emotional well-being and sleep duration were found. These findings suggest resilience of most young children during and after the COVID-19 pandemic. Further results on the impact of the pandemic on weight to height, motor development, and

language development will provide a more comprehensive overview of the longer term pandemic impact on health and development of young children.

P-59-003

Gender Roles and Marital Dynamics in Parents of Children with Disabilities: Implications for Family Well-Being

Submitter: Yuri Leandro Do Carmo De Souza, Brazil

Co-Authors: Y. De Souza, S. Silva

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: The project aims to extend the findings of the doctoral research that examined the relationship between gender and marital satisfaction among parents of children with disabilities, exploring how gender roles and relational dynamics influence psychological well-being within the family. Building on these insights, the current objective is to translate the theoretical and empirical knowledge into applied professional practice through the development of training modules and interdisciplinary workshops for health professionals such as psychologists, family therapists, and educators. These materials focus on couple-centered interventions that strengthen resilience, mutual support, and emotional balance within families.

Methods: The project is grounded in the previous qualitative study, which employed in-depth interviews with parents of children with disabilities and conducted a content analysis based on Bardin's framework to identify thematic categories related to gender, marital satisfaction, and caregiving dynamics.

The methodological steps of the current project include:

Translating scientific findings into professional training materials;

Developing instructional modules incorporating systemic and gender-sensitive perspectives;

Designing interdisciplinary workshops informed by research on family mental health, couple-based interventions, and collaborative care;

Preliminary validation of the training proposals through presentation at scientific events and discussions with researchers in family and developmental psychology.

Results: The original study identified clear gender differences in:
stress regulation strategies;
caregiving responsibilities;
expressions of marital satisfaction.

These findings showed that the quality of the couple's relationship directly affects the emotional well-being of parents and the developmental and psychological outcomes of children with disabilities.

As a direct application of these insights, the current project proposes a set of training modules for practitioners, designed to:

support couple-centered therapeutic approaches;

promote mutual support within the parental relationship;

integrate gender-informed perspectives into clinical and educational practice.

Discussion: The results underscore the importance of incorporating relationship dynamics and gender-related factors into interventions designed for families of children with disabilities. A systemic and gender-sensitive approach enhances the effectiveness of psychological and educational practices, contributing to improved mental health outcomes for both parents and children.

Presenting this work at a scientific event will facilitate the refinement of methodological approaches, promote the dissemination of evidence-based practices, and encourage collaboration with researchers in the fields of family and developmental psychology.

Ultimately, the project contributes to a more holistic framework for family well-being by bridging theory, empirical research, and applied professional training.

P-59-004

Investigation of the Relationship Between the Severity of Chronic Kidney Disease and Mothers' Burnout Levels and Feelings of Shame and Guilt in Children and Adolescents Diagnosed with Chronic Kidney Disease

Submitter: Esma Demir, Türkiye

Co-Authors: E. Demir, Y. Caliskan, S. Yavuz, B. Alicier

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: The aim of this study is to investigate the relationship between the severity of chronic kidney disease (CKD) in children and adolescents and their mothers' levels of burnout.

Methods: In this prospective case-control study, 60 adolescents diagnosed with chronic kidney disease (CKD) and their mothers, as well as 60 healthy adolescents and their mothers, were evaluated. The assessment tools used for mothers included the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Maslach Burnout Inventory (MBI), Sociodemographic Data Form, and the Multidimensional Scale of Perceived Social Support (MSPSS). For adolescents, the tools used were the Children's Depression Inventory (CDI), Screen for Child Anxiety Related Emotional Disorders (SCARED), and the Guilt and Shame Screening Scale (GSSS).

Results: In this study, adolescents with chronic kidney disease (CKD) were compared with healthy controls. Academic performance was significantly lower in the CKD group ($p=0.003$). No statistically significant difference was found between the groups in Children's Depression Inventory (CDI) scores ($p=0.594$). According to the Guilt and Shame Screening Scale (GSSS), guilt scores were significantly higher in the control group ($p=0.017$), whereas shame scores did not differ significantly between groups ($p=0.058$). Panic Disorder scores were significantly higher in the control group ($p=0.029$). Mothers of adolescents with CKD had significantly higher total Maslach Burnout Inventory (MBI) scores ($p=0.017$) and significantly lower personal accomplishment scores. The presence of CKD was associated with a strong and statistically significant increase in parental depression risk, corresponding to an approximately 3.6-fold elevation. Maternal perceived social support was significantly lower in the CKD group.

Discussion: This study demonstrated that children and adolescents with CKD and their families have lower levels of social support and certain psychosocial parameters compared to the healthy control group, although there were no significant differences between groups in many psychological indicators such as depression and anxiety. The findings indicate that CKD can impact both the academic life of affected children and the psychosocial well-being of their families, highlighting the importance of incorporating psychosocial support approaches alongside medical treatment for this population.

P-59-005

The quality of life, prevalence and factors associated with mental health problems among children with haemophilia

Submitter: Madona Hashanthi Sriskandarajah, Sri Lanka

Co-Authors: M. Sriskandarajah, G. Wijethunga, D. Dahanayake

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: The study aimed to identify the prevalence of behavioural and emotional problems among children with haemophilia attending the Haemophilia Clinic at Lady Ridgeway Hospital for Children, Sri Lanka, and to assess associated factors and quality of life. There is a paucity of Asian studies examining psychological outcomes and quality of life in children with haemophilia. Understanding these factors is crucial for providing holistic care, directing children to suitable mental health services, and promoting their psychosocial well-being.

Methods: A cross-sectional descriptive study was conducted from 1st of May 2022 to 30th of April 2023 using convenience sampling. Children aged 5-14 years with haemophilia, who had the diagnosis for more than 6 months were included; those with comorbid medical illnesses, moderate/severe intellectual disability, or autism were excluded. Parents/guardians completed Sinhala/Tamil versions of the Strengths and Difficulties Questionnaire (SDQ) and Pediatric Quality of Life Inventory (PedsQL). Socio-demographic and clinical data were collected via a structured questionnaire. Children with borderline/abnormal SDQ scores underwent clinical interviews by child psychiatrists/child psychiatric senior registrar to diagnose psychiatric disorders according to ICD-10 criteria, followed by appropriate therapeutic interventions.

Results: Among 113 children, 70.8% had abnormal SDQ scores, while 15.04% met criteria for psychiatric disorders. Hyperkinetic disorder was present in 11.5% and mild to moderate depression in 3.54%. Two-thirds had abnormal hyperactivity scores, and one-third had abnormal peer problem scores. Hyperactivity was associated with age below 12 years, more than 10 bleeding episodes, and positive family history. Peer problems were associated with low paternal education and continuous pain. Conduct problems were lower in children with parent-reported severe haemophilia or joint disfigurement. Elevated total difficulties scores were associated with family history. Activity restrictions were common: half were restricted from sports, one-third from swimming, and one-tenth from outdoor play. Fifty percent missed school monthly due to bleeding, clinic visits, and pain. The mean PedsQL score was 75.29, with poorer emotional and psychosocial scores in children with abnormal SDQ results ($p < 0.05$)

Discussion: Compared with Sri Lankan National Survey by Perera and German Bella study on mental health prevalence in general child population, this study shows that children with haemophilia had significantly more emotional, social, and behavioural problems. It

underscores the need for routine mental health screening, integration of psychological services into haemophilia care, and targeted caregiver psychoeducation to address mental health issues early to improve quality of life. Island-wide studies are needed to establish consistent patterns of psychological challenges and quality-of-life outcomes, guide policy, and support evidence-based interventions to improve physical, emotional, and psychosocial well-being.

School absenteeism due to medical care and activity restrictions highlights the need for teacher education and school-based support programs. In line with World Federation of Hemophilia guidelines and considering identified activity restrictions, athletic participation with appropriate supervision and precautions should be encouraged rather than restricting children with haemophilia on prophylaxis.

P-59-006

Coping with Chronic Illness and Psychological Adjustment in Adolescents: A Longitudinal Analysis

Submitter: Mai Huong Nguyen, Viet Nam

Co-Authors: M. Nguyen, T. Tran

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: This study aims to examine the coping strategies and their association with mental health outcomes in adolescents living with chronic illnesses, and to identify potential psychosocial intervention targets to promote psychological well-being in this vulnerable group.

Methods: This is a longitudinal quantitative study using repeated-measures design. Data were collected at two time points (baseline and 9-month follow-up). Participants were 159 adolescents aged 10-17 years diagnosed with either type 1 diabetes or nephrotic syndrome, recruited from Vietnam National Children's hospital. Measures included Coping with a Disease Questionnaire and the Child Behavior Checklist. Additional variables included parental support, disease duration, and demographic information.

Results: Coping strategies varied in frequency and association with mental health outcomes. Emotional reaction and Wishful thinking were associated with poorer outcomes, while Distance and Cognitive-Palliative were more adaptive but underutilized. Coping was found to be a significant mediator between disease-related stress and psychological adjustment. Notably, disease type and age did not significantly moderate coping patterns over time.

Discussion: The study highlights the central role of coping in the psychosocial adaptation of chronically ill adolescents. Findings support the need for early interventions that promote adaptive coping strategies and involve family engagement. Implications extend to clinical practice, pediatric mental health services, and culturally sensitive mental health programming.

P-59-007

Long-Term Psychological and Functional Outcomes 5 Years After Multisystem Inflammatory Syndrome in Children (MIS-C): A Controlled Study

Submitter: Hazal Yagmur Yilancioglu, Türkiye

Co-Authors: H. Yilancioglu, Y. Ekemen Keles

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Multisystem Inflammatory Syndrome in Children (MIS-C) is a severe post-SARS-CoV-2 condition characterized by high fever, systemic inflammation, and multi-organ involvement, which may require intensive care admission and prolonged hospitalization. Such critical medical illness is thought to have long-term effects on psychiatric symptoms and functional domains in youth; evidence remains limited. In this study, we assessed parent-reported anxiety and depressive symptoms, ADHD symptoms, quality of life, sleep problems, and problematic internet use approximately five years after infection in youth with MIS-C, and compared child-and parent-reported COVID-period stress and current stress levels with healthy controls. Additionally, within the MIS-C group, we examined associations between long-term outcomes and disease severity indicators, including intensive care unit (ICU) admission, length of hospitalization, and the number of involved organ systems.

Methods: In this cross-sectional study, children/adolescents with prior MIS-C and healthy controls were assessed five years after SARS-CoV-2 infection. Eighty-six MIS-C cases were retrospectively identified from hospital records; 36 participants completed the assessment and were included, alongside 31 controls. Outcomes were assessed using the Revised Child Anxiety and Depression Scale-Parent version (RCADS-P), Children's Sleep Habits Questionnaire (CSHQ), Family-Child Internet Addiction Scale (FCIAS), Turgay DSM-IV-Based Disruptive Behavior Disorders Screening and Rating Scale (T-DSM-IV-S), and the Pediatric Quality of Life Inventory (PedsQL). Child- and parent-reported COVID-period and current stress were rated on a Visual Analog Scale (VAS); change scores were calculated. MIS-C severity indicators (intensive care unit [ICU] admission, hospitalization length, number of involved organ systems) were recorded. Ethical approval and written parental consent/child assent were obtained. Group comparisons used non-parametric tests.

Results: There were no significant group differences between the MIS-C and control groups in parent-reported RCADS-P, FCIAS, ADHD symptom ratings (T-DSM-IV-S), quality of life (PedsQL), or sleep problems (CSHQ) (all $p > 0.05$). Child-rated COVID-period stress was significantly higher in the MIS-C group than in controls ($p = 0.032$), whereas current child stress levels did not differ between groups ($p = 0.990$). Parent-reported daily screen time recorded in the sociodemographic-clinical data form was significantly higher in the MIS-C group ($p = 0.011$). Within the MIS-C group, ICU admission, length of hospitalization, and the number of involved organ systems were not significantly associated with long-term psychological or functional outcomes (all $p > 0.05$).

Discussion: At approximately five years after MIS-C, no significant differences were observed between the MIS-C and control groups in parent-reported anxiety/depressive symptoms, ADHD symptoms, quality of life, sleep problems, or internet addiction. However, higher COVID-period stress scores in the MIS-C group, alongside comparable current stress levels between groups, suggest that the stress burden related to the acute illness/pandemic period may largely diminish over time. In contrast, higher daily screen time in the MIS-C group may indicate that subtle stress-related or functional effects (e.g., changes in daily routines and digital media use patterns) could persist in the long term despite the absence of increased psychiatric symptom burden. Furthermore, the lack of associations between acute disease severity indicators and long-term psychological/functional outcomes suggests that long-term adjustment may not be explained solely by acute clinical severity.

Exploring and Applying Correlation Between Adolescent Mental and Physical Health from Perspective of Erikson's Psychosocial Development Theory

Submitter: Dong Liu, People's Republic of China

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: National health objectives of the new era have intensified the challenges in mental health development. As the main force in national construction, the physical and mental health of young people is particularly crucial. Using Erikson's theory of psychosocial development as a starting point, this study analyses the interrelationship between physical and mental health among university students as representatives of youth. with a particular emphasis on elucidating psychological crises, developmental tasks, and personality formation during adolescence and early adulthood. This study aims to reveal the close connection and interactive effects between this theory and the coordinated development of physical and mental health among contemporary university students. Furthermore, by integrating psychological defence mechanisms and modern medical health concepts, it provides reasonable methods and effective pathways for cultivating youth physical and mental health from multiple perspectives.

Methods: An assessment scale with reasonable reliability and validity was developed for this study by modifying the Life Events Scale (LES) to align with the mental and physical health development needs of university students. A random sample comprising equal numbers of male and female full-time undergraduate students was surveyed. The assessment encompassed 48 common life events across family life, work/study, social interactions, and other domains. Each event was scored from 0 (no impact) to 4 (extremely severe impact), with duration categorized as: within 3 months (1 point), within 6 months (2 points), within 1 year (3 points), or over 1 year (4 points). The negative event stimulus score for each item was calculated as: impact severity score $\times$ duration score $\times$ occurrence frequency. The total negative event stimulus score represented the sum of all negative event scores, exhibiting a negative correlation with mental and physical health.

Results: Revealed distinct prominent issues across domains: family life primarily manifested as financial hardship; work and study as poor sleep quality and dissatisfaction with studies; social life as interpersonal discord. wherein discordant family or peer relationships exhibited the highest total scores and stimulus levels, indicating the greatest impact, longest duration, and most frequent occurrence. This emerged as the core factor affecting the mental and physical health of university students in adolescence and early adulthood. Concurrently, increases in such incidents positively correlated with adverse changes in sleep, mood, and appetite, demonstrating that deteriorating interpersonal relationships among university students can precipitate psychosomatic dysfunction and abnormal individual behaviour. Strategies to address this predicament should focus on establishing trust foundations, initiating sincere interactions, maintaining effective communication, continuously enhancing self-worth, and fostering mutual value support.

Discussion: This theoretical perspective, combined with survey analysis, reveals that the mechanisms underlying mental and physical health risks among young people are closely linked to interpersonal communication barriers.

P-59-009

Impact of Excessive Screen Use on the Clinical Evolution of Children with Psychiatric Disorders: A Study in an Argentine Pediatric Hospital

Submitter: Rocio Agustina Shiraishi, Argentina

Co-Authors: R. Shiraishi

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: To evaluate the impact of excessive screen use on the clinical evolution of children with psychiatric diagnoses treated in an Argentine pediatric hospital, exploring associations between screen exposure time and the presence or worsening of behavioral, socioemotional, and academic symptoms.

Methods: A cross-sectional observational study will be conducted over a three-month period in the Child and Adolescent Mental Health Service of Hospital Interzonal de Agudos Especializado en Pediatría Sor María Ludovica (HIAEP). The study population will include children aged 5 to 15 years who attend outpatient psychiatric consultations. Data will be collected using a structured questionnaire administered to caregivers by the treating mental health professional. The project has been approved by the hospital's Institutional Research Ethics Committee (CIRPI). The estimated sample size is 80 participants, corresponding to the number of patients currently followed by the psychiatry residency program. After obtaining informed consent and assent, sociodemographic data, screen use habits, adult supervision, and repercussions on sleep, behavior, social interaction, and academic performance will be recorded, as well as behaviors compatible with gaming addiction. Descriptive statistics and bivariate analyses will be performed to explore associations between variables.

Results: It is expected that excessive screen use will be associated with the worsening of baseline psychiatric symptoms, particularly in areas of irritability, sleep problems, social withdrawal, and poor academic performance.

Discussion: This study is expected to show that higher screen exposure is associated with a worsening of baseline psychiatric symptoms in children and adolescents receiving mental health care. Increased screen time may be related to greater irritability, sleep disturbances, reduced social interaction, and poorer academic functioning, particularly in patients with pre-existing emotional and behavioral difficulties. These findings highlight the relevance of screen use as a modifiable factor that should be routinely explored during psychiatric assessment and follow-up. In clinical settings where symptoms are complex and multifactorial, identifying excessive screen exposure may help clinicians better understand factors influencing symptom severity and treatment response. The results also underscore the importance of caregiver supervision in regulating children's digital media use. Further longitudinal and interventional studies are needed to clarify causal relationships and to inform evidence-based recommendations for pediatric psychiatric

populations.

P-59-010

We say we're a family here: Community creation as fostering resilience among adolescent mothers at a residential home in El Salvador

Submitter: Victoria Trump Redd, United States of America

Co-Authors: V. Trump Redd

Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: El Salvador has set a national goal to eliminate pregnancy in adolescents by the year 2027. This goal has been implemented through a variety of measures, including mandatory involvement of the National Council for Early Infancy, Childhood, and Adolescence (CONAPINA), carceral penalties for adults who engage in sexual activity with minors, and inter-agency collaboration. While rates of adolescent pregnancy have fallen from approximately 30% to 20% over the past decade, these gains have not been equally distributed throughout the country.

Methods: This presentation focuses on the perspectives of eight adolescent mothers with histories of trauma, living at a residential home called La Casa de Vida, and the four caregivers, called tías (aunts), who live there and provide support. The tías have been trained in a model called Building Baby Brains, which incorporates principles from Thula Sana to help the adolescents through their early entry into motherhood.

We explore how the tías conceptualize their roles and help foster resilience, through ethnographic fieldwork undertaken in February and May 2025, including participant observation, focus groups, and both semi-structured and informal interviews with the tías and adolescent mothers.

Results: The tías felt that providing a regular routine with clear expectations was key to helping traumatized pregnant adolescents integrate into the home and build trust. They support these adolescents by modeling respect, through religious framework, encouraging future orientation, and discouraging rumination about the past. They hypothesized that the adolescents who struggled in this community were those who were more accustomed to living independently and found it challenging to follow the rules of authority figures.

Discussion: These caregivers promote a sense of family and moral values in their communal living environment to support adolescent mothers who have experienced trauma, abuse, and neglect, and this process of repair that can support the development of both mother and infant.

P-60

Violence Exposure and Child protection

P-60-001

Problems with the measure to index child exposure to violence in the home used as an indicator for the United Nations' Sustainable Development Goal 16

Submitter: John McLennan, Canada

Co-Authors: J. McLennan

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Indicator 16.2.1, i.e., the "proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month", is a key measure within target 16.2, i.e., "to end abuse, exploitation, trafficking and all forms of violence against and torture of children", within the United Nation's Sustainable Development Goal (SDG) 16. To obtain data for this indicator, a set of questions on parent disciplinary behavior has been embedded into national household surveys conducted in many countries throughout the world. In this study, the adequacy of this measurement approach for indexing child exposure to violence in the home is examined.

Methods: The question set on parental disciplinary behaviour contains six questions about physical punishment and two questions that are categorized as psychologically aggressive practices. An adult caregiver in the home (typically the mother) is asked about exposure to any of these punishments of a randomly selected child in the household. Endorsing any of the eight question is used to calculate indicator 16.2.1. For this study, two guidelines are used to structure the assessment of the adequacy of this measurement approach: (i) a published framework for developing instruments to measure complex constructs, and (ii) the COnsensus-based Standards for the selection of health status Measurement Instruments (COSMIN).

Results: Multiple domains of concern are identified. First is a conceptual weakness. Although certain parent disciplinary behaviors are important sources of violence in the home, others are missed (e.g., intimate partner violence). Second, even with a focus on parent discipline, potentially prevalent harsh practices that have been reported in several countries (e.g., forced kneeling, kicking) are not included in the six physical punishment questions. Third, there is a lack of information about the cultural validity and cross-cultural equivalency of this measurement approach across the many international settings where it is used. Fourth, there is an absence of psychometric data on this measure (e.g., test re-test reliability). Fifth, given additional structural weaknesses (e.g., reliance on "yes/no" response options), this measure may be insensitive to important changes over time, a serious deficit for an indicator meant to facilitate the tracking of progress towards the stated target.

Discussion: At least some of the problems identified for the current measure of violence in the home are a function of the question set not being purpose-built; rather the question set

is a truncated version of an existing questionnaire (the Parent-Child Conflict Tactics Scale [PC-CTS]) that was developed for a different purpose on populations within the United States. Additionally, the PC-CTS itself has important psychometric gaps. Although the current measure may have some utility, there is a critical need for the development and use of a stronger and more comprehensive measure to index violence exposure of children to enable accurate assessment of progress, or the lack thereof, towards realizing SDG target 16.2. Failure to consider current weaknesses may result in the persistent reliance on an inadequate measure and undermine advancement in this critical child health domain.

P-60-002

A guide to child protection for minors with post-COVID

Submitter: Sibylle Winter, Germany

Co-Authors: S. Winter

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The estimated prevalence of post-COVID in minors is 2-3.5%. The symptoms are varied and significantly impact everyday life. Post-COVID is a diagnosis of exclusion, and there are currently no guidelines for successful treatment. In some cases, child protection aspects must also be considered.

PED-NET is a nationwide registry study with 30 locations, funded by the Federal Ministry of Health, whose goal is to develop guidelines for diagnosis and treatment, as well as guidelines for child protection.

Methods: To develop guidelines for child protection colleagues from all centers come together to form an expert group. Meetings are held monthly over a period of 6 months. Subgroups for the topics of basics, indicators, and procedures meet every 14 days. Patients and caregivers are involved.

Results: We present the guidelines for child protection for minors with post-COVID. In addition to all forms of violence and neglect, the focus is on medical child abuse and medical neglect. On the one hand, there is overdiagnosis and overtreatment, and on the other hand, there is underdiagnosis and undertreatment. A particular difficulty is that in some cases, minors with post-COVID no longer leave the house and it is not possible to make contact with them.

Discussion: The guidelines for child protection in minors with post-COVID represent a very important tool. Due to the high stress levels experienced by families and the fact that there are no biomarkers for diagnosis and no guideline-based treatment, it is extremely difficult to determine child protection aspects.

P-60-003

Making It Easier to Talk: A Retrospective Study of the Needs of Children and Adolescents in Communicating Experiences of Sexual Violence

Submitter: Jesper Kempe, Germany

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Crime statistics have shown a high number of cases of sexual violence against children and adolescents, with the number of unreported cases estimated to be even higher. This suggests that a significant proportion of this violence remains unreported. We still know little about what helps children to build trust and talk about sexual violence at an early stage. This study asks what children and adolescents who have experienced sexual violence would have needed to be able to share their experiences (more easily).

Methods: In a qualitative, problem-oriented, guided interview study, adults (N=10) who experienced sexual violence in their childhood or adolescence were asked about their communication processes at the time or their considerations in this regard. The interviews were evaluated using Brown and Clarke's reflexive thematic analysis.

Results: Based on the analysis, a model was created to represent the needs of children and young people when reporting sexual violence. Under the heading 'Making It Easier to Talk', three main topics emerged: 'A Perspective on Improvement: Communicating, but at What Cost?', 'Acknowledging and Naming as a Bridge to Communication' and 'Contextual Conditions: Can and May I Speak?' with their respective sub-themes, which are intended to capture the complexity behind reporting processes and depict three temporal and situational contexts that were recurring themes in the interviews.

Discussion: The participants' reports provide insights into the subjective needs of children and young people in communicating their experiences of sexual violence. The results illustrate that communicating sexual violence is influenced by complex, situation-specific conditions. Prevention and support require structures that recognise this complexity and enable child-friendly spaces for communication at an early stage. The model developed in the study aims to support this by offering a deeper understanding of the needs involved in communication processes. Further research is necessary, particularly in terms of participatory approaches and greater differentiation of socio-economic backgrounds.

P-60-004

The silenced amongst the silenced: A qualitative literature synthesis of adolescents' experiences of parental intimate partner violence

Submitter: Meghna Achar, India

Co-Authors: M. Achar, J. Ruben, S. Thomas

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The experiences of children growing up in the context of parental intimate partner violence (PIPV) are documented in an increasing amount of qualitative research. Despite being a particularly vulnerable demographic, adolescents' experiences of PIPV are frequently overlooked in studies on child maltreatment and violence exposure. We aimed to conduct a systematic literature review of qualitative studies of adolescents exposed to PIPV to offer a comprehensive understanding of their appraisal of, response to, and coping with interparental violence and their felt needs while seeking formal and informal support.

Methods: We selected 33 studies identified through research database searches on PubMed, PsycINFO, ScienceDirect, and Google Scholar. Qualitative or mixed methods primary research studies that sampled adolescent participants aged 13 to 19 years, published in English in peer-reviewed journals, and objectivizing any aspect of adolescent PIPV experience were included. We read each study and identified emerging commonalities and differences across the selected literature pool. The Critical Appraisal Skills Program (CASP) checklist was used to assess study quality.

Results: Studies ranged from moderate-to-high quality on the CASP checklist; few considered the relationship between the researcher and participant (CASP item 6), and data analysis rigor was questionable in a few others (CASP item 8). Of the 33 studies selected, all except three are from developed countries. Adolescents described co-occurring forms of PIPV - physical, verbal, emotional, sexual, and financial abuse - mostly perpetrated by the father, stepfather, or their mother's romantic partner against their mother, and sometimes, mutual violence. Chronicity of PIPV and its impact spilled over into important areas of their lives - poor mental health, unstable friendships, and the inability to do well in school. Findings were coded and categorized into eight overarching themes: Stifled Freedom and Autonomy; The Parentified Protector; Coping through Mental Escape, Creative Expression, and Cultural Identity; Older, Stronger, and Smarter during PIPV; Polyvictimization; Gender, Violence Acceptability and Dating Violence; and Felt Support Needs.

Discussion: Significant practice, research and policy implications are highlighted, such as to reconceptualize PIPV experience during childhood and adolescence as a significant form of child abuse, and reframing adolescents as victims of family violence and not mere witnesses or bystanders. We recommend that researchers study adolescents' experience of PIPV as distinct from those of younger children and adults to fully realize unique

developmental opportunities associated with coping, risk, and resilience, thereby guiding the development of community and clinical interventions tailored to their needs. This review lays the groundwork for future qualitative strengths-based research into the experiences of adolescents growing up with interparental violence, and provides impetus for further inquiry in low- to middle-income countries, where intimate partner and spousal violence, as well as children's and adolescents' exposure to them, are twice as prevalent as in the developed world.

P-60-008

Cognitive Ability as a Moderator of the Relationship Between Temperament and Psychopathology in Clinically Referred Juvenile Offenders

Submitter: Yong-Sil Kweon, Korea, Republic of

Co-Authors: Y. Kweon, R. Ahn, D. Song

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Juvenile offenders referred for court-ordered psychiatric evaluation exhibit substantial heterogeneity in both temperament-related vulnerabilities and cognitive functioning. However, the extent to which cognitive ability moderates the relationship between temperament and psychopathology remains insufficiently understood. This exploratory study aimed to examine the moderating effects of general intelligence and specific cognitive indices on the associations between temperament traits and psychopathological outcomes measured by the MMPI-A-RF in a sample of juvenile offenders.

Methods: Participants were 67 juvenile offenders (55 males, 12 females; Mean age = 15.46) referred for forensic psychiatric evaluation to the Department of Psychiatry at a university hospital in Gyeonggi Province, South Korea. Temperament was assessed using the Junior Temperament and Character Inventory (JTCl), psychopathology using the MMPI-A-RF, and cognitive ability using the Wechsler Intelligence Scales (K-WISC or K-WAIS). Moderated regression analyses were conducted controlling for age and sex, with all predictors mean-centered. Significant interaction effects ($p < .05$) were identified and further examined using simple slope analyses and the Johnson-Neyman technique. False discovery rate (FDR) correction was applied to scrutinize multiple comparisons. Analyses were conducted using R.

Results: Among the MMPI-A-RF scales, Conduct Problems (CNP; $M = 60.28$) showed the highest level of clinical elevation, indicating prominent antisocial characteristics in the sample. Moderated regression analyses demonstrated that the positive associations of Novelty Seeking and Harm Avoidance with substance-related problems were significant only among adolescents with lower cognitive ability, specifically those with low Full Scale IQ ($p < .01$) and Perceptual Reasoning Index ($p < .01$). These associations were attenuated or no longer significant at average or higher cognitive functioning, reflecting a cognitive buffering effect. In contrast, for Antisocial Attitudes, higher levels of FSIQ, PRI, and Processing Speed Index (PSI) strengthened the protective role of Persistence, such that greater persistence was more strongly associated with lower antisocial attitudes at higher cognitive levels. PSI emerged as a potential protective factor by attenuating the association between Harm Avoidance and anger and aggression related psychopathology.

Discussion: The findings suggest that psychopathology in juvenile offenders is shaped not only by temperament-based vulnerabilities but also by individual differences in cognitive

functioning. Specific cognitive indices, particularly perceptual reasoning and processing speed, appear to function as potential protective factors that mitigate the behavioral expression of temperamental risk. These results highlight the importance of integrating cognitive strengths into forensic risk assessment and intervention planning. Future longitudinal and hypothesis-driven studies are needed to clarify causal mechanisms underlying these moderating effects.

P-61

Policy, Advocacy, Ethics and Participatory
Research

P-61-001

The Multidisciplinary Evaluation of Preschool-Aged Children in an Outpatient Mental Health Clinic: A Decade of Findings

Submitter: Alexis Clyde, United States of America

Co-Authors: A. Clyde, C. Karni

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Increasing numbers of preschool-aged children present in mental health settings due to behavioral differences, including being asked to leave daycare and preschool settings due to aggression and meltdowns. When children are under the age of six, clinicians often focus exclusively on parent-reported information to diagnose and treat mental health differences. Studies show that there are weaknesses associated with this approach, and observation-based and multidisciplinary assessment is recommended, in addition to interviewing caregivers and collecting collateral information from multiple informants. The purpose of this presentation is to describe the theory and practice of evidence-based mental health assessment of preschool-aged children, alongside research findings from a multidisciplinary clinic that has been seeing patients aged zero to five since 2013. During this presentation, three research projects will be summarized, shedding light on this understudied population.

Methods: In 2013, the Early Childhood Mental Health Clinic (ECMHC) was developed for children with behavioral, social, emotional, developmental, and attachment differences aged zero to five. Behavioral problems are the primary reason for referral to this clinic, including frequent or intense tantrums, aggressive behavior, self-injury or elopement. These children are often being asked to leave preschool or daycare due to their behavior. Parents, caregivers and teachers complete rating scales evaluating behavior, emotional and adaptive functioning, parental stress, social communication and sensory processing. On the day of the evaluation, each child receives an assessment by psychiatry, speech and language pathology, occupational therapy and psychology, including a cognitive evaluation and direct emotional assessment of their ability to identify and adapt to different everyday situations. The parent and child are observed interacting together, and relationship strengths and growth areas are measured qualitatively from behind the mirror.

Results:

Study 1: Simple t-tests were used to determine differences between children with and without a history of trauma. Traumatized children had lower everyday living skills, cognitive scores, and more behavioral problems, including aggression, poor social skills and inattention. Parent-reported symptoms of anxiety were unexpectedly lower among children with trauma, potentially due to the behavioral presentations of distress in these children. Even though one third of ECMHC patients had a history of trauma exposure, only 6% were diagnosed with PTSD, highlighting that children with trauma do not always present in expected ways.

Study 2: Pearson correlations were used to analyze the relationships between parent stress and the way parents endorse symptoms. Stressed parents were more likely to elevate validity scales, indicating a tendency to overreport symptoms in their children.

Study 3: Although behavior was the primary reason for referrals, the most common diagnoses were ADHD, anxiety and language disorders.

Discussion: Approximately 13% to 20% of children in the United States have a behavioral or emotional disorder at any given time, including young children ages 2 to 8 years. Use of psychotropic medications in young children in the United States increased substantially in the late 1990s, doubled between 1995 and 2001 and had a notable peak between 2002-2005. Behavioral problems may be the sign of another underlying problem, including difficulty with communication, traumatic stress or anxiety. When parents are experiencing stress, they may overreport symptoms, highlighting the need to integrate observation-based assessment and collateral information from multiple sources. Multidisciplinary evaluation integrates data from multiple sources to better understand the whole child in the context of their development. Preschool-aged children must be understood, evaluated and treated in developmentally sensitive ways, within the context of the family, and through a perspective that borrows from the knowledge of multiple disciplines.

P-61-003

Co-creating a manual for family-centered collaborative assessment and early intervention within Child and Adolescent Mental Health Services

Submitter: Anna Sofie Hansen, Denmark

Co-Authors: A. Hansen, C. Vad, K. Hostrup, J. Sandberg, J. Mainz, R. Mortensen, N. Jørring, L. Nielsen, P. Jeppesen

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: The current service model for diagnostic assessment and treatment within Child and Adolescent Mental Health Services (CAMHS) in Denmark is sequential, resulting in significant delays from initial contact to treatment for many families. Delays in initiation of interventions can lead to deterioration of the child or young person's (CYP) mental health and negatively affect the whole family's overall functioning. In 2025 the Danish National Health Authorities published a generic model for offering early, flexible interventions to CYP in parallel to assessment for mental health problems. The model is financed as part of a national 10-year plan for psychiatry and mental health and all regional hospital-based CAMHS must implement early interventions parallel to assessments. The aim of this project is to co-create a manual for delivering family-centered collaborative assessment and early interventions within hospital-based CAMHS which aligns with this new national model.

Methods: The manual was developed in a cross-regional collaboration between CAMHS in the North Denmark Region and Region Zealand and involved experts in narrative family interventions. A co-creation process was conducted to inform the development of the manual which included CYP, parents, clinical staff and management. The manual was developed based on existing evidence for therapeutic assessment and finding from the co-creation process and aligns with the framework for the new generic model from the National Health Authority. The new model for family-centered collaborative assessment and early intervention will be pilot tested (N=8) in the spring of 2026 and adaptations to the manual will be made, informed by the evaluation of the pilot with the aim to improve acceptability of the model in clinical practice. Blended learning kits will be developed for training of clinical staff based on feedback from clinicians in the pilot test.

Results: The co-creation process identified four key themes applicable to the development the manual from the families' perspectives. 1. A desire for more concrete, everyday advice within specific family context, 2. The need to be met by someone who cares: The trusting therapeutic relationship 3. Resistance to systematized and standardized approaches 4. A wish for real influence and shared decision making. The manual builds on known psychotherapeutic principals which are applied to a family-centered model for collaboration on integrated assessment and early intervention. It also builds on core principles of curiosity, respect and presentness from the clinicians. The principles are reflected in the written information shared with the family, in continuity of clinical staff in

the assessment with two primary clinicians allocated to each case, public notetaking in sessions and delivery of flexible interventions simultaneously with assessment. Preliminary results from the pilot test will be presented.

Discussion: Validation, recognition and collaboration can reduce stress and increase hope, coping and functioning in everyday life for CYP with mental health problems and their families. The new, innovative manual for family-centered collaborative assessment and early interventions represent a paradigm shift away from the notion that a final assessment and diagnosis is a prerequisite for initiating treatment within CAMHS. The co-creation approach to developing the manual ensures that it addresses the needs from both a user, clinical and management perspective. The integration of assessment and delivery of early intervention within a framework of therapeutic assessment, ensures that the additional resources invested in delivering early intervention also contributes to improving the quality of the diagnostic assessment. The model will be evaluated from both a user, clinician and organizational perspective, to assess the effects of implementing family-focused collaborative assessment and early intervention.

P-61-004

Identifying Priority Behavioural Concerns and Preferred Interventions for Adolescents in Low-Resource Schools in Ibadan, Southwest Nigeria, using Participatory Ranking Methodology

Submitter: Oluwabukola Falola Adeoye, Nigeria

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Behavioural concerns, which include all socially unacceptable and age-inappropriate behaviours like bullying, are a public health concern among adolescents globally. In Low- and Middle-Income countries, such as Nigeria, these concerns are on the surge because of poor socioeconomic living conditions. Though there is evidence that behavioural concerns, when untreated or mismanaged, can result in diagnosable internalising and externalising behavioural disorders, most of the intervention efforts in LMICs are targeted at addressing behavioural disorders, rather than these concerns which are subclinical symptoms of behavioural disorders. Other research focusing on examining the prevalence and correlates of behavioural concerns in Nigerian adolescents have evaluated individual concerns using quantitative measures, without the inclusion of participatory methods to aid the contextual interpretation of results. Hence, this study aims to fill this gap by utilising participatory research to identify priority behavioural concerns and preferred interventions for adolescents in low-resource schools in Ibadan, Nigeria.

Methods: The study utilises the Participatory Ranking Method (PRM), which is a mixed-methods study design, to explore the perceptions of students and teachers in government-owned schools in Ibadan, Nigeria, on common behavioural problems encountered in students and their ranking in order of frequency and severity. In addition, PRM is used to collect information on preferred interventions and their ranking in order of perceived effectiveness. Furthermore, PRM is used to assess their perceptions on the use of creative art therapies in the management of behavioural concerns and their ranking in terms of perceived effectiveness. Data is being collected from a total of 56 students and 28 teachers from four schools who were selected using the stratified random sampling technique. Responses given will be transcribed and compiled onto cards for sorting. Response frequencies will be calculated. Then, the average rank of each response will be calculated to estimate its importance.

Results: A pilot study was conducted in December, 2025 to assess students' comprehension of research questions and to refine these questions, where necessary. Data collection for the main study is underway. However, preliminary findings suggest that bullying in its different forms; physical, verbal and relational, is the most predominant behavioural concern among students, and can lead to loss of concentration, excessive sadness and revenge planning. Preferred interventions include psychoeducation on the

harmful impact of bullying and appropriate disciplinary measures. Students affirm that creative art therapies can aid the reduction of behavioural concerns and highlight drama and storytelling as their most preferred forms.

Discussion: This project will advance knowledge on leading behavioural concerns among school-going adolescents in Nigeria, and its impact on their mental health. It will also equip policymakers, researchers and mental health professionals with evidence-based information they can utilise to develop culturally and contextually appropriate interventions that can mitigate these concerns.

P-61-005

Inclusion Begins with the Researchers: A Phenomenological Exploration of Team-Based Knowledge Construction in Autism and Vision Research

Submitter: Svetla Staykova, Bulgaria

Co-Authors: S. Staykova, M. Mihaylova, N. Baleva

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: The objective of this contribution is to explore how inclusive research is discussed, understood, and collectively negotiated by an interdisciplinary research team at the outset of a project focused on autism and visual perception. Rather than evaluating outcomes or practices, the aim is to examine the themes, questions, and ethical considerations that arise when inclusion becomes a shared topic of reflection among researchers.

Methods: This contribution draws on material from a structured group discussion involving ten participants preparing to collaborate on an interdisciplinary research project. The group comprised specialists in child and adolescent psychiatry, psychology, speech and language therapy, optometry, and neurobiology, bringing together complementary professional perspectives relevant to autism and vision research. The discussion was approached from a qualitative, phenomenological perspective, treating group interaction as a meaningful space for collective sense-making rather than as a source of individual viewpoints.

Results: Instead of reporting empirical findings, this contribution outlines the main areas of discussion that emerged during the group exchange. These included differing interpretations of what inclusion may mean in autism and sensory research, reflections on ethical responsibility and scientific authority, and considerations related to expertise, hierarchy, and collaboration within interdisciplinary teams. The discussion also surfaced implicit assumptions, uncertainties, and open questions surrounding autism, visual perception, and participatory ideals.

Discussion: Focusing on what is discussed rather than on what is concluded highlights the formative phase of research as a critical site for inclusive practice. The discussion suggests that inclusive research begins before participant recruitment, through the ways researchers collectively imagine their roles, relationships, and responsibilities, particularly in relation to autistic children and their families. Attention is drawn to the ethical and relational dimensions of team-based reflection, as well as to the challenges of aligning participatory values with established academic and institutional frameworks within child and adolescent mental health research. The contribution invites further dialogue on reflexivity, ethics, and collaboration as foundational elements of inclusive autism and vision research.

This study was supported by Grant KP-06-N95/12 of the Bulgarian National Science Fund.

P-61-006

TransiTEA-360: Participatory Methodology for Designing a 360 Video-Based Virtual Reality Tool to Empower Autistic Adolescents to Face Transitions

Submitter: Irene Alvarez-Tomás, Spain

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: TransiTEA-360 is a collaborative, co-creative research initiative carried out in a public healthcare center in Badalona (Catalonia, Spain), involving educational and mental health professionals, adolescents with autism spectrum disorder (ASD), and their families. The project seeks to assist adolescents with ASD, between 11 and 17 years old, in managing common transitions, particularly in educational and community settings, through the development of a virtual reality (VR) support tool using 360° videos. There is growing evidence indicating that user involvement in design of new immersive technology increases its acceptability and usability for youngsters with ASD, while reinforcing their self-reliance and social rights (Newbutt et al., 2023). This research project is being conducted in collaboration with stakeholders - adolescents with ASD, their parents/caregivers and professionals- throughout the whole process: from prototype design to clinical implementation testing.

Methods: The collaborative research process was determined using design thinking methods, which is a human-centered, iterative approach that focuses on understanding user needs to develop innovative solutions, involving several stages from defining needs to prototyping, and testing. As starting point, the project was presented to the associative network in the region. Under a collaboration agreement, a coordinating group to leader the overall research process was created, which is composed of mental health and patient experience professionals, and representatives of a local ASD association. Various participatory actions have been conducted: a needs assessment survey, and several focus groups with autistic adolescents, parents, mental health professionals, and educational staff. The survey results were discussed in the coordinating group to orient the following stages of the process. Transcriptions of focus group sessions are being analyzed to summarize design and audiovisual content suggestions that will be incorporated in video production and prototype development.

Results: The co-creative process is still ongoing. The subjective experience of stakeholders and professional researchers regarding the application of participatory methods is being collected by qualitative procedures and a satisfaction survey. A detailed description of the participatory process and qualitative findings will be presented.

Discussion: Co-creative methodology and patient-centered participation for the

development of a 360 video-based RV tool are demonstrating good acceptance among adolescents with ASD and their relatives and high satisfaction of the collaborators involved.

Newbutt, N., Glaser, N., Francois, M.S. et al. How are Autistic People Involved in the Design of Extended Reality Technologies? A Systematic Literature Review. *J Autism Dev Disord* (2023). <https://doi.org/10.1007/s10803-023-06130-3>

P-61-007

Physicians' Awareness and Attitudes Toward Children's Rights: A Cross-Sectional Study in Pediatric Care

Submitter: Fatma Zehra Kirsan, Türkiye

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Children's rights are a core component of pediatric healthcare and require not only legal recognition but also ethical awareness and advocacy by physicians. Physicians play a central role in the protection and implementation of children's rights in clinical settings; however, awareness and attitudes may vary across medical specialties and practice contexts.

The primary objective of this study was to evaluate physicians' awareness and attitudes toward children's rights. Secondary objectives included assessing physicians' knowledge of the Convention on the Rights of the Child and examining differences in children's rights attitudes across medical specialties providing care to pediatric patients, including pediatrics, child and adolescent psychiatry, pediatric surgery, and family medicine. Additionally, the study aimed to explore physicians' perceptions of their professional role in protecting children's rights, their engagement in advocacy, and their experiences with children's rights violations in daily life and clinical practice.

Methods: This cross-sectional study was conducted among physicians providing care to pediatric patients in various healthcare settings. The study sample consisted of physicians from different medical specialties, including pediatrics, child and adolescent psychiatry, pediatric surgery, family medicine, and other child-related disciplines.

Data were collected through an online, self-administered questionnaire. Participation was voluntary, and informed consent was obtained from all participating physicians prior to the survey. The questionnaire included: a sociodemographic and professional information, the "Physicians' Knowledge and Awareness of Children's Rights Questionnaire," developed by researchers, and the Children's Rights Attitude Scale.

Data were analyzed using SPSS 25.0. Descriptive statistics (mean, SD, frequencies) summarized the data. Group comparisons for the Children's Rights Attitude Scale were performed using ANOVA (post-hoc comparisons were applied where appropriate). Significance was set at $p < 0.05$.

Results: A total of 188 physicians participated in the study, with a mean age of 39.27 ± 11.95 . The majority (63.7%) were female. Pediatricians (30.9%) and child and adolescent psychiatrists (27.7%) constituted the largest specialty groups, followed by pediatric surgeons (20.7%) and family physicians (12.8%).

While 88.3% were aware of the Convention on the Rights of the Child, only 18.1% of participants correctly identified its adoption date. Although nearly all physicians (96.3%) believed that physicians have a professional role in protecting children's rights, only 31.4%

identified themselves as advocates.

One-way analysis of variance revealed significant differences in Children's Rights Attitude Scale scores across medical specialties. Total scale scores were significantly higher among pediatricians and child and adolescent psychiatrists compared with family physicians.

Discussion: The findings indicate that physicians providing care to pediatric patients demonstrate high overall awareness of children's rights; however, this awareness does not consistently translate into advocacy or comprehensive knowledge. Although most participants were familiar with the Convention on the Rights of the Child, only a small proportion correctly identified its adoption date, suggesting superficial rather than in-depth knowledge. The discrepancy between physicians' strong recognition of their professional responsibility and the relatively low rate of self-identified advocacy highlights a gap between perceived role and active engagement. Furthermore, significant differences in children's rights attitudes across medical specialties may reflect differences in specialty-specific training, clinical focus, and exposure to child-centered ethical frameworks. These findings underscore the need for structured training programs that move beyond awareness toward fostering advocacy-oriented, rights-based practice across all specialties involved in pediatric care.

P-61-008

Trust and responsibility in intensive home treatment: an ethical study of network care

Submitter: Jelle Van Gurp, Netherlands

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Intensive Home Treatment (IHT) is a form of psychiatric outpatient care within Dutch child and adolescent psychiatry. It is used when young people face severe mental health crises, offering intensive treatment at home and within the family, with short clinical stays as a backup. IHT is viewed as a model of network care, requiring collaboration between psychiatrists, (educational or clinical) psychologists, family therapists, family members, and the young patient to address current crises and prevent new ones. This study examines network care from an ethical standpoint, critically exploring how responsibilities and trust are negotiated and shaped within these collaborative efforts. Ultimately, this project aims to outline the ideal approach to network care in child and adolescent psychiatry, as well as related areas of youth care. It seeks to identify key considerations for implementing this form of care, ensuring the responsible creation of a "village to raise a child."

Methods: This project is a qualitative case study following five young people (ages 14-17) and their families over a four-month IHT treatment period. Well-trained qualitative researchers conducted direct observations and held semi-structured interviews with all involved parties. They also recorded key meetings, such as intakes and monthly evaluations. In total, the study includes 40 interviews (averaging 60 minutes each), 19 meeting recordings, and numerous field notes. Focus groups were held to further examine particular language related to trust and responsibility. The research team first conducted within-case analyses using inductive open coding and later axial coding to identify themes and patterns related to trust and responsibility. This was followed by an across-case analysis to form a broader understanding. Finally, moral case deliberations were held with participant groups, using vignettes to explore the ideal approach to intensive network care.

Results: As expected, the results reveal that trust and responsibility are closely intertwined. This is particularly evident in the necessity of sharing within IHT: young people are encouraged to share their experiences related to their mental health crisis. However, within family dynamics the responsibility to share can conflict with a lack of safety and trust. Family therapists can play a key role in rebuilding this trust, yet they also bear the responsibility of ensuring that critical information is disclosed if the young person is at significant risk. IHT demands clear and sincere communication (positive and negative examples will follow in the presentation) in order to prevent further crises and regarding expectations. This language reflects a delicate "dance" between professionals, the young patient, and the family, requiring well-timed adjustments in pace. While professionals often prefer to slow down, it is crucial that the young patient feels in control of the process.

Discussion: In the context of network care in child and adolescent psychiatry, language plays a pivotal role as it is the foundation upon which trust is built and responsibilities are shared. By the time of the conference, we will present language that fosters an environment of trust. We will also address the delicate balance between being closely involved in the lives of young patients, while maintaining protective care, and allowing them the space to grow by taking responsible risks that promote autonomy. In times of crisis, this balance presents a significant challenge for parents and professionals, but it is crucial for the patient to return to better mental health. For professionals, we will offer strategies to navigate the tension between the responsibility to ensure a young person's safety and well-being, often legally mandated, and the responsibility to cultivate a careful, trustworthy environment that respects the patient's autonomy.

P-61-009

Unplugged: A Youth-Led Music Based Platform for Mental Health Advocacy in Pakistan

Submitter: Huda Faisal, Pakistan

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Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: To examine how music can be used as an advocacy tool to address the youth mental health crisis in Pakistan. Drawing on Unplugged: *Ab Chup Nahin (Silent No More)* (2023-2025), Pakistan's only youth mental health concert series conceptualized and led by the Youth Circle of Synapse, this abstract examines how a creative platform led by young people can advance public conversations on youth mental health and support the development of cross-sector partnerships that strengthen awareness and engagement.

Methods: A descriptive study was conducted examining the three annual editions of Unplugged: *Ab Chup Nahin* (2023-2025). The analysis assessed the growth of the concert through attendance figures, as well as its expanding reach, partnerships, and role as a platform for youth mental health advocacy. As part of this, media coverage was reviewed to understand how the initiative extended its message beyond the event space. Across editions, program structure was also examined to assess how music as a universal language was used to bring people from diverse age-groups together. In addition, qualitative reflections from youth involved in organizing Unplugged were reviewed to assess perceived benefits related to confidence, connection, and leadership development.

Results: Across three annual editions conducted between 2023 and 2025, Unplugged demonstrated consistent growth in attendance, reach, and engagement. Attendance increased from approximately 200 attendees in the first edition to over 600 by the third, representing an approximate 200% increase. The music at Unplugged was structured to feature songs from multiple decades, including local and global hits, which attracted attendees across age groups and professional backgrounds. The initiative was supported by five premier educational institutions, six social equity organizations, and over ten corporate partners across Pakistan, strengthening its collective reach. National media coverage through print and broadcast platforms, including Geo, Dawn, Ary, and Express Tribune, extended the initiative's reach beyond the event space, with an estimated audience exceeding 500,000. Qualitative reflections from the YCS team identified increased confidence, expanded social networks, and a greater sense of agency in youth mental health advocacy work.

Discussion: In Pakistan, where 64% of the population is under the age of 30, and nearly one in four young people experience psychological distress, youth mental health needs remain largely unmet. Within this context of limited services and persistent stigma, Unplugged emerged as a concert organized by three 16-year-olds to create an accessible space for open conversations around youth mental health. As Pakistan's first concert

series explicitly focused on youth mental health, Unplugged uses music as a shared and culturally familiar medium to engage audiences across age groups, professional backgrounds, and sectors. Growth in attendance, partnerships, and media reach suggests that this model is scalable and potentially replicable for awareness-building and youth participation. While not a substitute for formal mental health services, youth-led, music-based advocacy has the potential to reduce stigma and increase public engagement in low-resource settings.

P-61-010

how to join one earth - one body - one ethos

Submitter: Matthias Köster, Switzerland

Co-Authors: M. Köster

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Cultivation of health-in-all-policies multiplied with planetary boundaries science system data (Rockström et al., 2026 & planetaryhealthcheck.org) multiplied by the WHO wellbeing and youth and the European Health & Climate (Jakobsdóttir et al. 2026) strategies shall be advocated as lever for youth and sociobiomental wellbeing and resilience of all.

Caring for peace, dignity & gender and intercultural justice advocacy inside the United Nations bodies - for energizing healthy soils and earth eco-systems and protecting from any harm as impartial right for futures.

Highlighting the July 23rd 2025 advisory opinion of the International Court of Justice on "the obligation of states in respect of climate changes" and it's connections to the World Youth for Climate Justice, the Swiss Klima-Seniorinnen case before the European Human Rights Court and biodiversity and concrete collaboration for good living conditions with youth panels, parlements and NGOs for the common good shall be shared.

Methods: Co-building regenerative, vitalizing eco-systems for young people, young colleagues and a community-view along earth systems realities were used as well as anthropological and evolutionary science and practices. Risks assessment and reducing them for resilience build-up along human-planetary health science and advisories another. Public-health, preventive, affirmative collaboration with long-term (intergenerational) viewing has been applied.

The WHO 90171 mental health doctors nurses survey (WHO, 2025) is a professional reality check on job satisfaction and wellbeing needs. Economic due diligent value chains have been integrated as we need to transition in the midst of misinformation, wars and questioned unity for peace.

Being grateful for the sharing of ESCAP colleagues at our Strassbourg 2025 congress and openness to integrate youth advocates Swiss U24-Future Panel will be reflected. Likewise colleagues from ISDE.org (doctors for environment), EUPHA.org & EPHA.org & UNDP.org shall be honoured.

Results: The WHO Climate and Health (PECCH) actions aligns PlanetaryHealthCheck.org (PHC) data with mental health, Youth health outcomes and bridges complexity into collective sense-making. Youth as all caring (last January 19th 2026) share a collective, systemic eco-wellbeing quest.

January 14th 2026 PHC head Prof. Rockström & Public Health Prof. Chiara Cadeddu presented the evidence to European Parliament marking Planetary Health Food as major transformational lever.

Climaterealityproject.org in 2025 brought 1000 experts incl. the Mayor of Paris, UN negotiators like climatebridges.org, IPCC & IPBES & UNEA together. Doctor for Environment (ISDE.org) joined the CB-IFRC collaboration on the UN-related « Geneva Pledge for Gender-Responsive Climate Action » which combines peace guidance, gender justice and youth resilience by design. Common peace & solidarian respect & future justice for everyone and everywhere enhances and resembles personal and collective wellbeing and coordinated collaboration. We need to repeat the good - as multi-organ one.

Discussion: We are a world needing healing and people that care, humble, bold, together and outside of egos. ReForming new ways of wellbeing, togetherness, listening to each other and our Youth - described in the UN Pact for Future.

While financial and political powers gather in Davos now January 2026 - some care for all and all year long. ReSearch for/with them for ethos works well. Evolution is future.

Connecting caring for our environment, soils, fungi, waters, airs, forms of housing and infrastructures as one, as whole - in dialogue and sharing in deepest respect for life as such is how fortune & wellbeing & science emerges.

Births, teachers, friends, colleagues, our ancestors and our sisters/brothers from Africa, the Americas, Asia, South-East-Asia, Arabia and Small Island states like Vanuatu.

All life counts ! As arts, curiosity, kindness, dignity, freedom !

Time & Space for our colourful commonality for/in peace as ONE ethos/earth !

P-62

Self-Harming Behavior and Suicidality III: Risk, Clinical Correlates, and Crisis Care

P-62-001

Factors Associated with Suicidal Behavior in Children and Adolescents: A Case-Control Study

Submitter: Imane Bouamoud, Morocco

Co-Authors: i. bouamoud

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: To identify the factors associated with suicidal behavior among children and adolescents with psychiatric disorders. Specific objectives include comparing psychopathological profiles, assessing the influence of sociodemographic, familial, school, and religious factors, and describing the characteristics of suicidal acts and related comorbidities.

Methods: This is a descriptive and analytical case-control study including children and adolescents aged 8 to 17 years diagnosed with a psychiatric disorder according to DSM-5 criteria.

Cases: patients who have attempted suicide.

Controls: patients with similar psychiatric diagnoses but no suicide attempt.

Variables studied include sociodemographic data, personal and familial psychiatric history, psychosocial and school factors, and characteristics of suicidal acts (method, planning, lethality, impulsivity). Standardized scales will be used: CDI (depression), RCADS (anxiety), CBCL/SDQ (behavioral problems), C-SSRS (suicidal ideation), Barratt Impulsiveness Scale (impulsivity), and Family APGAR/FES (family dynamics).

Data will be analyzed using Jamovi. Univariate and bivariate analyses (χ^2 , t-test, Mann-Whitney) will be followed by multivariate logistic regression to identify predictors of suicidal behavior.

Results: This case-control study included adolescents with suicidal behavior compared to age- and sex-matched controls. Several individual and psychosocial factors were significantly associated with suicidal behavior. Depressive disorders, anxiety, high impulsivity, and a history of non-suicidal self-injury were markedly more frequent among cases. Family-related vulnerabilities such as chronic conflict, domestic violence, and low parental support were also prominent. School and social stressors, including bullying, social withdrawal, and recent adverse life events, were more commonly reported in the suicidal group. In multivariate analysis, severe depression, impulsivity, bullying, and low parental support emerged as the most robust independent predictors. No significant association remained between suicidal behavior and socioeconomic status after adjustment for other variables.

Discussion: The findings highlight that suicidal behavior in children and adolescents results from a complex interplay of individual vulnerabilities and environmental stressors. The strong associations with depression, anxiety, and impulsivity align with previous

international research and underscore the need for early screening in primary care and mental health services. The prominent role of bullying and family conflict demonstrates the critical weight of relational contexts, often overlooked in risk assessments. Low parental support appears particularly influential, suggesting that family-based interventions could substantially strengthen prevention efforts. The absence of a significant association with socioeconomic status after adjustment indicates that relational and emotional dynamics may outweigh material factors. Overall, the study emphasizes the importance of an integrated approach combining psychological assessment, family involvement, and school-based prevention strategies.

The associations between exposure to parental suicide and self-harm and offspring psychosocial outcomes: Systematic Review

Submitter: Irem Yanardoner, United Kingdom of Great Britain and Northern Ireland

Co-Authors: I. Yanardoner, A. Stewart, G. Geulayov, G. Geulayov, S. Groves, S. Groves

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Parental self-harm and suicidality are significant adverse family exposures that may affect offspring psychosocial development across the life course. Evidence suggests associations with a broad range of outcomes, but findings are dispersed across different exposure definitions (self-harm, suicidal ideation, suicide attempt, suicide death), age groups, and study designs. This systematic review aims to identify, appraise, and synthesise quantitative evidence on psychosocial outcomes in offspring exposed to parental self-harm and/or suicidality. A secondary objective is to explore whether associations vary by exposure type and timing, offspring developmental stage, and reported contextual risk or protective factors.

Methods: We conducted systematic searches of major bibliographic databases using terms for parental self-harm/suicidality and offspring psychosocial outcomes. Eligible studies were quantitative observational designs including offspring exposed to parental self-harm, suicidal ideation, suicide attempt, or suicide death. Outcomes included mental health (internalising/externalising), offspring self-harm/suicidality, substance use, educational/occupational functioning, social functioning, wellbeing, and service use. Titles/abstracts were screened independently by two reviewers, and full-text screening is currently underway with consensus resolution. Data are extracted using a structured form capturing study design, exposure/outcome measurement, confounding control, and key findings. Risk of bias will be assessed using an appropriate tool for observational studies. Synthesis will be primarily narrative, grouped by exposure type and outcome domain, with meta-analysis considered where feasible.

Results: Title/abstract screening identified a substantial and diverse evidence base, and full-text screening is ongoing. The literature spans population-based registry studies, longitudinal cohorts, and case-control or cross-sectional designs, with exposures variably ascertained through health records or self-report. Most studies focus on offspring self-harm/suicidality and mental health outcomes, with additional evidence on behavioural difficulties, substance use, and functional outcomes (education, relationships, and service contact). Preliminary mapping suggests increased psychosocial vulnerability across multiple domains among exposed offspring, although estimates and conclusions are influenced by heterogeneity in exposure definition (including suicidal intent), timing of exposure, and adjustment for familial confounding (e.g., parental mental illness and socioeconomic adversity). Resilience-related factors are less consistently examined.

Discussion: This review will consolidate evidence on psychosocial outcomes associated with parental self-harm and suicidality, supporting clinical risk formulation and prevention efforts. The emerging literature indicates associations across offspring mental health and self-harm/suicidality outcomes, but interpretation is limited by methodological variability, particularly exposure classification and confounding control. An important anticipated contribution is clarifying how outcomes differ by exposure type (ideation, attempt, self-harm, suicide death) and offspring developmental stage, and highlighting gaps where evidence is limited (including protective and resilience factors). Findings may inform family-focused service responses when adults present with self-harm or suicidality, and guide future research toward more consistent measurement and analysis of modifiable pathways and protective supports.

P-62-003

Socio-demographic and clinical characteristics of self-harm with or without suicidal intent in a sample of adolescents

Submitter: Giorgia Ottavi, Switzerland

Co-Authors: G. Ottavi

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: To describe and compare socio-demographic and clinical characteristics of youth engaging in self-harm with versus without suicidal intent, and to examine hospitalization as a potential indicator of clinical severity.

Methods: This cross-sectional observational study included 652 individuals aged 10-24 years presenting with self-harm to emergency departments or psychiatric units in four regions of French-speaking Switzerland between 2016 and 2019. Data were extracted from the Swiss System for Monitoring Self-Harm and included socio-demographic variables, ICD-10 psychiatric diagnoses, self-harm methods, suicidal intent, and hospitalization. Descriptive statistics, group comparisons, and logistic regression analyses were conducted.

Results: The study included 652 participants aged 10-24 years presenting with self-harm, of whom 295 had suicidal intent and 345 did not. Females predominated in both groups (64.4% vs. 68.4%). Participants aged 19-24 years were more frequent among those with suicidal intent (60.0% vs. 52.2%, chi-square = 3.95, $p = 0.047$). Regionally, suicidal intent was more common in Lausanne (42.0% vs. 30.1%), whereas non-suicidal intent was more frequent in Geneva (45.5% vs. 40.0%; chi-square = 11.26, $p = 0.01$). Non-Swiss nationality (46.3% vs. 36.0%, chi-square = 6.94, $p = 0.008$) and problematic socio-economic situations (52.0% vs. 40.3%, chi-square = 7.68, $p = 0.006$) were more prevalent among participants with suicidal intent. No significant differences were observed between groups regarding sex, migration background, sexual orientation, living arrangements or professional activity.

Discussion: By providing a comprehensive overview of a large clinical sample, this study aims to clarify whether self-harm with and without suicidal intent represents distinct entities or manifestations along a continuum of clinical severity and sociodemographic characteristics among youth. These findings may inform psychosocial assessment and targeted prevention strategies, and generate hypotheses for future longitudinal research.

P-62-004

A Developmental-Digital Cascade to Self-Harm: The Central Role of Trauma and the Protective Role of Self-Esteem

Submitter: Hans Christian, Indonesia

Co-Authors: H. Christian, S. Hasan, I. Goutama, B. Joycelyn, A. Zein, C. Angelim, A. Karim

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Self-harm in adolescents is a clinically significant concern that may reflect the convergence of distal vulnerability (childhood trauma) and proximal functioning in the digital era. Evidence is growing that problematic social media symptoms relate to sleep and broader psychosocial functioning, which may in turn relate to self-harm risk. This study tested a theory-driven developmental-digital cascade model in Jakarta adolescents, examining interrelations among childhood trauma, self-esteem, problematic social media symptoms, sleep problems, psychosocial difficulties, and self-harm. The goal was to identify the strongest cross-sectional pathways that could inform trauma-informed, school-based prevention priorities.

Methods: We conducted a cross-sectional school survey in 2025 among junior and senior high school students in Jakarta, Indonesia (N=875; mean age 14.3 +/- 1.7; 47.7% male) from seven public and private schools, using stratified random sampling by class. Self-harm was assessed with the Self-Harm Inventory (SHI, sum score); SHI ≥ 5 was used to estimate probable self-harm prevalence. Problematic social media symptoms were assessed with the Social Media Disorder Scale (SMDS; past 12 months; sum score). Sleep problems were measured using Pittsburgh Sleep Quality Index (PSQI) component scores; psychosocial difficulties using Strengths and Difficulties Questionnaire (SDQ) self-report domain scores excluding prosocial; self-esteem using the Rosenberg Self-Esteem Scale (RSES); and childhood trauma using the Childhood Trauma Questionnaire, Short Form (CTQ-SF) domain totals. Structural relations were tested using partial least squares structural equation modeling (PLS-SEM) in R.

Results: Probable self-harm prevalence was 7.4% (95%CI 5.8-9.3). The model explained variance in self-harm ($R^2=0.394$). Childhood trauma was associated with lower self-esteem ($\beta=-0.506$), higher self-harm ($\beta=0.380$), and was also associated with higher problematic social media symptoms, poorer sleep, and greater psychosocial difficulties. Self-esteem was inversely associated with problematic social media symptoms ($\beta=-0.249$), sleep problems ($\beta=-0.228$), and psychosocial difficulties ($\beta=-0.329$). Problematic social media symptoms were associated with sleep problems ($\beta=0.228$) and psychosocial difficulties ($\beta=0.231$); both sleep problems ($\beta=0.140$) and psychosocial difficulties ($\beta=0.178$) were independently associated with self-harm. Total effects supported an indirect pathway from problematic social media symptoms to self-harm ($\beta=0.120$) and a protective total effect of self-esteem on self-harm ($\beta=-0.181$).

Discussion: In Jakarta adolescents, childhood trauma showed the strongest and most pervasive association with self-harm and related domains. Problematic social media symptoms were linked to self-harm primarily through sleep problems and psychosocial difficulties, while self-esteem appeared broadly protective across pathways. These findings support prevention strategies that combine trauma-informed identification/support with school-feasible targets focused on sleep and psychosocial functioning. Because the data are cross-sectional and instruments differ in reference periods, temporal ordering should be interpreted cautiously and tested in longitudinal or intervention designs.

P-62-005

Comorbid Functional Gastrointestinal Disorder Symptoms in Adolescents with Mood Disorders: Impact on Depression Severity and Suicidal Risk

Submitter: Suin Jung, Korea, Republic of

Co-Authors: S. Jung, C. Jeong, D. Lee, S. Lee, D. Kim, S. Yoon, S. Lee, C. Yang

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Functional gastrointestinal disorders (FGIDs) may worsen outcomes in adolescents with mood disorders, yet their comorbidity and links to depression and suicidal risk in psychiatric outpatients remain unclear. We aimed to estimate the proportion meeting Rome III FGID criteria and to examine associations between FGID status/subtype patterns and suicidal ideation and depressive symptoms.

Methods: We enrolled 137 psychiatric outpatients aged 12-18 years diagnosed with mood disorders (2021-2023). FGIDs were assessed using the Questionnaire on Pediatric Gastrointestinal Symptoms-Rome III (QPGS-Rome III) and categorized as non-FGID, single FGID (one subtype), or multiple FGIDs (two or more subtypes), with IBS- and functional constipation (FC)-focused subgroup definitions. Suicidal ideation and depressive symptoms were measured with the Beck Scale for Suicide Ideation (BSS) and CES-DC; anxiety and perceived stress were assessed with SCARED and the Perceived Stress Scale (PSS). Group differences were tested using chi-square tests, independent t-tests, and one-way ANOVA with Bonferroni post-hoc tests (two-sided $p < 0.05$).

Results: Of 137 participants, 95 (69.3%) met Rome III criteria for at least one FGID subtype, with no significant differences by sex or age group. Irritable bowel syndrome (IBS; 46.3%) and FC (36.8%) were most common; 56 met criteria for a single subtype and 39 for multiple subtypes. Compared with the non-FGID group ($n = 42$), the FGID group ($n = 95$) showed higher suicidal ideation (BSS; $p = 0.048$) and depressive symptoms (CES-DC; $p = 0.035$), alongside higher anxiety (SCARED; $p < 0.001$) and perceived stress (PSS; $p = 0.003$). In three-group comparisons (non-FGID/single/multiple), depression differed ($p = 0.046$), with the multiple-FGID group higher than the non-FGID group, whereas suicidal ideation did not differ significantly across groups. IBS-related subgroups showed higher anxiety and stress than the non-FGID group, while isolated FC showed no significant differences on psychological scales.

Discussion: FGID symptoms were common in adolescents with mood disorders receiving psychiatric outpatient care, and FGID criteria fulfillment was accompanied by higher depressive symptoms and suicidal ideation. While depression was higher in the multiple-FGID group, suicidal ideation did not differ by subtype complexity, suggesting that the number of FGID subtypes alone may not determine suicide risk in this population. Integrating Rome-based GI symptom screening with routine assessment of depression and suicide risk at intake may facilitate stepped care, including consideration of CBT and

stress/sleep interventions for IBS-related symptoms. Limitations include Rome III (vs Rome IV) classification and, consistent with Rome criteria, FGIDs were identified using a symptom-based questionnaire rather than systematic gastroenterological evaluations, as well as unmeasured trauma and key covariates, and a single-center cross-sectional design.

P-62-006

Suicide bereavement in children: Two case reports

Submitter: Amira Jaoua, Tunisia

Co-Authors: A. Jaoua, A. Naffeti, S. Mannoubi, L. Jemail, A. Ben Ftima, M. Allouche

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: This study aims to explore the clinical and therapeutic features of bereavement due to suicide in children, highlighting the unique challenges they face and the importance of tailored postvention strategies.

Methods: We conducted a qualitative analysis of two case reports involving Child A (13 years old) and Child B (15 years old), both of whom experienced traumatic losses following their fathers' suicides by hanging. A comprehensive literature review was also performed to contextualize the findings.

Results: Case 1: Child A is 13 years old and has no medical, surgical, or psychiatric history. He has experienced a traumatic bereavement after discovering his father, who died by suicide, when he went to wake him up in the morning and found him hanging in his room. His grieving process was characterized by silence, a lack of emotional expression, and an inability to verbalize or identify his feelings. During a psychological evaluation one year after his father's death, we observed total repression of the event and denial of its impact. Case 2 : Child B is 15 years old and has no psychiatric history. She experienced a traumatic loss following her father's suicide. Her grieving process was marked by the emergence of post-traumatic symptoms. During a psychological evaluation one year after his death, we noted the presence of severe depression, and symptoms of post-traumatic stress disorder (PTSD).

Discussion: The findings highlight the profound psychological impact of suicide bereavement on young individuals, revealing diverse grieving processes among children. Child A exhibited silence and emotional repression common defensive responses that hinder healing while Child B displayed post-traumatic symptoms and severe depression, underscoring the urgent need for early intervention. Effective postvention strategies that foster resilience and coping are crucial for supporting bereaved children and mitigating long-term mental health risks associated with such traumatic experiences. Encouraging open discussions about feelings and implementing therapeutic approaches are essential, as is addressing the stigma surrounding suicide to prevent isolation and further mental health issues. Ultimately, a multifaceted treatment approach is necessary to improve the mental health outcomes of bereaved children, with ongoing research aimed at refining supportive strategies for this vulnerable group.

P-62-007

Suicidal Crises in Children and Adolescents: The Significance of Technological Empathy.

Submitter: Alexander Vargas Castro, France

Co-Authors: A. Vargas Castro

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Demonstrate the positive outcomes of innovative psychotherapeutic approaches for young individuals experiencing acute mental health crises and suicidal risk factors by highlighting Artificial Intelligence emerging technologies, social contexts, and avatar-based caricature enhancement.

Methods: The number of suicidal crises among children and adolescents has increased globally, causing devastating effects on families, communities, and societies. The multifaceted aetiology involves a complex interaction of biopsychosocial-cultural factors. Additionally, emerging technologies such as smartphones, social media, online gaming, virtual communities, artificial intelligence, algorithm-driven content feeds, as well as augmented and virtual reality, have significantly transformed the daily lives of young people. Evidence suggests that digital technologies can heighten the risk of suicide. However, integrating digital tools with psychotherapeutic interventions could offer new opportunities for early identification and treatment of acute mental health crises and suicidal risk factors.

Results: During the first year of the Louth Meath CAMHS Hub pilot programme in North East Dublin, the multidisciplinary team developed brief but intensive, positive, innovative strategies for treating suicidal risk in adolescents that conform to standardised care protocols.

The significant and satisfactory results in mental health crisis management and suicide risk reduction highlight the importance of teamwork among stakeholders, including the psychotherapeutic alliance with young people and their carers. Positive outcomes from individual and family/care interventions were supported by emerging technologies, such as avatar-based caricatures in social scenarios, virtual reality, and they were integrated with the Suicide Risk Prevention Plan, which included caregiver support sessions and technological play therapy.

Discussion: It may be beneficial to consider integrating Artificial Intelligence, emerging technologies and avatar-based psychotherapy into the new digitally-oriented generations of youth at risk of suicide, as this has the potential to contribute to a more effective motivational treatment approach, which could assist in reducing suicidal crises.

P-62-008

Marked Reductions in Involuntary Length of Stay After Reorganization of a Child and Adolescent Psychiatric Intensive Unit

Submitter: Hans-Christoph Aster, Germany

Co-Authors: H. Aster, T. Vloet

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: The amendment to Section 1631b of the German Civil Code (BGB) in 2017 redefined the legal framework governing the use of measures depriving children and adolescents of their liberty during psychiatric treatment. In response, the Department of Child and Adolescent Psychiatry at the University Hospital of Würzburg reorganized its intensive care unit both structurally and conceptually. This study examines the effects on closed inpatient treatment, focusing on the number and duration of admissions, diagnostic patterns, medication, and substance use.

Methods: Data from all patients with court-ordered inpatient placements from 2012-09/2016 (pre-amendment, T1) were retrospectively compared with those from 10/2016-2025 (post-amendment, T2).

Results: The duration of involuntary stays was markedly reduced (median: 7 days in T1 vs. 1 day in T2), while the number of treated patients per year increased (median: 189 vs. 272). Admissions for F3 (-7.2%) and F9 diagnoses (-17.7%) decreased, while F4 (+8.6%) and F6 diagnoses (+8.2%) increased. The proportion of positive drug screenings declined from 12.4% to 6.1%.

Discussion: The conceptual adaptation to the revised legal framework was associated with substantially shorter involuntary stays. Although it remains difficult to disentangle the effects of broader societal developments from those of the conceptual restructuring, our findings suggest that innovative models of care are essential for legally compliant and sustainable crisis intervention in child and adolescent psychiatry. In this talk, we will present our new approach to treating suicidal patients and share our experience, outcomes, and lessons learned.

P-63

Psychotherapy and Personalized Treatment Approaches

P-63-001

Components of a personalized child and adolescent psychiatric and psychotherapeutic therapy

Submitter: Gottfried Maria Barth, Germany

Co-Authors: G. Barth, T. Renner

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Each of our patients is a very individual person with a unique pattern of biological conditions, life experiences, and psychological constellations. Nevertheless, psychiatric and psychotherapeutic work tries to categorize people and, based on this categorical classification, design treatment through diagnoses. Because many individual aspects of patients are ignored in the process, it can easily happen that therapeutic approaches do not fit well and do not lead to the desired success. To achieve a better fit of therapies, work with patients must go beyond the usual diagnostic classification in order to gain a more nuanced understanding of the patients.

Methods: The basis for the most nuanced view of our patients is an open and thorough exploration and examination. School-based assumptions should not cloud this perspective. All subjective sensations and assessments of the patients and their families must also be respectfully considered. No hasty hypotheses should be formed, and therapies based solely on categorical classifications should not be initiated. Rather, the individual constellations must be carefully recorded, and intervention possibilities derived from them.

Since large amounts of data are generated in this process, involving artificial intelligence to describe complex patterns will be helpful from the very beginning.

Results: Through a clear and differentiated view of the patients, it becomes possible to derive and apply appropriate therapeutic components. In therapeutic work, sensitive and attentive observation of the patient must continue in order to continuously adjust the therapeutic intervention. In this extremely patient-centered and respectfully appreciative work, an intensive relationship can also be established, which can support interventions below the level of conscious cognitive communication. In this process, therapists need to be open to modifying and maturing their own attitude toward the patient over time. There must also be a constant openness to all somatic and social information, as they are important factors influencing mental well-being.

Discussion: From today's perspective, it is becoming clear that a new personalized psychiatry and psychotherapy is possible by overcoming the narrow views imposed by therapeutic schools, thereby arriving at more individually tailored interventions. The inclusion of information technology and artificial intelligence can be helpful in this context, allowing even large amounts of information to be incorporated. This can also allow for a more adequate consideration of the complex psychosocial integration and the interplay

with patients' own physicality, which can significantly improve the validity of the derived interventions.

P-63-002

Short-term Psychotherapy in a Crisis Intervention Unit

Submitter: Gottfried Maria Barth, Germany

Co-Authors: G. Barth, T. Renner

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: The length of stay in a crisis unit is usually very short, for example in Tübingen mostly 1 to 5 days. During this time, the possibilities for psychotherapeutic interventions are very limited. Usually, there is a limitation to the immediate protection of the patients and the prevention of an acute danger. However, during this time, there is also the possibility to implement helpful elements for further development through brief psychotherapeutic interventions.

Methods: Two methods are particularly well suited to achieving a good effect even within a limited timeframe. On the one hand, hypnosystemic interventions make it possible to convey valuable elements of patients' own self-perception and future orientation in every conversation. This can strengthen awareness of one's own resources and future possibilities. Through careful word choice and occasional suggestions, these stabilizing elements can be reinforced.

On the other hand, opening oneself up to a direct encounter in the sense of the I-Thou relationship described by Martin Buber can foster the experience of one's own value and the feeling of being held in a relationship. This direct encounter is also an important basis for assessing acute danger to oneself or others, as it greatly reduces the likelihood of deliberate deception.

Results: Almost all patients in the crisis intervention unit can be reached through a personal encounter. The supportive suggestions often lead to an immediate improvement in mood and a willingness to adopt self-esteem enhancing and future-oriented thoughts, thereby opening themselves up to solution-focused interventions. The unit, which is often initially perceived as highly restrictive, can thus become a safe and protective place. This is reflected in the fact that former patients of the crisis intervention unit frequently contact the unit themselves in crisis situations and request admission.

Discussion: The experience with targeted work focused on personal encounters and the integration of hypnosystemic suggestions into routine care of patients on the crisis intervention ward shows that many patients, especially during periods of crisis-induced destabilization, are willing to accept such support and are able to absorb self-esteem-enhancing and future- or solution-oriented thoughts. As a result, a stay on the crisis intervention ward can become an important step toward future psychotherapy and stabilization.

P-63-003

A Proposal for Individualized Psychotherapy Using N-of-1 Approach in Adolescents with Severe Personality Symptomatology

Submitter: Manuel Abraham Valderrama Yapor, Mexico

Co-Authors: M. Valderrama Yapor

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Adolescents with severe personality symptomatology show marked variability in emotional regulation, identity, and relationships. Evidence for effective treatments remains limited, underscoring the need for individualized approaches. While psychotherapy manuals recommend both expressive (facilitating insight) and supportive (strengthening coping) interventions, moment-to-moment clinical decisions remain uncertain. N-of-1 (single-case) designs offer a structured framework to evaluate therapeutic effects within the same patient and guide tailored adjustments.

OBJECTIVE: To illustrate how an N-of-1 alternating treatment design could help determine whether expressive or supportive interventions produce more favourable effects on emotional awareness, social functioning, aggression, and self-harm in adolescents with severe personality symptomatology.

Methods: The design would be applied to a hypothetical 16-year-old girl with chronic interpersonal avoidance, anxiety crises linked to persecutory object representations, and recurrent suicidal thoughts after limited progress in previous therapies. Within each session, pre-defined expressive and supportive periods would alternate according to a structured plan, with adjustments allowed based on emotional state. Outcomes (emotional awareness, social competence, aggression/impulsivity, self-harm, and suicidal ideation) would be rated by the therapist post-session, and complemented by digital diaries from the patient and tutor. Analyses would rely on repeated time-series to visualize changes in level and trend, estimating standardized effect sizes and session-to-session reliability, with optional nonpara-metric cross-validation (e.g., randomization or split-middle tests).

Results: Hypothetical data suggest that expressive periods may slightly enhance emotional awareness and social competence, while supportive periods could more strongly reduce aggression. Both interventions may contribute to reductions in self-harm and suicidal ideation.

Discussion: N-of-1 designs can help clinicians link specific interventions to therapeutic change. This hypothetical application highlights their potential to individualize psychotherapy for adolescents with severe personality symptomatology, bridging clinical intuition and empirical monitoring.

P-63-004

Long-term follow-up of cognitive behavior therapy for obsessive-compulsive disorder in children: A systematic review and meta-analysis

Submitter: Gro Janne Wergeland, Norway

Co-Authors: G. Wergeland, L. Öst

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Cognitive behavior therapy (CBT) has strong research support for obsessive-compulsive disorder (OCD) in children. However, less is known about the long-term follow-up effects of CBT in OCD. The current meta-analysis has two main aims: 1) To investigate the long-term outcome of CBT for OCD; is the post-treatment OCD severity score maintained at follow-up, or have some treatment conditions deteriorated? 2) To investigate potential moderators of the long-term follow-up ES.

Methods: A systematic review and meta-analysis was conducted of different types of CBTs for OCD in children/adolescents. Ovid MEDLINE, Ovid Embase, Cochrane, and PsycINFO were systematically searched for studies published through February 2025. The effectiveness of CBT, methodological quality, and moderators of treatment outcome were examined at post- and follow-up assessments.

Inclusion criteria:

1. Be published in an English-language journal.
2. Have participants diagnosed with OCD according to DSM (III and later) or ICD (10-11).
3. Evaluate a CBT treatment that APA Division 12 evaluated as having strong or modest research support, i.e., ERP, CT, or ERP+CT (often called CBT).
4. Assess follow-up more than 1 year after the post-assessment.
5. Use Y-BOCS/CY-BOCS, or a dichotomous measure of response/remission.
6. Have a treated sample consisting of at least 10 participants.
- 7: Have a maximum participant age of 18

Results: Twelve studies were included, comprising 816 participants.

Follow-up was carried out on average 3.1 years after treatment ended. Child studies showed a significant further improvement from post to follow-up; using the CY-BOCS, ESs were 2.63 post and 3.33 at follow-up. Response rates were 67.8% at post-treatment and 79.2% at follow-up, and remission rates were 57.6% and 64.3%, respectively. The degree of change in OCD severity during treatment was a strong moderator of the follow-up ES. Exposure and response prevention, cognitive therapy, and the combination yielded very large ESs with no significant difference between them.

Discussion: CBT for children with OCD was effective directly after treatment. The effects were maintained and became significantly better for children at a mean of 3.1 years later. This stability of outcomes across multi-year follow-ups provides strong evidence for the

durability of CBT effects in OCD. The degree of change in OCD symptoms during treatment was strongly associated with long-term outcome. These findings highlight the robustness and long-term stability of CBT outcomes for OCD and emphasize the value of early, well-delivered interventions across the lifespan.

P-63-005

Change in posttraumatic cognitions following trauma-focused treatment in youth: secondary analysis of the MARS randomised controlled trial

Submitter: Anushka Jokhoe, Netherlands

Co-Authors: A. Jokhoe, R. Knipschlld

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Posttraumatic stress disorder (PTSD) in youth leads to significant impairment in school, family, and peer functioning. Cognitive models suggest that persistent PTSD symptoms are maintained by negative posttraumatic beliefs, such as negative views of oneself, the world, and self-blame. While trauma-focused treatments effectively reduce posttraumatic stress symptoms, little is known about how these treatments affect posttraumatic cognitions. Furthermore, initial levels of negative cognition may predict poorer treatment outcomes and help identify those who need additional support. This study used secondary data from the MARS randomised controlled trial (RCT) to investigate cognitive changes during trauma-focused therapy in youth with PTSD. It aims to assess (1) changes in trauma-related cognitions pre- to post-treatment and (2) which cognitive domains exhibit the most significant changes.

Methods: This secondary analysis drew on data from the MARS RCT, including 76 participants (aged 12-18 years) diagnosed with PTSD following multiple interpersonal traumas. Participants received either 12 sessions of EMDR therapy or 12 sessions of skills training (STAIR-A) followed by 12 sessions of EMDR therapy. Posttraumatic cognitions were assessed pre- and post-treatment using the Child Post-Traumatic Cognitions Inventory (CPTCI), providing a total score and subscale scores for permanent and disturbing change (CPTCI-PC), and the subscale fragile person in a scary world (CPTCI-SW). Analyses included linear mixed-effects models to assess changes in posttraumatic cognitions and comparisons of effect sizes across domains.

Results: Posttraumatic cognitions significantly decreased from pre- to post-treatment across both trauma-focused conditions, supporting the hypothesis that treatment is associated with a reduction in maladaptive trauma-related beliefs. For post-traumatic cognition in total, there was a significant main effect of time, $F(1, 47.576) = 78.754$, $p < .001$. Similar effects were found for the CPTCI-PC subscale, $F(1, 48.431) = 81.479$, $p < .001$, and CPTCI-SW subscales, $F(1, 48.026) = 57.232$, $p < .001$. No significant condition $\times$ time interactions were observed ($ps = .175-.332$), and no main effects of the treatment condition emerged ($ps = .187-.456$), indicating comparable improvements in both groups. Overall, the results indicate robust pre-post reductions in posttraumatic cognitions, with no evidence of differential change between treatment conditions.

Discussion: Findings indicate that posttraumatic cognitions significantly decrease following trauma-focused treatment in youth with PTSD, with improvements observed

across self-related and world-related domains. These cognitive changes were not significantly different between the treatment conditions, suggesting that both STAIR+EMDR and EMDR alone are similarly effective in reducing maladaptive trauma-related beliefs. Domain-specific insights support more tailored interventions, particularly in the case of negative self-appraisals. These findings underscore the clinical relevance of targeting trauma-related cognitions in youth PTSD treatment and support their role as meaningful process markers of recovery

P-63-006

Requirement Specifications of Digital Play-Based Interventions for Children with Psychosomatic Complaints

Submitter: Franziska Kopp, Germany

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Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Children who manifest psychosomatic symptoms frequently encounter protracted delays in accessing specialized care. These delays are often accompanied by significant school absenteeism and a consequent increase in family burden. The BMFTR-funded VINNIE project develops and evaluates a blended-therapy approach supporting children (7-12 years) with psychosomatic symptoms. It includes a multimodal digital intervention combining a biofeedback-enabled play device and a gamified therapeutic platform. Based on extensive needs analysis with 45 participants including children, parents, and healthcare professionals, key design requirements were identified. These findings from interview data will be presented.

Methods: The project employs a multi-phase, user-centered analytical approach that accompanies the individual project phases along the specific questions and data requirements. To identify the stakeholder requirements for the ecosystem and its associated components, semi-structured interviews are utilized. The interview recordings were transcribed and analyzed with MAXQDA following a structured qualitative content analysis approach. The coding process was executed in two stages: The initial codebook was developed deductively, aligning with the interview guide. The coding frame was refined and expanded inductively, with emergent themes during analysis. The application of analytical rigor was supported by the use of intercoder reliability, memos and comments on coded segments and a logbook that documented decisions and enabled traceability. The utilization of MAXQDA facilitated the systematic management of transcripts, the iteration of the codebook, and the retrieval of coded segments for synthesis.

Results: The analysis yielded three major findings. First, the potential digital game should prioritize simple, comprehensible interaction with a strong story and visual identity. Barriers to this approach include an overly 'school-like' feel, excessive text, and long sessions. In contrast, brief daily units and world-building were valued. Second, the play device should be small and portable, yet emotionally resonant, i.e., it should be "cute" and "cool." It should avoid stigmatizing signals and allow functions to be switched off. Customizability and relational bonding were recurring motivators. Third, the discreet nature of biofeedback is paramount. Wrist-worn sensors were the preferred choice. The following aspects were identified as expansion of use cases: a secret compartment for embarrassing symptoms (protected communication), multimodal feedback (color/sound/haptics), therapist-recorded voice prompts, personalized coping libraries, and modular add-ons.

Discussion: The findings indicate that the efficacy of VINNIE is contingent less on the inclusion of additional features and more on the implementation of a meticulous, stigma-sensitive interaction grammar: child control (opt-in, privacy modes), concise micro-practices, and multimodal feedback that functions independent of protracted screen time. The combined findings support a modular architecture (platform-plus-sensor) that can be reconfigured across contexts (home, commute, therapy) and calibrated to clinical pathways (e.g., stabilization basics, therapeutic homework). A salient design tension pertains to the involvement of parents and clinicians. The results provide an important foundation for the further development of VINNIE system components. The current phase investigates real-time biofeedback applications for stress and symptom regulation. It is expected that this approach will offer promising directions for enhancing engagement, accessibility, and personalization in blended-therapy contexts.

P-63-007

Advancing Transdiagnostic Mental Health Care Through Intrinsic Connectivity Network-Informed EEG Neurofeedback

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Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: This protocol presents a novel adjunctive Neurofeedback Training Module (NTM) grounded in intrinsic connectivity network (ICN) dynamics, aimed at modulating core transdiagnostic processes in adolescents with internalizing disorders.

Methods: The protocol employs a quasi-experimental design with pre-, post-, and follow-up assessments. A custom Python pipeline. Real-time infra-slow closed-loop feedback is derived from ICN activity in two regions of interest: posterior cingulate cortex (DMN) and dorsal anterior cingulate cortex (CEN) (SN). Training sessions are delivered adjunctive to standard care. Clinical and transdiagnostic domains are assessed using standardized tools, including CBCL (internalizing symptoms), SCARED (anxiety), CDI (depression), DERS (emotion regulation), RRS (rumination), ATTC (attentional control), and WISC-IV (intellectual functioning). Sociodemographic and clinical profiles are systematically recorded.

Results: The study is expected to demonstrate that the ICN-informed NTM will be feasible, acceptable, and capable of generating stable infra-slow feedback signals from PCC and dACC activity. It is anticipated that adolescents will show improved ability to modulate ICN dynamics across sessions. We also expect favourable trends in key transdiagnostic domains, including reductions in anxiety, depressive symptoms, rumination, and emotion dysregulation, as well as improvements in attentional control and parent-reported internalizing symptoms.

Discussion: This protocol introduces an ICN-informed, Python-based EEG neurofeedback framework for adolescents with IDs. By focusing on ICN targets and transdiagnostic processes, the approach has the potential to enhance emotion regulation, attentional control, and clinical outcomes. This proof-of-concept protocol lays the groundwork for future controlled studies evaluating efficacy and mechanisms of change

Personality Structure, clinical diagnoses and treatment outcomes in inpatient psychodynamic psychotherapy

Submitter: Anne Maribel Bildstein, Germany

Co-Authors: A. Bildstein, U. Jaeger, I. Loewens, L. Bartels, L. Sarrar

Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Personality structure is considered as a core dimension of psychodynamic diagnosis and widely assumed to constitute a central target of psychotherapeutic change. While inpatient psychodynamic psychotherapy has demonstrated substantial improvements in symptom burden and structural functioning (Frank & Huber, 2021), the prognostic relevance of baseline structural level for treatment outcome remains inconsistent (Scherg et al., 2017).

The present study aims to investigate whether personality structure at admission is associated with clinical diagnostic profiles and treatment outcomes in inpatient psychodynamic psychotherapy. We examine associations between structural characteristics and psychiatric diagnoses as well as their predictive value for symptom change over the course of treatment.

Methods: This exploratory, questionnaire-based study is conducted in an inpatient psychodynamic treatment facility. Assessments are performed at admission (T0) and discharge (T1). The sample collected to date includes 117 patients aged 18 - 61 years and is predominantly female (70.9%).

Personality structure is assessed at admission using the OPD Structure Questionnaire - Self-description (OPD-SQ). Defense and conflict dynamics are measured with the Defense Style Questionnaire (DSQ-40) and the OPD Conflict Questionnaire (OPD-CQ). Clinical symptoms are assessed at T0 and T1 using the Brief Symptom Inventory (BSI), the Inventory of Interpersonal Problems (IIP), and Patient Health Questionnaire (PHQ). Treatment outcome is operationalized as symptom change between T0 and T1.

Associations between psychodynamic baseline characteristics, clinical diagnoses, length of inpatient treatment and treatment outcomes are examined using partial correlations and multiple regression analyses, controlling for relevant sociodemographic and clinical covariates.

Results: Preliminary analyses showed no significant associations between baseline personality structure and treatment-related symptom change. For global psychological distress (BSI-GSI change), neither the overall model ($R^2 = .07$, $F(6,30) = 0.38$, $p = .89$) nor inclusion of the OPD-SF explained significant variance (change in $R^2 = .01$, $F(1,30) = 0.25$, $p = .62$). Likewise, structural variables did not significantly predict changes in depressive symptoms (PHQ-9 change; change in $R^2 = .06$, $F(1,28) = 2.01$, $p = .17$; overall $R^2 = .14$). For somatoform symptoms (PHQ-15 change), the control model explained a moderate proportion of variance ($R^2 = .26$), while inclusion of the OPD-SF global score added no

explanatory power (change in $R^2 < .001$, $F(1,28) = 0.01$, $p = .94$; $B = 0.20$, standardized coefficient = $.02$). Data collection was ongoing at submission; final results will be presented at the conference.

Discussion: The present study aims to contribute to the ongoing discussion on the prognostic relevance of personality structure in psychodynamic psychotherapy. Findings may help to refine prognostic assessment in inpatient psychodynamic psychotherapy and inform clinical decision-making regarding treatment planning and expectations.

P-63-009

Electroconvulsive Therapy in Children and Adolescents: Challenges in Contemporary Practice in Croatia

Submitter: Petra Viskovic, Croatia

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Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: Although reports of electroconvulsive therapy (ECT) use in children and adolescents are not uncommon in the literature, this intervention appears to be underrepresented and frequently overlooked in contemporary clinical practice. Indications for ECT in this population include severe and treatment-resistant depression or mania (with or without psychotic features), schizoaffective disorder, schizophrenia, catatonia, and neuroleptic malignant syndrome. This poster aims to synthesize current evidence on the clinical indications, effectiveness, and safety of ECT in pediatric populations, and to discuss practical and organizational factors influencing its clinical use.

Methods: This poster is based on a narrative review of the literature conducted using the PubMed database, including international clinical guidelines, systematic reviews, observational studies, and retrospective analyses addressing ECT in children and adolescents. The literature was synthesized to identify common clinical indications, reported outcomes, adverse effects, and limitations of the existing evidence base. Individual case reports were excluded.

Results: Across published studies, ECT demonstrates substantial clinical effectiveness in selected children and adolescents with severe psychiatric disorders. The most consistent and robust responses are reported in mood disorders and catatonia, often with rapid symptom improvement in acute or life-threatening situations. Outcomes in schizophrenia spectrum disorders are more variable but may improve when ECT is used as an adjunct to antipsychotic treatment. Adverse effects are generally mild and transient, most commonly short-term cognitive complaints, headache, and confusion, with recovery typically occurring within weeks. In Croatia, ECT is currently applied exclusively within adult psychiatric services, and pediatric use remains limited, reflecting organizational and legal uncertainties rather than a lack of clinical indications.

Discussion: The available evidence supports ECT as a potentially effective and relatively safe treatment option for selected pediatric patients with severe, treatment-resistant psychiatric disorders. Nevertheless, significant methodological limitations restrict conclusions regarding long-term developmental and cognitive outcomes. In the Croatian context, the absence of pediatric-specific guidelines and clear consent frameworks further influences cautious clinical decision-making. Future progress requires not only additional prospective and longitudinal research but also clearer clinical guidance and

interdisciplinary collaboration to ensure ethically grounded and evidence-informed use of ECT in child and adolescent psychiatry.

P-63-010

Predicting Electroconvulsive Therapy Use in Hospitalized Children and Adolescents Using XGBoost: A Retrospective Single-Center Study

Submitter: Baran Calisgan, Türkiye

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Topic: CAP Interventions and Services / f. Precision CAP – Mechanism-Based Interventions

Objective: To develop and internally validate a machine-learning model that predicts whether electroconvulsive therapy (ECT) was administered during inpatient treatment of children and adolescents, using routinely collected demographic, clinical symptom, diagnostic, treatment, and hospitalization variables. A secondary objective was to identify the variables most strongly associated with ECT use in this dataset to inform future clinical decision-support research.

Methods: Retrospective single-center dataset of inpatient admissions in a child and adolescent psychiatry clinic (N=155). Outcome was ECT administration. Features included age, sex, hospitalization history/duration, symptom indicators, diagnostic group indicators, and medication-related variables. Data quality was cross-checked against a separate non-ECT file. Missing values in binary indicators were imputed as 0. Data were split 70% training and 30% test (stratified). XGBoostClassifier was tuned with randomized search and 5-fold cross-validation on the training set (AUC optimization).

Results: ECT was administered in 73/155 of cases (47.1%). Median age was 16 years (IQR 14-17); 61.3% were female. Compared with non-ECT admissions, ECT admissions had longer hospitalization duration (median 27 vs 14 days; $p<0.001$) and higher prevalence of psychotic disorders (74.0% vs 29.3%; odds ratio 6.67; $p<0.001$). On the held-out test set ($n=47$), XGBoost achieved ROC-AUC 0.913, accuracy 0.766, sensitivity 0.727, specificity 0.800, precision 0.762, and F1 0.744. Agreement between model predictions and observed ECT status was moderate (Cohen's kappa 0.529; MCC 0.529). Most influential features (gain) included hospitalization duration, increased energy, atypical antipsychotic exposure, family history of depression, benzodiazepine exposure, Hamilton Depression Scale Severity category, psychotic disorder indicator, and age.

Discussion: In this single-center inpatient cohort, an XGBoost model showed good discrimination (AUC=0.91) and moderate agreement with observed ECT administration status. Longer hospitalization and psychotic disorder indicators were strongly associated with ECT use, consistent with a pattern of ECT being used in more severe or treatment-refractory presentations in this sample. This work supports feasibility of data-driven ECT-use prediction as a research tool and potential decision-support adjunct, but not a decision-maker. Limitations include retrospective design, modest sample size, engineered feature set, and lack of external validation; prospective evaluation and multi-center

replication are needed.

P-64

Service Contexts and Mental Health Needs

P-64-001

Changes in Child and Adolescent Psychiatry Consultation Requests in a University Hospital: A Comparison Between 2014 and 2024

Submitter: Aysegül Tugba Hira Selen, Türkiye

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: This study aimed to examine the change in consultation requests referred to child and adolescent psychiatry at a university hospital over a 10-year period.

Methods: A retrospective file review was conducted to compare one-year consultation forms from 2014 and 2024 based on variables such as age, gender, reason for referral, clinic requesting the service, diagnosis, and recommendation.

Results: The number of consultations increased from 2014 to 2024, and the distribution of requests shifted from pediatric outpatient clinics to inpatient services. Departmentally, requests from pediatric endocrinology and hematology-oncology increased in 2024, while requests from pediatric neurology, physical therapy and surgery decreased. In the diagnostic profile, while "no diagnosis" and SLD were more common in 2014, a significant increase was found in the rates of depression, ADHD, and ASD in 2024. The treatment pattern has also changed; in 2024, antipsychotic and methylphenidate prescriptions and "previous psychiatric treatment history" were significantly higher.

Discussion: This suggests that psychological needs have increased in childhood and adolescence, and consultation-liaison services have evolved alongside hospital organization and clinical workflows. Increasing collaboration between pediatrics and child psychiatry, and examining and resolving mutual problems, is crucial for faster and more effective treatment of pediatric patients.

P-64-002

Screening of a high-risk population: Singapore experience

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: Child abuse, defined by the World Health Organization, includes physical, emotional, and sexual abuse, as well as neglect and exploitation. Childhood maltreatment has been shown to predict poorer performance on cognitive tasks in young adulthood and late midlife. Children from high-risk families should be screened for maltreatment, as early and accurate detection is critical for initiating timely treatment and intervention, preventing further harm, and reducing long-term negative consequences. Anchor Start, a Ministry of Health-funded programme, was established in Singapore's largest tertiary children's hospital in 2022 and screens and supports young children (0-6 years old) exposed to maltreatment. The current study aims to assess the validity of in-house developed language and academic screening tools used in kindergarten. We compared the language screener and the Snake and Ladder screener against the Brigance Early Childhood Screen III (ECS III) as the reference assessment for this cohort.

Methods: This was a retrospective validation study of children from Anchor Start who underwent developmental screening as part of routine clinical care. Assessment tools included the Snake and Ladder screener and the language screener, which assess their academic and language domains respectively. The reference screening tool was the Brigance ECS III, which assesses multiple domains including motor, language and academic skills. Data was retrospectively extracted from the Anchor Start Excel database. For the Snake and Ladder screener, results categorised as "concerns" were classified as failures, whereas "no concerns" indicated a pass. Below-average performance on the Brigance academic and language domains was also classified as a failure. Data analysis involved comparing the Brigance academic domain with the Snake and Ladder screener and the Brigance language development domain with the language screener.

Results: A total of 116 children were included in this cohort (mean age 65.2 months). In the language domain, 44.8% scored below average on Brigance language domain, while 52.6% failed the in-house language screener. 37.1% failed both assessments. Discordantly, 15.5% failed the in-house screener despite average Brigance performance, while 7.8% scored below average on Brigance language domain but passed the in-house language screener.

In the academic domain, 40.5% scored below average on Brigance academic domain and 56.9% failed Snake and Ladder assesment. 37.9% failed both assessments, while 2.6% failed only Brigance academic assessment and 19.0% failed only Snake and Ladder. Following screening, 37.9% were referred to the Department of Child Development Clinic;

75.0% attended and all received documented diagnoses.

Discussion: In-house screening tools identified a larger at-risk group than the Brigance assessment for both language and academic domains. The in-house screening tools showed substantial overlap with the Brigance assessment. However, the identification of children by one tool but not the other indicates that these assessments are not interchangeable and may be best used in a complementary manner. Following initial screening, a substantial proportion of the children were referred to the DCD Clinic for further evaluation. This underscores the importance of effective developmental screening strategies in this vulnerable population to identify children who require intervention. This highlights the value of screening tools in identifying children at risk, with the Brigance assessment contributing additional specificity to guide referrals. A combined approach may optimize developmental evaluation in high-risk settings.

P-64-004

Psychosocial Challenges Faced by Paediatric Amputation Patients in a Developing Country: Insights from India

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: This study aims to understand the psychosocial challenges faced by paediatric amputation patients in India over a decade.

Methods: Data and institutional experiences over a decade from a tertiary care facility in India that handles paediatric amputation cases are incorporated into this observational analysis and narrative assessment. It examines key concerns like access to multidisciplinary rehabilitation, the availability of psychological support, the provision and monitoring of prosthetics, the accessibility of infrastructure, and the integration of paediatric amputee into regular schooling.

Results: During the last ten years, the total number of admissions in our Division were 16,241. Out of these patients, 1003 (6.1%) patients underwent amputation. The paediatric patients received at our centre were 2061, of which 139 (6.7%) underwent amputation. Patients were regularly followed up in dedicated amputation clinic and were observed for challenges faced by them post amputation. Families dealt with emotional turmoil, financial strains, and caregiver weariness, children frequently experienced psychological problems including anxiety, low self-esteem, and social detachment. Mobility and social engagement were further hampered by a lack of accessible healthcare, availability of low cost or free prosthesis, transportation, and shared amenities. Bullying, social stigma, physical hardship, and a shortage of inclusive education-trained teachers were among the educational obstacles that increased absenteeism and dropout rates.

Discussion: India's paediatric amputation patients suffer complex and interrelated problems that highlight deficiencies in social support, healthcare, and policy implementation. Long-term rehabilitation and social reintegration are still insufficient, despite improvements in surgery outcomes. To improve these young patients' functional recovery, mental health, and overall quality of life in a developing nation, a coordinated, multidisciplinary action plan including healthcare professionals, educators, legislators, and community members is crucial.

P-64-005

Promoting Digital Citizenship for Health among Young People: Landscape Mapping, Gap Analysis, and Qualitative Interviews with Platform Developers

Submitter: Racheal Ogundipe, Nigeria

Co-Authors: R. Ogundipe

Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: Digital Citizenship for Health (DC4H) refers to the skills and knowledge that enable young people to use digital technologies responsibly, access reliable health information, and participate actively in civic life online. This study aimed to identify and evaluate existing platforms that promote DC4H among young people, to provide recommendations regarding the feasibility of designing a new platform that addresses existing gaps. It assessed the strengths of existing digital, health and civic literacy platforms and explored existing gaps. The second phase examined the feasibility and potential value of developing a youth-centred DC4H platform. Findings will support the co-design of a practical and inclusive DC4H platform.

Methods: This study used a two-phase mixed methods design. Phase one involved identifying existing platforms and initiatives that promote at least one component of DC4H, with a focus on young people. Platforms were identified through structured document review and online searches. A walkthrough assessment was then conducted for each tool using 13 criteria, including their capacity to support digital, health, and civic literacy. A comparative analysis was conducted to examine patterns, highlight strengths, and determine gaps across platforms. At the last stage, the study used informant interviews with two platform developers (Better Internet for Kids and Digital Citizenship Resource Platform) and further review. These platforms were reviewed for their sustainability, cooperation and impact.

Results: The study identified 38 digital platforms and learning environments with free access to either digital, health or civic literacy for young people. Of the 38 platforms identified and reviewed, most (76.3%, n = 29) focused on only one literacy area. The assessment showed that all platforms (100%, n = 38) aimed to improve knowledge and share information, but fewer (44.7%, n = 17) included features that build practical skills. Although the majority were considered trustworthy (92.1%, n = 35) and user-friendly (84.2%, n = 32), only a few (26.3%, n=10) had humanistic features like live chat. A third (34.2%, n = 13) were judged equitable based on fair access, such as offering multilingual options. More than half (55.3%, n = 21) were considered ethical for respecting privacy and ensuring security through features like individual sign-in. Only 6 platforms (16%) met the 70% threshold for comprehensive DC4H support.

Discussion: Although numerous platforms exist, few are designed with the specific needs of young people in mind or support their meaningful participation in digital spaces in ways

that promote their health and wellbeing. Most platforms focus on sharing information through text, rather than helping users develop essential digital, health, and civic skills. For example, the study found that only 26.3% of reviewed platforms included provide fair access to young people tailored for youth, highlighting a significant gap in inclusion and equitable access to capacity building resources. Furthermore, many learning environments are not created with young people as the primary users. This shows the need for a newly designed DC4H platform specifically aimed at building the immediate capacity of young people to fully engage, make informed decisions, and thrive in digital spaces towards a better health. Future DC4H platforms should incorporate interactive skill-building modules and also prioritise youth-centred design.

P-64-006

School and mental health: exploring the links between academic pressure, school climate and psychopathology in childhood and adolescence

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: Academic pressure is increasingly recognised as a major risk factor for mental health during childhood and adolescence. In adolescents, academic stress has been correlated with sleep disorders, anxiety, depression, self-harming behaviors and suicidal ideation, with higher rates of suicidal attempts and psychiatric hospitalizations observed during the school year. The present study aimed to examine the relationship between school-related pressure and individual vulnerability, as well as to explore the factors shaping the association between adolescent psychopathology and vulnerability, including school climate and learning approach, with particular emphasis on the protective role of the school environment, both in traditional and hospital-based settings.

Methods: This observational cross-sectional study involved two cohorts of students recruited at a University Hospital between November 2024 and May 2025. The first cohort consisted of patients admitted to the Child and Adolescent Neuropsychiatry Unit or attending the same Unit in a Day Hospital setting; the second cohort included patients hospitalized in the Pediatric Oncohematology Unit. Eligibility criteria included an age range between 10 and 17 years. In the psychiatric cohort, patients with a diagnosis of intellectual disability and/or acute psychosis at the time of admission were excluded. Participants completed three self-report questionnaires assessing achievement goals and learning approach (Achievement Goal Questionnaire Revised, AGQ-R), school climate (Multidimensional School Climate Questionnaire, MSCQ) and individual vulnerabilities (Strengths and Difficulties Questionnaire, SDQ), with reference to their home school and/or hospital school. Perceived stress in both settings was rated on a 10-point Likert scale.

Results: A total of 95 patients were enrolled, 82 of whom attended the hospital school. Specifically, 79 belonged to the psychiatric cohort (81% female, mean age 15.7 years), with 56% recruited from the Day Hospital setting and 44% from the inpatient Unit; 16 belonged to the oncology cohort (62.5% male, mean age 15.4 years). In both cohorts, school climate emerged as the main driver of academic stress, with poorer perceived school climate correlating with higher levels of academic stress, regardless of the educational setting. In the psychiatric cohort, comparison of MSCQ scores across educational settings showed a worst perception of school climate in the home school. Emotional and behavioral difficulties (SDQ) - which were overall elevated in the psychiatric cohort - were weakly associated with stress in the hospital setting and were not predictive of stress related to the home school. Motivational scores (AGQ-R) were not predictive.

Discussion: This study highlights a significant association between participants' mental health and school climate, which emerged as the main driver of academic stress. Nevertheless, in psychiatric patients, perceived stress decreases considerably in the hospital school setting, underscoring the effectiveness of inclusive and personalized teaching strategies. In the sample examined, individual vulnerabilities and learning approaches did not predict academic stress. These findings differ from previous literature and may be attributable to the specific characteristics of the study sample. Longitudinal studies are warranted to better define the causal relationships between school environment and mental health.

P-64-007

Beyond the Classroom: Insights into College Adjustment Among Delhi-NCR Students

Submitter: Rohini Malik, India

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: The internet's and digital technologies' exponential growth has significantly altered social interactions, presenting new opportunities and challenges for young adults worldwide. India has the second-largest higher education system in the world (AISHE, 2024). According to the National Centre for Education Statistics (2022), there were 2.1 million student dropouts aged 16-24.

University transition involves psychosocial challenges. There has been an investigation into academic and social adaptation, with limited emphasis on socio-demographic determinants, such as the distance of residence from campus, family type, and gender. This research compared adjustment profiles of university students as per distance of residence to campus (on-campus and day scholars) and other factors with the nine areas of the College Adjustment Scale: academic difficulties, interpersonal difficulties, career difficulties, depression, anxiety, self-esteem difficulties, alcohol and drug abuse, family difficulties, and suicidal thoughts.

Methods: The research utilised a cross-sectional design to analyse college adjustment among university students in terms of residence status (on-campus and day scholars), gender, and family type, and to determine demographic correlates that affect student well-being. Independent-samples t-tests were used to test group differences across domains. College Adjustment Scale (CAS; Anton & Reed, 1991), a standardised measure of psychosocial adjustment issues typically faced by college students. It contains nine subscales: Academic Difficulties, Interpersonal Difficulties, Career Difficulties, Depression, Anxiety, Self-Esteem Difficulties, Alcohol and Drug Use, Family Difficulties, and Suicidal Ideation. Both subscales have items scored on a 5-point Likert scale. The CAS has excellent psychometric properties, with internal consistency coefficients (Cronbach's alpha) of .78 to .91 between subscales (Anton & Reed, 1991). The overall Cronbach's alpha for the current study was .87, which is good reliability. Data were analysed with IBM SPSS Statistics.

Results: Three hundred university students (males: 28.3%; females: 71.7%) participated voluntarily in a cross-sectional study conducted in the Delhi-NCR region, with a mean age of 21.13 years. The results indicated that there is no significant difference in adjustment concerns between residential and day scholars, contrary to the assumption that living away from home may lead to higher adjustment concerns. However, results indicated that residential scholars indulged in substance usage, which goes in line with the existing literature suggestive of curious exploration and maladaptive coping strategies. There was no significant difference found with respect to gender, but students from joint families

reported higher substance usage and career problems.

The findings underscore the need for targeted outreach to commuting students, stronger residential life programs, and faculty training to identify maladaptation. These insights advance evidence-based counselling practice and guide institutional policies to enhance student well-being and success.

Discussion: Emotional and relational difficulties (anxiety, depression, self-esteem, interpersonal problems, family problems, interpersonal problems) emerged as the most prominent adjustment concerns (Hako et al., 2023; Huprich et al., 2016).

Adjustment domains were highly interrelated, highlighting the interconnected nature of well-being during emerging adulthood (emotional, relational, and contextual) (Baggio et al., 2017; Sharon, 2016) .

Residence status and gender did not significantly differentiate adjustment outcomes, challenging common assumptions about structural risk factors (Van Viet, 2021; Melendez, 2019).

Age emerged as a protective factor, with older students (21-25 years) reporting fewer depressive symptoms and lower overall adjustment difficulties (Kahn et al., 2019).

Anxiety was not predicted by demographic variables, suggesting greater sensitivity to situational or contextual stressors rather than developmental stage (McLaughlin & Hatzenbuehler, 2009).

The implication of the study highlight the need for developmentally and relationally informed interventions.

P-64-008

Daytrip traveling: A feasibility study on cross-cultural exchange in the Dutch-German border region

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Topic: Psychosocial Development / a. Developmental Psychopathology

Objective: International exchange programs in psychiatry offer mental health professionals unique opportunities to understand how cultural and contextual factors shape mental health care. Such programs often involve long-distance travel, high financial and environmental costs, and time constraints. Cross-border exchanges between adjacent countries are more affordable and easier to organize. This study aims to explore how cross-border exchanges can enhance the professional and personal development of trainees in child and adolescent psychiatry.

Methods: The exchange program took place between two regions at the border of the eastern Netherlands and north-western Germany. These adjacent regions have different languages and culture but also share cultural and historical roots. Post-graduate trainees (n = 9) in child and adolescent psychiatry (medical doctors and psychologists) spent 3 days as visitors abroad and 3 days hosting trainees from the partner region. The program included shadowing during clinical work, cross-cultural case discussions, and exchanges on clinical practice, provision of care and training systems.

Results: Perspectives from trainees gathered through semi-structured interviews and analysed thematically reveal the relevance of cross-cultural learning experiences. Participants described gaining insights into similarities and differences of diagnostic assessment approaches and therapeutic options. They also reported becoming more aware how differences in care systems may influence clinical practice.

Discussion: This pilot study demonstrates feasibility and relevance of a cross-cultural exchange program in neighbouring border regions. The findings resonate with the previously results of longer-distance exchange programs and may inspire similar initiatives in other European adjacent regions.

OP-01

Digital Innovations in Child and Adolescent Mental Health: From Knowledge Access to Scalable Interventions

OP-01-001

From PubMed to Prompts: The New Hierarchy of Clinical Information Sources in Child and Adolescent Psychiatry

Submitter: Mustafa Balkanas, Türkiye

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Topic: Child and Adolescent Psychiatry Training

Objective: Large language models (LLMs) are increasingly used in clinical practice, yet data on adoption patterns, safety behaviors, and deskilling concerns among child and adolescent psychiatrists remain limited. We aimed to examine usage habits, preferred information sources, technical literacy, and deskilling concerns. We hypothesized that younger age would predict higher usage intensity, and that higher technical literacy would be associated with more frequent verification and lower deskilling concerns.

Methods: This cross-sectional study surveyed 114 child and adolescent psychiatrists (including residents) using an anonymous online questionnaire. Participants first indicated whether they had used LLMs professionally in the past three months. We assessed three domains: source preferences (first-choice resource and usage frequency for LLMs, evidence databases such as PubMed, and textbooks), LLM technical literacy (six items on LLM mechanisms, including hallucinations, statistical prediction, and knowledge cutoffs; score 0-6), and deskilling concerns (three items on perceived risks to clinical reasoning, recall, and autonomy; mean score; Cronbach's alpha = 0.88).

High-intensity LLM use and frequent verification of outputs were defined as ratings of 4-5 vs 1-3 on 5-point frequency scales. Multivariable logistic regression identified predictors of high-intensity use and frequent verification, and linear regression modeled deskilling concerns. All analyses were adjusted for age, gender, and career stage (resident vs specialist). Ethical approval was obtained.

Results: Mean age was 33.5 years (SD 7.3); 64.0% were female. Professional LLM use was 108/114 (94.7%). Primary uses were obtaining information (70.4%), literature search/summarization (68.5%), and academic writing assistance (65.7%). 98.1% used ChatGPT. LLMs were the most common first-choice source for clinical questions (34.2%), slightly exceeding evidence databases (31.6%). Older age was associated with lower odds of high-intensity use (OR = 0.91, 95% CI 0.84-0.99, $p = 0.037$). Higher technical literacy predicted more frequent verification (OR = 1.57, 95% CI 1.15-2.15, $p = 0.005$). Literacy was unrelated to deskilling concerns, whereas high-intensity use predicted lower concerns (adjusted B = -0.48, $p = 0.027$). Ten users (9.3%) reported entering or being unsure about entering identifiable patient data; 74.6% reported reluctance to use LLMs in the presence of patients.

Discussion: In this sample, LLMs slightly surpassed evidence databases as the most

common first-choice source for clinical questions, which may indicate a shift toward rapid synthesis tools. Younger age predicted higher usage, possibly due to earlier exposure. Higher technical literacy predicted more frequent verification, pointing to a concrete, modifiable target for training that promotes critical appraisal rather than passive consumption of model outputs. Literacy was not associated with concerns about deskilling. Lower concerns among high-intensity users might reflect habituation or self-selection, though this does not rule out over-reliance over time. A notable proportion reported entering identifiable patient data or were unsure whether they had. Many were also reluctant to use LLMs in front of patients. Formal guidance on verification and data handling, ideally in residency training, might help address some of these gaps.

Limitations include self-reported data, non-probability sampling, and a cross-sectional design.

OP-01-003

Promoting Safe and Inclusive Digital Parenting in Families of Children and Adolescents with Developmental Challenges: A Mixed-Methods Preventive Program

Submitter: Guillermo Puyol , Spain

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Topic: Child and Adolescent Psychiatry Training

Objective: Digital environments play a central role in the lives of children and adolescents, offering opportunities and risks, especially for those with developmental challenges. Evidence shows that maladaptive technology use may affect emotional and psychosocial well-being, while families act as key mediators of digital behaviors (UNICEF España, 2021). This study presents a family-centered digitalization program promoting safe, positive, and conscious internet use in households with children and adolescents with developmental challenges. The program analyzes digital concerns and parental competencies by age, aims to reduce digital inequalities, and fosters safer and more inclusive family digital environments through a preventive, equity-based approach. It shares an evidence-informed model combining needs assessment, tailored online training, and accessible dissemination strategies, aligned with European frameworks that recognize families as key actors in child well-being and inclusion (COFACE Families Europe, 2021).

Methods: A mixed-methods design combining quantitative and qualitative approaches was applied. Fifty families with children and adolescents with developmental challenges participated in the program. First, a participatory needs assessment was conducted through online questionnaires, collecting quantitative data on digital literacy levels, access barriers, concerns, and parental competencies, as well as qualitative input through open-ended questions. Data were analyzed according to the age of children and adolescents to identify differentiated needs and concerns across developmental stages. Based on these findings, a series of synchronous online training sessions was developed, covering digital literacy, online safety and well-being, digital rights and participation, and parental competencies in digital contexts. Additionally, accessible informational materials were created and disseminated through open channels. All stages followed principles of cognitive accessibility, plain language, and inclusivity.

Results: Preliminary findings indicate significant variability in digital concerns and parental competencies according to the age of children and adolescents. Families of younger children reported higher levels of uncertainty regarding basic digital literacy and parental mediation strategies, while families of adolescents expressed greater concern about online risks, autonomy, emotional impact, and potential problematic use, consistent with previous evidence on adolescent digital vulnerability (UNICEF España, 2021). Quantitative data showed notable digital skill gaps among caregivers with lower baseline digital literacy, while qualitative responses highlighted the demand for practical, age-adapted guidance and accessible resources. Participation rates in online training were high, and families

reported increased confidence in supporting safe and responsible internet use. The open dissemination strategy allowed program materials to reach a broader audience beyond the initial participant group, reinforcing the preventive and equity-oriented impact of the initiative.

Discussion: This program demonstrates the value of a family-centered, mixed-methods approach to addressing digitalization challenges in households with children and adolescents with developmental difficulties. Analyzing concerns and competencies by age enables more precise and relevant interventions, while combining assessment, training, and dissemination maximizes impact and scalability. The results underline the importance of accessible, inclusive, and preventive digital parenting initiatives within child and adolescent mental health frameworks, reinforcing the central role of families in promoting digital well-being (UNICEF España, 2021). This approach is consistent with the COFACE Families Europe Strategic Framework 2021-2030, which emphasizes investment in family well-being, inclusion, and a life-course perspective to support children and families in a rapidly changing society (COFACE Families Europe, 2021). Presenting this experience at IACAPAP 2026 contributes to the international dialogue on mental health, families, and digital environments, with a clear focus on equity, prevention, and inclusion.

OP-01-004

Better recognition, earlier intervention: How combined counseling and online training contribute to the prevention of child maltreatment

Submitter: Anna Eberhardt, Germany

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Topic: Child and Adolescent Psychiatry Training

Objective: Protecting children from maltreatment is essential for protecting and supporting their mental health, as adverse and traumatic experiences significantly increase the risk of (mental) health problems. Professionals in the healthcare sector play a key role in child protection, as they can identify early signs of stress, injuries, or behavioral changes and support those affected. However, research shows that many health professionals feel uncertain when interpreting warning signs, understanding legal requirements, or deciding how to proceed. Limited time, insufficiently standardized training, and structural pressures further hinder adequate preparation. In Germany, the Medical Child Protection Helpline (MCPH) and the online course "Child Protection in Medicine" (OCPM) have therefore been developed. Both aim to strengthen knowledge and confidence in dealing with (suspected) maltreatment. This study examines how these two interventions contribute to improving healthcare professionals' competencies in child protection and, therefore, promoting the mental health of children and adolescents at risk.

Methods: Both programs systematically collect data to evaluate counseling and training needs in child protection. The MCPH was established in 2017 and offers professionals free 24/7 telephone advice from certified child maltreatment experts. Counseling is anonymous and focuses on medical assessment. Consultants document key information, such as caller profession, child characteristics, and topics discussed, using a semi-structured form. The OCPM, launched in 2016, gathers evaluation data before and after course participation. Surveys include demographic information, prior training, as well as self-assessed knowledge and competencies in child protection. Knowledge scores were calculated to assess knowledge of epidemiology and maltreatment management. Using SPSS, descriptive statistics and paired-samples t tests were conducted for pre-post self-assessments with Cohen's d as effect size. The ethics committee approved the OCPM evaluation, while the MCPH evaluation required no formal approval due to full anonymity.

Results: From 07/2017 to 09/2024, 4,911 healthcare professionals called the MCPH, with 80.1% of callers being female. Most calls came from physicians (61.7%) and psychotherapists (26.4%). Across all inquiries, 56.5% of calls referred to female children. Consultations frequently addressed the assessment of medical findings, intervention options, referrals to support services, and communication strategies. Callers consistently reported that the counseling improved clarity, enhanced decision-making, and strengthened competencies.

From 06/2016 to 05/2024, 3,493 healthcare professionals finished in the OCPM. 84.8% of

those were female, averaged 39.6 years of age, and 10.9 years of professional experience. Knowledge and competencies increased significantly in all groups. The strongest knowledge gains were observed among non-licensed therapists (Cohen's $d = 1.8$) and medical students ($d = 1.6$). Action competencies also improved with effect sizes of 1.1 or higher in all groups.

Discussion: This study examined how MCPH and OCPM contribute to strengthening child protection competencies among healthcare professionals in Germany. During the study period, 8,724 calls were documented through MCPH, and 3,493 professionals completed the OCPM, reflecting a high demand for guidance and training. Most callers and participants were physicians and psychotherapists, but nurses and non-licensed therapists also represented relevant groups, highlighting the multidisciplinary nature of child protection work. The findings suggest that the combination of these two programs fills immediate knowledge gaps and promotes a culture of continuous learning, professional reflection, and interprofessional collaboration. The synergy of real-time case guidance through MCPH and structured learning via OCPM creates furthermore a feedback loop that identifies practical challenges and addresses them systematically, improving professional confidence, competence, and the ability to protect children effectively.

OP-01-005

Designing scalable digital training for CAMHS professionals: a feasibility and early implementation evaluation of ACAMH Learn

Submitter: Cornelius Ani, United Kingdom of Great Britain and Northern Ireland

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Topic: Child and Adolescent Psychiatry Training

Objective: Recent estimates suggest that 11% of children and young people (CYP) worldwide could have diagnosable mental disorders. However, access to specialist child and adolescent mental health (CAMH) services is limited across the world, including some high-income countries. Plugging this high treatment gap requires increasing access to training and continuing professional development (CPD) for CAMH clinicians across the world, particularly in low- and middle-income countries (LMICs). Digital education offers opportunities for scalable and inclusive training, yet evidence on how CAMHS professionals engage with such platforms remains limited. ACAMH Learn is a free, open-access digital training platform developed by the Association for Child and Adolescent Mental Health (ACAMH), a UK-based multidisciplinary charity focused on translating evidence into practice. This presentation reports early-stage feasibility and implementation from ACAMH Learn, with a specific focus on initial engagement patterns and preliminary lessons learned during the first phase of platform delivery.

Methods: ACAMH Learn was developed using a hybrid approach combining principles from educational science (e.g., staged learning and microlearning) with digital product development and iterative design. The platform delivers training content across three levels: Introductory, In Practice, and In Depth, and is offered free of charge. Development was funded through ACAMH and delivered by an international team based in the UK and Argentina, in collaboration with established digital education partners. Content areas and priorities were informed not only by editorial and academic considerations but also through consultation with ACAMH members and users to ensure relevance to real-world clinical training needs. Content production and release followed clinical, academic, and board-level governance oversight. Platform usage data such as topic and user engagement were collected from launch and analysed descriptively to assess early feasibility and engagement patterns.

Results: Following launch on 23rd September 2024, ACAMH Learn achieved rapid uptake among CAMH professionals across multiple regions, including from low- and middle-income countries. The platform now hosts 628 video lessons and 20 learning series. The 10 most viewed videos are: Inside the Teen Brain (Interview series) - Just Be Yourself (2,142 total plays), Smartphones and their Impact on Children's Mental Health (1,392), ADHD in Females (1,172), Inside the Teen Brain - The Heart of the Matter (1,130), Complex PTSD (1,074), 12 Ways to Help Your Child Make Friends (942), Autism: Myth Busting (924), Making Sense of Trauma: Psychological Coping Mechanisms in Young People (904), Inside the

Teen Brain - Screen-agers (795), and Emotion Regulation Difficulties in Autism (758). The most frequently hit topic areas are: Anxiety disorders, Autism, Obsessive compulsive disorder, ADHD, Adverse childhood experiences, Eating disorders, and Depression. Users have generated 2825 CPD certificates.

Discussion: Early-stage data indicate that ACAMH Learn is a feasible and acceptable digital training resource for CAMH professionals, with the capacity to reach international audiences, including clinicians in LMICs. Early engagement patterns with the platform are positive. Interests in topics related to adolescence, digital interface with mental health, neurodevelopmental conditions, and trauma are high. This matches wider public discourse on mental health which frequently feature these themes. They also reflect demand patterns in frontline clinical practice and areas of service pressures. ACAMH Learn shows that the increasing worldwide availability of digital technology can be leveraged to support training of CAMH professionals across regions. This new multi-disciplinary knowledge hub is now making significant contributions to ACAMH's aim of providing free, high-quality, evidence-based online learning resources for everyone involved in the mental health of CYP across international borders. Further evaluation is planned as the platform expands and matures.

Internet-Based Consultation and Networking (i-CAN) to Improve Clinicians' Use of Evidence-Based Practice

Submitter: Susan White, United States of America

Co-Authors: S. White, N. Powell, C. Carlson, M. Hudnall, C. Bui

Topic: Child and Adolescent Psychiatry Training

Objective: Anxiety disorders are among the most common mental health conditions diagnosed in children and adolescents. Approximately 1 in 10 children have an anxiety disorder prior to age 14, and prevalence of any anxiety disorder up to 18 years of age is 15-20% (Beesdo et al., 2009). Although effective treatments for pediatric anxiety exist, most youth with anxiety disorders unfortunately do not receive evidence-based intervention (EBI) (Gandhi et al., 2022; Kendall et al., 2023). The goal of this study was to develop and test a new platform, Internet-Based Consultation and Networking (I-CAN), which was designed to support providers' effective use of EBI for pediatric anxiety via a pilot, parallel group, randomized controlled trial (RCT).

Methods: Grounded in the Theory of Planned Behavior, which posits that behavior is a function of intentions, or commitment, to the behavior (Fishbein et al., 1970), i-CAN targets provider intentions as a key mechanism of EBI adoption. Created with input from an advisory panel of providers, i-CAN functions as a communication platform that supports EBI implementation, using commercially available Slack® to reduce technology-related barriers and improve subsequent scalability. On the platform, providers access a peer navigator (for help with implementation obstacles), access to current EBI literature, and peer-to-peer communication and suggestions, all moderated by an expert clinician. In this RCT, 102 providers who treat children with mental health and behavioral challenges were randomly assigned to 18 weeks of i-CAN or wait-list control. Participants worked in private practice (36.3%), schools (29.4%), community agencies (14.7%), telehealth (8.8%), and group practice (8.8%).

Results: Endpoint satisfaction ratings indicated that clinicians were generally satisfied with i-CAN. The lowest satisfaction scores related to perceived impact on clinical work (mean=3.53, 1=no impact, 5=high impact), although all domains indicate at least mildly positive perceptions. In terms of attitudes toward EBI, the i-CAN group exhibited an upward-sloping trend between baseline and follow-up ($b = .029$, $p = .061$), although it did not reach statistical significance; the Control group was far from statistical significance ($b = -.012$, $p = .417$). The slope difference, which is a direct test of i-CAN effectiveness, was marginally significant ($b = .041$, $p = .055$). For intention to use exposure, the trend in i-CAN was positive in sign and marginally significant ($b = .167$, $p = .066$), while the Control trend was far from statistical significance ($b = -.035$, $p = .673$). We also explore moderating effects of practice setting (e.g., school, private practice).

Discussion: Developed as low-burden consultation platform, i-CAN was generally acceptable to clinician users. Findings indicate that i-CAN exerts moderate effect on clinicians' attitudes toward EBI and willingness to use therapeutic exposure. The platform might feasibly extend to a broader range of mental health disorders, to improve providers' use of EBI. Future research will also need to determine if changes in attitudes and intentions transfer to changes in EBI uptake.

OP-02

Multilevel Insights into Autism and ADHD

OP-02-001

ASD-Associated Gut Microbiota Is Linked to Coordinated Behavioral, Immune, and Brain Alterations

Submitter: Rena Maimaiti, People's Republic of China

Co-Authors: Y. Gao, R. MAIMAITI

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Alterations in the gut microbiota have been consistently reported in children with autism spectrum disorder (ASD), and accumulating evidence suggests interactions between the gut, immune system, and brain. However, whether ASD-associated microbial communities are sufficient to induce coordinated behavioral and host biological changes remains unclear. In particular, mechanisms linking ASD-related microbial features to neurobehavioral phenotypes and immune alterations are not fully understood. Fecal microbiota transplantation (FMT) provides a translational approach to examine associations between human-derived microbial communities and host outcomes under controlled conditions. This study investigated whether gut microbiota derived from children with ASD could induce behavioral, immune-related, intestinal, and brain alterations in recipient mice. By integrating behavioral testing with microbiome profiling, peripheral immune analyses, and molecular and histological characterization of intestinal and hippocampal tissues, this work aimed to provide integrative evidence linking ASD-associated gut microbiota to coordinated host biological and neurobehavioral changes.

Methods: Fecal samples were collected from children diagnosed with ASD and age-matched typically developing (TD) controls and transplanted into antibiotic-pretreated recipient mice using a standardized fecal microbiota transplantation (FMT) protocol. Following colonization, mice underwent a battery of behavioral tests assessing locomotor activity, sociability, and spatial learning and memory. Gut microbial composition was characterized using 16S rRNA gene sequencing to evaluate differences in microbial community structure between groups. Peripheral immune-related parameters were assessed, including circulating regulatory T cell proportions and serum cytokine profiles. Histological and molecular analyses were conducted in the terminal ileum to evaluate intestinal structural changes. In parallel, hippocampal tissues were examined using immunohistochemistry and Western blotting to assess glial-related markers. Exploratory brain proteomic analyses were performed to identify differentially expressed proteins and enriched biological pathways, followed by targeted qRT-PCR validation of selected candidates.

Results: Mice receiving ASD-associated microbiota exhibited significant alterations in behavioral performance compared with TD-FMT controls, including reduced sociability and impaired spatial learning. Gut microbiome analysis revealed distinct microbial community profiles between groups, with ASD-FMT mice showing increased relative abundance of

Enterobacteriaceae-related taxa. Peripheral immune analyses demonstrated reduced circulating regulatory T cell levels and altered serum cytokine profiles in ASD-FMT mice, indicating immune dysregulation. Histological examination of the terminal ileum identified changes in intestinal architecture consistent with altered gut barrier-related features. In the hippocampus, increased expression of glial-related markers was observed, suggesting neurobiological alterations associated with ASD-derived microbiota. Exploratory proteomic analysis revealed differential expression of proteins enriched in pathways related to neural structural organization, synaptic-associated processes, and metabolic regulation. These findings indicate coordinated behavioral, immune-related, intestinal, and brain molecular alterations following transplantation of ASD-associated gut microbiota.

Discussion: This study demonstrates that gut microbiota derived from children with ASD is associated with coordinated behavioral, immune-related, intestinal, and brain biological alterations in recipient mice. The findings provide integrative evidence supporting a potential role of ASD-associated microbial features in shaping host neurobehavioral phenotypes through interactions along the gut-immune-brain axis. By combining behavioral assessments with microbiome profiling and multi-level biological analyses, this work strengthens the translational relevance of microbiota-based mechanisms in ASD. Although conducted in an experimental animal model, the results highlight biologically plausible pathways linking ASD-associated gut microbial communities to neurodevelopmentally relevant outcomes. These findings support further investigation into microbiota-targeted strategies as potential modulators of ASD-related biological and behavioral features and underscore the importance of considering peripheral immune and intestinal factors when examining neurobiological mechanisms in child and adolescent psychiatric conditions.

OP-02-002

Resting-State Functional Connectivity and Sensory Processing in Children and Adolescents with Autism Spectrum Disorder: A Systematic Review

Submitter: Aysenur Ozer Guvenc, Türkiye

Co-Authors: A. Ozer Guvenc, T. Mutluer, A. Savkliyildiz, E. Varkal Toprak, F. Celik Teymur, H. Dogru, O. Gizli Coban, A. Senol

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Sensory processing alterations, including hyperreactivity, hyporeactivity, and sensory-seeking behaviors, are core features of Autism Spectrum Disorder (ASD) and substantially affect daily functioning and social participation. Previous neuroimaging studies have reported differences in brain activation and functional connectivity across various sensory modalities in individuals with ASD compared to neurotypical individuals. However, a systematic understanding of how large scale functional networks relate to sensory sensitivities remains limited. To address this gap, the present systematic review aims to synthesize resting-state functional magnetic resonance imaging (rs-fMRI) findings related to sensory sensitivities in children and adolescents with ASD

Methods: This systematic review was conducted in accordance with the PRISMA guidelines through a comprehensive literature search of the PubMed, Scopus, and Web of Science databases. A total of 1,790 records published between January 2000 and June 2025 were identified. The review protocol was registered in PROSPERO (CRD420251112028). Following the screening and selection process, 11 studies were included in the review. Studies were eligible if they: (1) included children and adolescents diagnosed with ASD using standardized and validated diagnostic criteria; (2) employed resting-state functional magnetic resonance imaging (fMRI); and (3) assessed sensory processing using validated clinical or behavioral measures. From the included studies, data on sample characteristics, imaging paradigms, sensory domains assessed, and key neuroimaging findings were systematically extracted. Methodological quality and risk of bias were independently assessed by two researchers using the Neuroimaging in Autism Spectrum Conditions Newcastle-Ottawa Scale (NANOS), which is specifically designed for neuroimaging research.

Results: The reviewed studies shows recurring, network-level functional connectivity patterns associated with sensory sensitivities in children and adolescents with ASD. The most consistent finding was increased connectivity between the thalamus and auditory/somatosensory cortices, consistent with reduced central sensory filtering. In parallel, the salience network particularly involving the anterior insula and anterior cingulate cortex emerges as the network most frequently associated with sensory hyperreactivity. Several studies report that alterations in salience network connectivity predict the severity of sensory overresponsivity. Additionally, increased connectivity

between the default mode network and the executive control network has been associated with both sensory sensitivity measures and overall autism severity. Altered connectivity between the amygdala and prefrontal, temporal, and sensorimotor regions represents another recurrent finding supporting a network-level account of multisensory processing difficulties. Nevertheless, substantial heterogeneity exists across studies regarding the direction and extent of connectivity changes.

Discussion: Findings suggest that sensory sensitivities represent a core neurobiological feature of ASD, with early network-level organizational differences contributing to the clinical phenotype. This systematic review indicates that sensory sensitivities in children and adolescents with ASD are more closely related to disruptions in thalamocortical circuits and large-scale brain network organization than to isolated sensory regions. Thalamocortical hyperconnectivity may reflect inefficient sensory gating at the level of the central nervous system, contributing to clinically observed sensory overload. Atypical connectivity within the salience network may bias the brain toward prioritizing sensory stimuli over social cues, offering a potential mechanism linking sensory reactivity and social interaction difficulties. Furthermore, the findings suggest that rs-fMRI metrics may serve as candidate biomarkers for identifying sensory subtypes in ASD. However, methodological heterogeneity and sample variability across studies highlight the need for larger, more standardized investigations before translation into clinical practice.

OP-02-003

Association of Parent-Child Reading, Parent-Child Interaction, Outdoor Activities, and Screen Behavior at Age 1.5 Years with Adaptive Behavior Levels and High Risk of Autism Spectrum Disorder Screening in Preschool Children Aged 3-6 Years

Submitter: Jiaqiang Chen, People's Republic of China

Co-Authors: J. Chen, Y. Wu, Q. Chen, K. Zhai, H. Chen, Z. Liu, Y. Jin (Corresponding Author)

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: This study aimed to examine the associations of parent-child reading, parent-child interaction, outdoor activities, and screen behavior at age 1.5 years with both adaptive behavior levels and the high risk of Autism Spectrum Disorder (ASD) in preschool children aged 3-6 years.

Methods: This study conducted ASD screening among children aged 3-6 years. The Autism Behavior Checklist (ABC) and the Chinese Adaptive Behavior Rating Scale for 3-12-Year-Old Children (CABR) were administered to identify children at high risk for ASD and to evaluate their adaptive behavior levels.

Results: The study included 138,057 children aged 3-6 years (mean age = 4.32 years, SD = 1.027), among whom 1,307 (0.9%) screened positive for ASD and 136,750 (99.1%) screened negative. After adjusting for covariates, higher weekly frequency of parent-child reading, parent-child play, outdoor activities, and shared reading involving both parents were associated with higher adaptive behavior levels and lower autism risk ($P < 0.05$).

Discussion: The findings suggest that more frequent parent-child interaction and outdoor activities, coupled with limited screen behavior at age 1.5 years, are associated with better adaptive behavior and a reduced risk of ASD at ages 3-6 years. These results provide a basis for early intervention in early childhood.

OP-02-004

Early-Onset ADHD: Innovative Measures of Attention and Hyperactivity in a French Preschool Cohort

Submitter: Ana Moscoso, France

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Introduction

Attention-deficit/hyperactivity disorder (ADHD) affects approximately 5% of children and is characterized by hyperactivity, attention difficulties, and impairments in motor control and balance. This disorder is officially diagnosed from the age of six, according to current diagnostic criteria. However, clinical signs often appear much earlier, significantly impacting all areas of a child's life, particularly in the most severe cases, which often go unrecognized due to a lack of clinical resources and thus remain untreated.

Methods: Methods

We developed a dedicated clinical and research platform for preschool children aged 3-5 years at risk for ADHD. This platform aims to foster specialized clinical expertise and to support early, targeted interventions with the potential to positively influence developmental trajectories. In parallel, the platform enables the development and validation of innovative assessment approaches relying on indirect, objective measures of attentional and executive functioning, as well as balance and postural control.

Results: Results

Multimodal data - including standardized clinical assessments, eye-tracking metrics, continuous performance task measures, and vestibular and postural recordings - are collected in children with early-onset ADHD and age-matched typically developing controls. Group comparisons will examine differences across cognitive, attentional, and motor domains, as well as the feasibility and sensitivity of these novel measures in the preschool period.

Discussion: Discussion

The present work builds on growing efforts to move beyond symptom-based assessments and to identify objective, developmentally appropriate markers of ADHD in early childhood. By integrating cognitive, oculomotor, and sensorimotor measures, this approach aims to capture early neurobehavioral signatures of ADHD that may not be detectable using conventional clinical tools alone. Such developments are particularly important given the limited specificity and ecological validity of current preschool assessment methods. Comparisons with existing studies will help situate our findings within the broader literature on early ADHD phenotypes and contribute to refining early identification strategies. Ultimately, this work may support earlier diagnosis, better stratification of risk, and the

design of personalized early interventions, with potential long-term benefits for developmental outcomes.

OP-02-005

Fluctuating ADHD trajectories among cases and controls in a community-based sample

Submitter: Igor Duarte, Brazil

Co-Authors: I. Duarte, L. Rohde, A. Caye

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To re-examine the core nosological assumptions of ADHD, specifically age at onset and stability of developmental course, by applying previously used operational definitions of ADHD trajectories at the population level, including both individuals with and without ADHD in childhood

Methods: Data were drawn from the Brazilian High-Risk Cohort (BHRC), a school-based prospective study conducted in Porto Alegre and São Paulo. At baseline (2010-2011), 2,511 participants aged 6-14 years were recruited and followed across four waves into young adulthood (2013-2025), with retention rates between 76% and 82%. ADHD was assessed at all waves using the Development and Well-Being Assessment (DAWBA), administered by trained interviewers and reviewed by certified child psychiatrists according to DSM-IV criteria. Clinical status at each wave was defined based on symptom counts and functional impairment, classifying participants as persistent ADHD, partial remission, or full remission using age-adjusted thresholds. ADHD trajectories were classified following Sibley et al. (2022) and applied to both baseline ADHD cases and non-ADHD controls to identify recovery, stable persistence, fluctuating, and late-onset patterns. Only participants with complete data across all waves were included.

Results: Among participants with ADHD at baseline, diagnostic trajectories were heterogeneous but predominantly favorable. Most individuals showed recovery, with sustained remission observed in approximately two thirds of cases. About one quarter followed a fluctuating course, marked by intermittent remission and recurrence, while a smaller subgroup exhibited stable partial remission. No participants showed stable persistence of ADHD across all waves.

In contrast, most baseline controls remained unaffected throughout follow-up. Three quarters consistently showed no ADHD across waves, while a minority developed ADHD-like patterns over time. Fluctuating late-onset trajectories were more common than stable late-onset ADHD, whereas persistent subthreshold presentations were less frequent. Importantly, the majority of fluctuating trajectories observed during follow-up originated from individuals classified as non-ADHD at baseline, indicating that waxing-and-waning ADHD presentations arise primarily from the childhood control group rather than from childhood ADHD cases.

Discussion: These findings question the view that ADHD is predominantly characterized by diagnostic instability across development. When conservative, previously established trajectory definitions were applied in a population-based cohort, most individuals with childhood ADHD showed sustained recovery, and no cases demonstrated stable persistence. Although fluctuating trajectories were observed, they represented a minority and arose primarily from individuals without ADHD at baseline. This indicates that apparent diagnostic instability more often reflects transitions into and out of caseness within the general population rather than instability of childhood ADHD itself. Moreover, stable late-onset ADHD was rare, supporting a developmental model in which persistent ADHD typically begins early, while later ADHD-like presentations are more often transient or subthreshold. By applying identical operational criteria to cases and controls, this study highlights the importance of analytic symmetry and measurement design in interpreting longitudinal ADHD trajectories.

OP-02-006

Advancing Personalized Assessment in Autism and ADHD: A Scoping Review of Personal Factors Influencing Ability and Disability.

Submitter: Jacintha Tieskens, Sweden

Co-Authors: J. Tieskens, M. Black, E. Asp, S. Bölte

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Autism and ADHD are defined by challenges in daily functioning. However, they are also associated with strengths, and their presentations vary substantially across individuals. Diagnostic criteria alone fail to capture their full complexity, and a holistic understanding requires moving beyond symptoms to consider the interaction between individual functioning and contextual influences.

The International Classification of Functioning, Disability, and Health (ICF) provides a biopsychosocial framework where functioning is understood as the interplay between the individual's (dis)abilities and the contexts in which they occur. Although tailored ICF Core Sets for Autism and ADHD have been developed, an important contextual component - personal factors - capturing individual aspects that make an individual unique - has been neglected.

As a first step to integrate the most relevant personal factors into these core sets, this scoping review provides an overview of the literature on personal factors associated with functioning in autism and ADHD.

Methods: Peer-reviewed articles examining personal factors in autism and ADHD were identified through systematic searches conducted on October 10, 2025. Abstract and full-text screening were performed by two independent reviewers. In addition, large language models have been used to support the title and abstract screening process. Data were synthesized using an established two-phased process. First, findings were synthesized narratively to examine what personal factors are explored in relation to functioning in autism and ADHD. Second, identified concepts were converted to the nomenclature of a previously developed personal factor taxonomy structure using a standardized linking process.

Results: A total of 15,615 articles were identified from database searches, with 125 papers included in the review following screening. A substantially larger proportion of the included studies focused on autism (N = 103) compared to ADHD (N = 22). Preliminary results show that within the autism literature, the most commonly examined personal factors were autism identity, gender identity, sexual orientation, spirituality, age at diagnosis, multilingualism, camouflaging, self-determination, and self-compassion. In the ADHD literature, most frequently identified personal factors included personal identity, self-esteem, positive illusory bias, and sense of coherence.

Discussion: This review serves as a foundational step toward integrating personal factors into ICF-based assessments in autism and ADHD. The findings from this review (research perspective) will be combined with results from three subsequent studies that will examine additional perspectives (lived experience, professional opinion leaders, and real-world contexts) on relevant personal factors for autism and ADHD.

Our preliminary findings suggests that a range of personal factors influence functioning for individuals diagnosed with autism and/or ADHD. Aspects such as how someone identifies and self-perception may be particularly relevant to capture.

Researchers and the neurodivergent community have emphasized that factors in the personal domain are paramount for capturing individual strengths and challenges, critical for understanding functioning, and essential for tailoring support. By identifying personal factors relevant to functioning in autism and ADHD, this study supports a more person-centered and strengths-based approach to assessment and intervention planning.

OP-02-007

From Care to Participation: ICF-Oriented Care for Children and Adolescents with Chronic Illnesses

Submitter: Andrea Caby, Germany

Co-Authors: A. Caby, A. Schmidt

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Children and adolescents with chronic mental and/or physical illnesses have the right and the desire to be involved, to belong, and to actively participate in everyday life. The shift from a traditionally care-oriented system to a modern participation-oriented system challenges professionals in the health and social care sectors with new substantive, communicative, and ethical proceedings. The International Classification of Functioning, Disability and Health (ICF) offers a biopsychosocial framework and a common language for this, but in practice, it is still often insufficiently used as an everyday tool. The aim of this presentation is to demonstrate how an ICF-oriented approach and communication style can sustainably improve the participation-oriented care of children and adolescents with chronic illnesses. The focus lies on the practical application of the ICF and its philosophy, beyond mere coding.

Methods: Based on interdisciplinary practical experience in the treatment of conditions such as ADHD and autism in various psychosocial care settings, the specific approach will illustrate how the five ICF components and the nine life domains can be used to systematically assess needs, resources, and participation goals. Particular emphasis is placed on participatory communication, joint goal setting with the child and parents, and interdisciplinary collaboration and communication with other involved institutions. Therefore, new instruments will be needed and skills developed further, in order to optimize involvement of everybody important to the process.

Results: The ICF enables a multi-perspective, resource-oriented approach and promotes a common language among professional groups. It supports professionals in shifting the focus from deficits and symptoms to everyday participation, skills, and the wishes of children. This strengthens the involvement of children and families, reduces the workload for professionals, and improves the quality of care. This is especially true for common neurodevelopmental disorders such as ADHD and ASD, which benefit from early, efficient and tailored treatment, in order to favorably influence the prognosis and reduce comorbidities, as will be demonstrated from the first implementation experiences.

Discussion: A consistently participation-oriented application of the ICF represents a key component of future-oriented psychosocial care, which individually complements the coding of ICD diagnoses. It also empowers child and adolescent psychiatrists to not only provide medical and therapeutic treatment for chronically ill children and adolescents, but

also to sustainably support them and their families in their daily lives, self-efficacy, and social participation.

OP-03

Adolescent Mood Disorders: Trajectories, Interventions, and Conceptual Challenges

Gender and geographical variation in the prevalence and correlates of depressive and anxiety symptoms among adolescents in Nigeria

Submitter: Simeon Olaoye, Nigeria

Co-Authors: S. Olaoye, O. Omigbodun, I. Kusi-Mensah, R. Tamambang, O. Ogundipe

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Mental health problems, particularly depression and anxiety, are a leading cause of disability among adolescents, impacting their ability to function in various aspects of their lives. In Nigeria, these mental health problems are aggravated by factors such as socioeconomic instability and violence, which vary by location and gender. Despite this growing concern, there is a gap in research on how gender and geographical differences influence the prevalence of depression and anxiety in adolescents in Nigeria. This study aims to examine gender and geographical differences in the prevalence of depressive and anxiety symptoms among adolescents in Nigeria and to identify the associated correlates of these mental health outcomes.

Methods: This study utilized data from round 6 of the Nigeria Multiple Indicator Cluster Survey (MICS). The analysis included 12,307 adolescents aged 10-17 years from all geopolitical zones in Nigeria. The outcome variables were depressive and anxiety symptoms. Depression and anxiety were measured using caregiver-reported frequency regarding how often the child appeared sad/depressed and anxious/nervous/worried. Explanatory variables included age, gender, education level, mother's education, ethnicity, wealth quintile, area of residence, and geopolitical zone. Stata version 16 was used for data analysis. The data were weighted to ensure representativeness of the survey. Multinomial logistic regression was utilized to identify the predictors of depressive and anxiety symptoms as well as their variations by gender and geographic region. Additionally, ArcGIS 10.8.1 software was employed to visualize the variation in the prevalence of depression and anxiety symptoms across the six geopolitical zones in Nigeria.

Results: Among the participants, 18% experienced depressive symptoms daily or weekly, while 20% experienced anxiety symptoms. The highest prevalence of depressive and anxiety symptoms was observed in the North-West region, with 6.2% reporting depressive symptoms and 6.4% reporting anxiety symptoms daily or weekly. Adolescent girls residing in the South-East were likely to experience anxiety symptoms frequently compared to those in the North-Central region (RRR = 1.85, 95% CI: 1.42-2.42, $p < 0.001$). Girls in the South-West (RRR = 0.12, 95% CI: 0.08-0.17, $p < 0.001$) and South-South (RRR = 0.56, 95% CI: 0.43-0.72, $p < 0.001$) had lower likelihoods. Adolescent boys residing in the South-East had higher anxiety likelihood compared to those in the South-West and South-South. Residing in the rural areas was associated with increased likelihood of anxiety among adolescents.

Discussion: This study shows about 20% of adolescents in Nigeria experience depressive

and anxiety symptoms at least daily or weekly, with variations across geographical regions. The prevalence of depressive and anxiety symptoms is similar in both adolescent girls and boys with particularly high rates observed in the North-West region. Factors such as lower maternal education and household wealth, as well as living in rural areas, contribute to increased vulnerability to these mental health problems. Understanding these dynamics is crucial for developing targeted interventions and policies that address the specific needs of adolescents in Nigeria taking into account gender and geographical location with the goal of promoting their overall well-being.

OP-03-002

Mentalization Profiles of Adolescents with Internalising Disorders: Differential Domain-Specific Impairments Compared to Typically Developing Adolescents in South Asia

Submitter: Arushee Wahi, India

Co-Authors: A. Wahi, B. Roopesh, J. Kommu

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Background and Objective: Adolescence is a sensitive period for mentalization development and marks the onset and exacerbation of psychiatric conditions. Mentalization impairments are transdiagnostic, but the literature largely focuses on younger children and adults in Western cultures, with limited exploration in adolescents. This study aimed to explore the differences between mentalization profiles of adolescents with internalising disorders (AID) and typically developing adolescents (TDA) in India.

Methods: Methods: The sample included 166 adolescents (aged 12-17), divided into the AID group (N = 84; Mean age = 15.4±1.6) diagnosed with either depression, anxiety, or somatoform/dissociative disorders (excluding other psychiatric comorbidities); and the TDA group (N = 82; Mean age = 15.3±1.6) without any psychiatric illness, group-matched on age, gender, and education. The Mentalization Scale (which yields 3 domains of Self-Mentalization, Other-Mentalization and Motivation to Mentalize) and Reflective Functioning Questionnaire for Youth were administered.

Results: Results: Independent t-tests revealed the AID group had significantly ($p < 0.05$) lower 'Self Mentalization' (Small effect size, Cohen's $d = 0.31$) and 'Overall Mentalization Ability' (Large effect size, Cohen's $d = 0.63$). No significant differences were found in 'Other-focused Mentalization' and 'Motivation-to-Mentalize' domains between the two groups.

Discussion: Discussion: This study highlights differential impairments in mentalization domains between AID and TDA within the under-researched Asian context. Despite comparable motivation, AID showed impairments in Self-mentalization, which can contribute to maladaptive coping strategies. However, Other-focused Mentalization remained at par, possibly due to the adolescent developmental stage and higher anxiety in AID, both of which contribute to prioritising others' perspectives. These findings and discussion provide novel insights into mentalization profiles of adolescents through a developmental lens. This has implications for developing formulations and targeted interventions addressing these transdiagnostic vulnerabilities in adolescents.

OP-03-003

The Brief Psychosocial Intervention in the Singaporean Context

Submitter: Jeremy Heng, Singapore

Co-Authors: J. Heng

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: The Brief Psychosocial Intervention (BPI) was developed in the United Kingdom and is included in the NICE guidelines for treating depression.

Sharing the experience of implementing evidence-based treatment of adolescent depression in the Singaporean context.

Methods: Adolescents with depression were recruited into our pilot and treated using BPI. Pre and post intervention measures were obtained.

Results: Some patients achieved remission in as little as 6 sessions of BPI. However, there were some patients whose depressive symptoms did not improve despite multiple sessions.

Discussion: It is likely that the complex nature of the patients with depression that had multiple comorbidities such as Autism Spectrum Disorders or Post Traumatic Stress Disorder limited the usefulness of the BPI intervention. BPI might be more suitable for milder cases in the community setting.

OP-03-004

Exercise versus leisure activities for adolescents with depression: a multicentre randomised controlled trial

Submitter: Rebecca Mortazavi, Sweden

Co-Authors: R. Mortazavi, T. Cronqvist, Å. Mårzell, K. Ingemarsson, O. Rask, A. Ivarsson, E. Serlachius, M. Cervin, M. Lalouni, H. Jarbin

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Adolescent depression is common and associated with a range of negative consequences, and available treatments are often insufficient. Exercise is recommended for mild to moderate depression in adults, and meta-analyses in adolescents have shown beneficial effect, but findings are limited by methodological weaknesses, resulting in low certainty. Consequently, exercise is currently not recommended for adolescent depression. We addressed previous methodological weaknesses through a preregistered, multicentre, randomised controlled trial (RCT) conducted in a clinical outpatient sample, comparing group aerobic exercise with group leisure activities for adolescents with depression.

Methods: The study was a multicentre RCT conducted in Sweden with 125 adolescents aged 13-17 with mild to moderate depression, randomised to group aerobic exercise or group leisure activities three times a week for 12 weeks. Diagnoses were verified before inclusion with Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (KSADS-PL). Participants were assessed at baseline and 13 and 26 weeks post-randomisation by psychiatrists masked to group allocation. Primary outcome was clinician-rated Children's Depression Rating Scale-Revised (CDRS-R) at week 13 for the intent-to-treat sample. Secondary outcomes were CDRS-R at week 26, Clinical Global Impression - Severity, and - Improvement, psychosocial functioning (Children's Global Assessment Scale), self-rated depressive symptoms (Quick Inventory of Depressive Symptomatology Adolescent version-17), and self-rated well-being (Outcome Rating Scale) at weeks 13 and 26, as well as aerobic capacity (VO₂max) at week 13.

Results: Participants had a mean age of 15.2 years (SD=1.28), 82% were girls, with mean depression duration 21.8 months (SD=18.7) and comorbidities were common (e.g., anxiety disorder 63%, ADHD 58%). Most participants (59%) were receiving an antidepressant and 30% had been treated with two or more antidepressants. For the primary outcome, CDRS-R, there was no difference at week 13 ($P=0.348$, Cohen's $f=0.085$). For participants with an attendance $\geq 50\%$ ($n=75$), exercise improved VO₂max ($P=0.026$) at week 13. No between-group differences were observed for any other secondary outcome, although numerically the exercise group fared better for all measures. Post-hoc analyses suggested that exercise was superior for the core depressive symptoms sadness and irritability. Response rates were superior for the exercise group among participants with an attendance $\geq 50\%$ ($P < 0.05$) at week 13.

Discussion: We found no difference on overall depression severity (CDRS-R) between 12 weeks of group exercise and group leisure activities for adolescents with depression, although both groups improved. These findings differ from previous studies suggesting that exercise may be beneficial. This disparity may reflect our robust study design, including the use of an active control group and the recruitment of a severely affected, consecutively enrolled clinical outpatient sample. The sample's high degree of impairment and substantial comorbidity may have reduced attendance (52% in exercise and 55% in leisure sessions vs 70-77% in previous exercise studies), potentially underestimating the effect of exercise. However, for participants with attendance $\geq 50\%$, post-hoc analyses suggested that more responded at week 13 and exercise may be more effective than leisure activities for the core depressive symptoms sadness and irritability.

OP-03-005

Parent- and Family-Focused Interventions for Children at Familial Risk of Bipolar Disorder: A Systematic Review of Efficacy, Acceptability, and Mechanisms of Change

Submitter: En-Nien Tu, United Kingdom of Great Britain and Northern Ireland

Co-Authors: E. Tu, K. Saunders, C. Creswell

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Offspring of parents with Bipolar Disorder (BD) face significantly elevated psychopathology risk. Since pharmacotherapy is often limited by minimal efficacy and safety concerns (e.g., metabolic effects), effective psychosocial alternatives are urgently needed. Recent research identifies the family environment as a critical intervention target. For instance, a meta-analysis highlighted the family environment as a key driver of risk transmission (Tu et al., 2024), while a qualitative meta-synthesis specified that parental BD affects children through disruptions in parenting consistency, support, and illness communication (Tu et al., 2025). Crucially, these findings imply that parents' lived experience can be transformed into a unique resource for empathy and support. Thus, parent- and family-focused interventions offer a robust strategy to target these pathways. This systematic review aims to synthesize evidence on the efficacy, acceptability, and mechanisms of such interventions for offspring at familial risk of BD.

Methods: Adhering to PRISMA 2020 guidelines and PROSPERO registration, we conducted a systematic search across Medline, Embase, PsycINFO, and Cochrane for randomized controlled trials and cohort studies. The review targeted children (aged 0-18) at familial risk of Bipolar Disorder (BD) receiving parent- or family-focused interventions. Independent reviewers screened records and assessed quality using RoB-2 and ROBINS-I tools. Given substantial heterogeneity in study designs and populations, a meta-analysis was precluded. Instead, we employed a qualitative synthesis to evaluate child psychopathology, parenting/family functioning, and intervention acceptability (inferred from retention and engagement metrics). Effect sizes (Cohen's d, Hazard Ratios) were calculated to quantify efficacy. Furthermore, study-level mediation and moderation analyses were conducted to identify mechanisms of change (e.g., via parenting stress or family functioning) and predictors of treatment response (e.g., baseline severity, child age), clarifying distinct pathways of risk and resilience.

Results: The review identified 12 eligible studies (7 trials, N=442) with outcomes varying by developmental stage. For pre-adolescents (3-11), targeting parental factors (e.g., IBPI), online parent-only interventions reduced child psychopathology ($d=0.89$), improved parenting competence ($d=0.58$) and stress ($d=0.51$) versus waitlist. Parallel parent-child groups were associated with reduced parenting stress and improved interactions (e.g., negativity, mutuality). For adolescents (9-17), targeting family factors (e.g., FFT) delayed new mood episodes ($HR=0.59$), hastened depression recovery ($HR=2.63$), and reduced suicide risk versus enhanced care. Mediation analyses revealed distinct pathways:

reductions in parenting stress and negativity mediated decreases in offspring internalizing and externalizing symptoms, whereas improved family functioning and reduced conflict mediated adolescent mood recovery and suicidal ideation reductions. Interventions were particularly effective for youth with high baseline suicidality or familial expressed emotion.

Discussion: This review confirms that parent- and family-focused interventions are effective and acceptable for offspring at familial risk of BD, often outperforming available child-focused therapies like mindfulness or IPSRT which struggle with engagement. Crucially, efficacy relies on developmentally tailored strategies: parent-focused interventions for pre-adolescents target parenting quality to reduce psychopathology, whereas family-focused skill-building (e.g., FFT-HR) for adolescents addresses conflict and delays mood episodes. Mechanistically, these interventions function by fostering positive family environments, reducing stress, and potentially normalizing neurobiological stress responses. However, significant limitations exist. The heterogeneity of studies precluded meta-analysis, and the reliance on small, predominantly Western samples limits generalizability to diverse cultural contexts. Furthermore, methodological risks like lack of blinding and reliance on self-reports mandate cautious interpretation. Ultimately, these findings underscore the necessity of stage-specific family-based approaches to address unmet clinical needs where pharmacological options remain limited.

OP-03-006

Predictors of conversion from major depressive disorder to bipolar disorder in adolescents: a prospective study

Submitter: Huanzhong Liu, People's Republic of China

Co-Authors: H. Liu, L. Xia, L. Liu

Topic: Specific CAP Conditions / e. Anxiety and Mood Disorders

Objective: Many adolescents with bipolar disorder (BD) are initially misdiagnosed with major depressive disorder (MDD), which delays timely treatment. However, it is difficult to differentiate between MDD and BD at an early stage due to the similarity of early symptoms. This study aimed to investigate the rate and clinical predictors of conversion from MDD to BD in Chinese adolescents.

Methods: From January 2021 to November 2024, we conducted this cohort study and included 242 adolescents with MDD at baseline. All patients were followed up for more than 3 year and were categorized into a conversion to BD group (n=39) and a remained MDD group (n=203) based on follow-up diagnosis. We measured patients' suicide attempt, non-suicidal self-injury (NSSI), psychotic symptoms, depression severity, Internet addiction (IA), excessive daytime sleepiness, insomnia and suicidal ideation (SI) based on clinical interviews and scale assessments. Statistical analyses were conducted using SPSS 23.0. Logistic regression was applied to analyze the independent influences on the conversion from MDD to BD. The predictive value of each independent risk factor for such conversion was evaluated by receiver operating characteristic (ROC) curve.

Results: In this study, the rate of conversion from MDD to BD was 16.1%. At baseline, patients who converted to BD were more likely to be females, had a younger age of onset, and were more likely to have comorbid suicide attempt, NSSI, and psychotic symptoms, with higher severity of depression, insomnia, and SI, and lower levels of IA (all $P < 0.05$).

Discussion: Depressed adolescents had a higher overall risk of conversion to BD in China. This study initially identified risk factors for such conversion from adolescent MDD to BD and developed a predictive model. The model will enable early identification of risk groups and the application of more targeted interventions to improve clinical prognosis.

OP-04

Global Youth Mental Health: Access, Adaptation and Cultural Perspectives

OP-04-001

When Services Are Near But Underutilised: Understanding Perceptions, Beliefs and Help-Seeking Prompts Among Caregivers Living in Proximity to Child and Adolescent Mental Health Services in Ibadan, Nigeria

Submitter: Oluwabukola Falola Adeoye, Nigeria

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Topic: Transcultural Child and Adolescent Psychiatry

Objective: Child and Adolescent Mental Health (CAMH) disorders are increasingly recognised as a global public health priority which affect the emotional, behavioural and developmental wellbeing of individuals from early childhood through adolescence. Though Nigeria has one of the highest mental health treatment gaps globally with a ratio of one psychiatrist per 700 000 people, research still indicates that the available formal biomedical services are underutilised. While existing quantitative research identifies symptom perceptions, explanatory models, stigma, and structural barriers as determinants of help-seeking behaviour, there is limited evidence on how perceptions of child mental health, and beliefs about causation interact when services are geographically accessible. This study addresses that gap by exploring perceptions, help-seeking prompts, and belief systems among guardians in Ibadan, Nigeria where CAMH services are available but underutilised. The findings aim to inform culturally responsive interventions and policies to improve service uptake and support community-relevant CAMH strategies.

Methods: This qualitative study is part of a larger mixed-methods project aimed at improving the utilisation of child and adolescent mental health (CAMH) services in Ibadan, Nigeria. Participants were recruited from residential areas located within a 10-kilometre radius of the Child and Adolescent Psychiatry Clinic (CAP clinic), at the University College Hospital (UCH), the only public specialist CAMH clinic in the region. A total of 24 guardians participated in the qualitative interviews. They were purposively selected from a larger pool of 442 guardians who had participated in the quantitative phase of the study. A semi-structured interview guide was used to explore participants' knowledge, beliefs, and experiences regarding child mental health. Transcripts were translated into English where necessary, and uploaded into ATLAS.ti 25 software for data management and coding. Data was analysed thematically, using Braun and Clarke's (2006) six-step framework for thematic analysis.

Results: 19 (79.2%) female and 5 (20.8%) male caregivers participated in the study. The mean age of the caregivers was 46.38 years, with most participants falling within the 41-60year age range. Findings from the study indicate that most guardians of children and adolescents living near CAMH services in Nigeria have moderate knowledge of signs, symptoms, and causes of childhood mental illness. However, participants from slum communities and with limited education were more likely to express skepticism about the

existence of mental illness in children, often framing it as rare or inconceivable. Furthermore, caregivers identify traditional and faith-based healing, biomedical care, and integrative approaches as possible responses to CAMH challenges. However, they affirm affordability, stigma and geographical proximity as barriers to care. Although interviews were conducted with guardians residing within a 10 km radius of the CAP clinic, several participants reported having no knowledge of the clinic.

Discussion: This study explores the perceptions, beliefs and help-seeking behaviour of caregivers living in proximity to CAMH services in Ibadan, Nigeria using semi-structured interviews. It provides additional insight on facilitators and barriers to care in populations with geographical accessibility to CAMH services. It fills the gap in literature on likely reasons for the underutilisation of formal CAMH services in Nigeria despite the wide treatment gap in the country. Given the findings on symptoms recognition, perceived causes, affordability of care and stigma, we hope that this study can inform the development of appropriate sensitisation programs that can encourage utilisation of CAMH services for guardians and other stakeholders involved in the care of children and adolescents with mental health disorders in Nigeria.

Transcultural Inequities in Bullying Roles: First-Generation Immigrant Adolescents in Finland Are Disproportionately Bully-Victims

Submitter: Jing Zhou, Finland

Co-Authors: J. Zhou, H. Farahani, T. Toikko

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Immigrant youth face elevated risks of bullying involvement, yet role-specific patterns and generational differences remain understudied. Most research examines victimization alone, potentially obscuring concentrated risk in dual involvement as both victim and perpetrator. Using a national Finnish school-based survey, we examined whether bullying role distributions differ across immigrant background groups, whether disparities are concentrated in bully-victim involvement, and whether associations persist after accounting for classroom climate, teacher support, and sociodemographic, family, and peer factors. We also assessed whether bullying roles show distinct psychosocial profiles in depressive symptoms, anxiety, loneliness, life satisfaction, and school belonging. Findings can inform equity-oriented prevention by identifying high-risk immigrant subgroups and school factors linked to smaller disparities in increasingly diverse schools.

Methods: Cross-sectional data from 130,269 Finnish adolescents (ages 13-18) in the 2019 School Health Promotion Study were analyzed. Youth were classified as uninvolved, victim-only, bully-only, or bully-victim based on self-reported victimization and perpetration during the current school semester. Immigrant background was categorized as Finnish background, mixed parentage, second generation, or first generation. Multinomial logistic regression estimated relative risk ratios (RRR) for each bullying role (vs uninvolved) with sequential adjustment for gender, age, school type, family economic strain, close friendship, classroom climate, and teacher support. General linear models compared five psychosocial outcomes across roles with Bonferroni-adjusted pairwise tests.

Results: First-generation youth showed higher bully-victim prevalence than Finnish background youth (14.4% vs 6.3%). First-generation youth had elevated bully-victim involvement in unadjusted analyses (RRR = 2.641, 95% CI [2.405, 2.900]) and remained at increased risk after full adjustment (RRR = 1.993, 95% CI [1.794, 2.215]). First-generation youth also showed higher bully-only involvement after full adjustment (RRR = 1.287, 95% CI [1.125, 1.473]). Mixed parentage youth also showed modestly elevated bully-victim risk (RRR = 1.129, 95% CI [1.035, 1.232]). Second-generation youth did not differ from Finnish background youth after covariate adjustment. Role profiles differed on a 0-10 scale: bully-victims reported the highest depressive and anxiety symptoms, victim-only youth reported the highest loneliness and the lowest school belonging, and bully-only youth reported the highest school belonging.

Discussion: Bully-victim disparities were concentrated among first-generation immigrant youth and persisted after accounting for classroom climate and teacher support, suggesting additional processes such as identity-based harassment, acculturative stressors, or limited access to protective peer and adult relationships. Role-specific profiles imply differentiated needs: bully-victims may require integrated responses addressing both protection and behavioral regulation, whereas victim-only youth may benefit from strategies strengthening peer connection and school belonging. Findings support equity-oriented prevention combining universal classroom practices with role-sensitive identification and culturally responsive follow-up, highlighting the value of assessing diversity-specific school climate beyond general support measures. Culturally responsive follow-up should include assessment of discrimination-related peer dynamics and tailored support combining safety planning with skills-based behavioral regulation for bully-victims. Future research should examine temporal ordering and whether such interventions can reduce inequities among immigrant youth.

The Interplay of Gender on the Prevalence and Correlates of Depression Among Young People Living with HIV in Nigeria

Submitter: Oluwatosin Elizabeth Ogundipe, Nigeria

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Topic: Transcultural Child and Adolescent Psychiatry

Objective: The purpose of the study was to explore the gender similarities and differences in the prevalence and correlates of depression among young people living with HIV (YPLHIV) in Nigeria

Methods: The study utilised data collected as part of the baseline assessment of the Intensive Collaboration Approach to Roll Back the Epidemic in Nigerian Adolescents (iCARE) Treatment study in Nigeria. This was a randomised, stepped-wedge trial of a combination intervention involving peer navigation and text message reminders, delivered to youth over a 48-week period, aimed at promoting viral suppression in six treatment sites in Nigeria. Patients aged 15-24 years who were on antiretroviral therapy for at least 3 months were recruited from the clinics and received the intervention. The analysis included a sample of 541 youths (aged 15-24 years) retrieved from the data. The outcome variable (Depression) was assessed using the Patient Health Questionnaire Version 9 (PHQ-9). Multivariate logistic regression was employed to identify predictors of depression in both the male and female genders. The level of significance was set at 0.05.

Results: The mean age was 18.47 ± 2.43 years, and 54% were females. The prevalence of depression was 29.2%, with prevalence higher in females (33.6%) than in males (24.1%) ($\chi^2=5.82$, $p = 0.02$). The prevalence of depression varied significantly across treatment sites ($p < 0.001$). The highest prevalence was observed at Jos University Teaching Hospital (45.2%), followed by Lagos State University Teaching Hospital (36.3%), Lagos University Teaching Hospital (27.5%), Olabisi Onabanjo University Teaching Hospital (24.6%), the Infectious Disease Institute, University of Ibadan (23.3%), and Nigerian Institute of Medical Research (12.4%). Medication adherence barriers and HIV related stigma were similar predictors of depression in both males and females. However, lifetime substance use ($aOR = 1.99$, $p = 0.035$) was associated with depression among males, while HIV status disclosure ($aOR = 3.99$, $p < 0.001$) was associated with depression among females.

Discussion: The prevalence of depression among YPLHIV is high, with 3 out of 10 young people having depressive symptoms. This is consistent with findings from other studies showing a high mental health burden in this population. The higher prevalence among females may be due to gender-specific stressors and socio-cultural factors affecting young women living with HIV in Nigeria. Medication adherence barriers and HIV-related stigma were common predictors of depression across genders, gender-specific factors were

observed. For the young females, having disclosed HIV status, while for the males, lifetime substance use was the major predictor of depression. These findings highlight the necessity for focused mental health interventions in HIV care programs for young people, particularly gender specific interventions that address substance use in males and HIV status disclosure in females. Overall, integrated mental health support should be prioritised in HIV treatment programs for young people living with HIV

OP-04-004

Across Borders and Between Worlds: Advancing Mental Health Care for International Students

Submitter: Yun Feng, United States of America

Co-Authors: Y. Feng

Topic: Transcultural Child and Adolescent Psychiatry

Objective: International students represent a rapidly growing and highly diverse population in U.S. education, with nearly 1.18 million students from more than 200 countries enrolled in the 2024-2025 academic year. They face stressors that differ markedly from those of domestic students, including cultural adjustment, language barriers, discrimination, social isolation, and complex bureaucratic demands. These challenges contribute to academic strain and mental-health vulnerabilities and often intensify during periods of crisis or academic disruption, creating additional logistical and emotional burdens. Longitudinal data from a study surveying 44,560 international students between 2015 and 2024 reveal substantial increases in mental-health symptoms over time, including rising rates of depression, anxiety, and suicidal ideation. This presentation aims to examine these evolving needs, elucidate unique vulnerabilities, and identify opportunities to strengthen institutional supports and develop clinical care pathways for this often overlooked population.

Methods: This session will use a mixed-format, highly interactive approach to examine the mental-health needs of international students in the United States. First, it will provide a systemic overview by synthesizing epidemiologic data, national survey findings, and observations from both academic and healthcare settings. Second, it will highlight the cultural, linguistic, academic, and structural factors that contribute to psychological distress and create barriers to effective care. Third, the presentation will introduce collaborative care models that integrate academic institutions, healthcare systems, and family networks to enhance continuity, cultural responsiveness, and timely intervention. Finally, an interactive case-based dialogue will guide participants in developing practical strategies to navigate periods of academic interruption, manage crises across borders, and support students with limited local resources.

Results: Attendees will gain a nuanced understanding of the increasing mental health needs of international students and the distinctive stressors that shape their experiences. Participants will identify the critical gap between the specialized care this population requires and the support currently available within institutional and healthcare systems. The presentation will facilitate child and adolescent psychiatrists to reflect on how current clinical frameworks can be adapted to more effectively support international students. Through this process, participants will explore opportunities to incorporate culturally informed approaches, integrate fragmented communication pathways, and build stronger partnerships with academic institutions. Ultimately, the session aims to inspire the

development of tailored, collaborative, and culturally attuned interventions within participants' own practices and affiliated school systems.

Discussion: Providing high-quality mental health care to international students presents distinctive and complex challenges. Strengthening provider knowledge and skills, while developing tailored models within existing systems of care, is essential to supporting the well-being of this vulnerable population. Key areas for future effort include improving clinicians' ability to recognize distress in students who may underreport symptoms, reducing fears and stigma that discourage help-seeking, enhancing coordination when families and healthcare providers are dispersed across countries, and ensuring continuity of support throughout academic and personal transitions. System-level strategies, such as proactive outreach, cross-cultural competency training, and coordinated crisis planning, are critical to creating more inclusive, equitable, and sustainable models of mental health care for international students.

OP-04-005

The Cultural Adaptation of Mental Health Measures for Youth Living with HIV in Western Kenya

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Topic: Transcultural Child and Adolescent Psychiatry

Objective: Mental health plays a critical role in shaping health outcomes and care trajectories for youth living with HIV (YLHIV), making the early identification of mental health concerns an essential component of comprehensive HIV care. Brief mental health screening tools are commonly used in clinical and research settings to identify youth with potential psychiatric disorders and monitor symptoms over time. However, many widely used tools were developed in Western contexts or for adults and may not be valid for youth in other settings without careful translation and cultural, contextual, and developmental adaptation. In Kenya, limited work has been done to adapt and validate existing mental health tools for youth. Prior to launching a prospective cohort study of YLHIV in Kenya, we aimed to adapt a battery of commonly used screening tools for depression, anxiety, trauma, and Post-Traumatic Stress Disorder (PTSD) culturally, contextually, and developmentally for this population.

Methods: Using recommended approaches for cross-cultural measure adaptation, we adapted English and Kiswahili versions of the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Life Events Checklist for the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), Child PTSD Symptom Scale, and PTSD Checklist for DSM-5. Initial versions were produced following an iterative process of independent translation to Kiswahili, backtranslation to English, and expert panel review by a team of Kenyan and North American pediatricians, psychiatrists, and research staff. Thirty YLHIV (ages 15-24 years) were recruited from an adolescent health clinic in Eldoret, Kenya to participate in cognitive interviews assessing their understanding of the measures' instructions, items, and response options. Purposive sampling was used to balance participant sex, age, and language of participation. Interview transcripts were qualitatively coded and thematically analyzed. Results were used to adapt the tools and evaluate their face validity for this population.

Results: Half of participants were female (versus male; n=15) and ages 15 to 17 years (versus 18-24 years; n=15; average age 18.3 years). Half participated in Kiswahili (versus English; n=15). Most were currently attending school (n=23; 77%) and had some secondary education (n=17; 57%). Each measure required multiple changes to the instructions, items, and/or response options in both English and Kiswahili to achieve face validity for Kenyan YLHIV. Examples include removing idioms without local cultural relevance (e.g., "on edge") and rewording items to better reflect local language use and improve comprehensibility.

The traumatic events and PTSD symptom measures required the most modification. In stories of their personal experiences with psychiatric symptoms, YLHIV often described symptoms or used terms that were not captured on the tools. Some suggested that the measures should be available in a mixed language format or youth slang.

Discussion: Widely used mental health screening tools may require substantial cultural, contextual, and developmental adaptation to achieve face validity among youth populations that differ from those for whom the tools were originally developed. Even with rigorous adaptation, these tools may fail to capture the symptoms most salient to youth in different settings or terminology they often use, particularly if they are not conceptually equivalent to items on the original measures. In addition, standard practices of administering tools in a single language may pose challenges to work conducted in dynamic linguistic environments, such as Kenya, where youth routinely mix languages with varying proficiency. While rigorous adaptation is essential, these issues pose important limitations to the application of common mental health screening tools in new populations. There is a critical need for more research to establish the validity of brief mental health screening tools for youth globally.

Empowering Indigenous Adolescents: The Cultural Evolution of the Sô-khyôm Life Skills Program

Submitter: Sharad Philip, India

Co-Authors: S. Philip, L. Jamir, A. Singha

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Life Skills (hereon referred to as 'LS') serve as vital psychosocial determinants for navigating daily complexities. While the NIMHANS life skills module provides an established framework based on WHO core competencies, its application remains limited among indigenous populations in Northeast India due to a lack of sociocultural tailoring. This study aims to bridge this gap by culturally and linguistically adapting the NIMHANS curriculum for indigenous adolescents in Assam.

The primary objective is to develop a socially relevant intervention through a systematic adaptation process. Secondly, the study seeks to document and analyze the procedural challenges and stakeholder reflections encountered during the adaptation phase. By providing a transparent reporting of these complexities, this research intends to establish a methodological framework for future LS implementations in diverse, marginalized contexts.

Methods: This study employed a descriptive qualitative design to systematically adapt an LS module for indigenous adolescents in Northeast India. The adaptation utilized a multiphase, non-linear framework incorporating WHO-recommended translation and back-translation protocols. An interdisciplinary team of experts in psychiatry and community health collaborated with indigenous psychologists, who were trained as facilitators to ensure cultural fidelity. Linguistic adaptation integrated Large Language Models (LLMs) for initial forward translation to optimize readability, followed by rigorous validation by linguistic experts. The methodology included in-depth interviews with school stakeholders and focus group discussions with students. Qualitative data were analyzed through thematic immersion, facilitating iterative refinements to the module and facilitator guide. This dual-layered approach ensured the final intervention was socio-linguistically congruent with the target indigenous population.

Results: The NIMHANS LS Training curriculum consists of three progressive levels designed for adolescents aged 13 to 15; however, this study implemented only Level 1, specifically targeting 13-year-old adolescents. Qualitative analysis of stakeholder interviews and facilitator reflections identified significant sociocultural and linguistic barriers to intervention fidelity. Findings necessitated extensive content modification to align with local norms and school environments. Linguistic evaluation revealed that direct English-to-Assamese translation of specific prompts risked misinterpretation. To optimize cultural acceptability, sensitive modules regarding sexual health were restructured. While essential didactic information was retained for facilitators, specific interactive activities

were removed to respect local sensitivities. Further contextualization included the adaptation of character profiles, dietary references, and health myths. Menstrual health content was specifically redesigned for gender-inclusive delivery. This iterative process resulted in the finalized Sô-khyôm manual, providing a linguistically and culturally congruent framework for indigenous adolescents.

Discussion: The findings underscore the necessity of systematic linguistic and cultural adaptation to ensure the access of LS Interventions among indigenous adolescents. By addressing semantic nuances and cultural sensitivities, the study enhanced the contextual relevance and acceptability of an already available life skills curriculum. The resulting Sô-khyôm manual represents a collaborative integration of LS frameworks and indigenous perspectives. This research provides methodological precedent for developing culturally congruent health education in diverse settings. The Sô-khyôm program serves as a scalable model for implementing LS training within similar marginalized or resource-constrained communities. This approach ultimately promotes equitable access to psychosocial support by bridging the gap between available LS frameworks and local sociocultural realities. The intervention's high acceptability among facilitators supports its future application to Levels 2 and 3. The capacity for cultural modification makes this framework a resource- efficient alternative to developing entirely new curricula for local populations.

Bridging Cultures in Digital Mental Health: Co-design and Preliminary Feasibility of the Online Support and Intervention (OSI) for Child Anxiety in Taiwan

Submitter: En-Nien Tu, United Kingdom of Great Britain and Northern Ireland

Co-Authors: E. Tu, K. Hsieh, P. Chen, T. Reardon, C. Creswell

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Childhood anxiety is the most prevalent mental health challenge in Taiwan, yet stigma and workforce shortages significantly limit access to evidence-based care. To address this gap, this study aims to rigorously localize the "Online Support and Intervention" (OSI) platform: a parent-led CBT program originally developed in the UK for the Taiwanese context (OSI-TW). This presentation reports findings from the "Alpha Phase" (Wave 1), which integrated an uncontrolled case series (N=10) with iterative co-design workshops involving Expert Reference Groups of parents, children, and professionals. Utilizing an Agile Development framework, the primary objective was to identify and resolve linguistic, cultural, and usability barriers, thereby validating the platform's "cultural fit" and optimizing the protocol prior to a definitive pilot randomized controlled trial.

Methods: We employed a "co-design" and "agile adaptation" methodology. The study involved two key streams:

- Expert Reference Groups (ERGs): Comprising parents, children (aged 6-12), and clinicians, conducting rigorous reviews of translated content to ensure cultural appropriateness.
- Field Testing (Alpha Cohort): Ten families (N=24) with children meeting ADIS-P criteria for anxiety disorders were recruited. Parents completed the 8-module OSI-TW v1 program (delivered via Qualtrics) with weekly brief therapist support. Data collection included pre- and post-intervention measures of child anxiety (RCADS-25-P) and functional impact (CAIS-P). Crucially, qualitative "process-evaluation interviews" were conducted to gather feedback on language clarity, user experience, and cultural relevance (e.g., alignment with Taiwanese parenting values).

Results: Preliminary data from the Alpha Phase case series (N=24) demonstrate strong feasibility, with a 90% retention rate and high module completion. While the sample was not powered for efficacy, we observed a promising trend of reduction in parent-reported anxiety symptoms (RCADS-25-P) and functional impairment (CAIS-P) from baseline to post-treatment. Crucially, the co-design process with Expert Reference Groups provided rich qualitative data, identifying specific areas where Western-based protocols diverged from local parenting norms and daily stressors. These insights drove substantial iterative refinements to both the clinical content and user interface, ensuring the resulting OSI-TW v2 is culturally congruent and optimized for the upcoming pilot RCT.

Discussion: This study provides the first empirical evidence for the cultural transferability

of a digital parent-led CBT platform in Taiwan. The findings suggest that while the core "transdiagnostic" mechanisms of CBT (e.g., exposure) are universally applicable, the delivery requires careful cultural calibration, specifically regarding parenting communication styles and academic pressures. The "co-design" process proved essential in identifying barriers that linear translation would miss, confirming the value of the Agile Development framework in cross-cultural implementation. By integrating these bio-behavioural and experiential insights, OSI-TW is now optimized for the subsequent pilot RCT. This project paves the way for a scalable, destigmatized "Identification-Intervention" model to address the unmet mental health needs of Taiwanese youth.

OP-05

Transcultural Psychiatry: From capacity building to global perspectives

Intercultural competence in child and adolescent psychiatry, psychotherapy and pediatric medicine

Submitter: Matthias Klosinski, Germany

Co-Authors: M. Klosinski

Topic: Transcultural Child and Adolescent Psychiatry

Objective: According to the Federal Statistical Office, more than one in three children in Germany have a migrant background, and there are increasing calls for intercultural competence to be recognised as a key qualification for professionals. The aim of the first study was to assess and highlight the relevance of intercultural competence in child and adolescent psychiatry and psychotherapy by taking a rough inventory of prior knowledge regarding intercultural competence, and analyzing the need for training opportunities. A respective study is conducted in the field of pediatrics.

Methods: An online survey was conducted, supported by the German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy and distributed nationwide via the central mailing list. Existing items for assessing cognitive, affective and behavioral aspects of intercultural competence from a German short scale were supplemented with aspects relevant to child and adolescent psychiatry and developmental psychology. In the ongoing pediatric survey, the German Society for Social Pediatrics and Adolescent Medicine's Committee for Transcultural Pediatrics conducts a cross-sectional study among pediatric residents and specialists in Germany, using a self-developed questionnaire with 33 items on need for and availability of intercultural training, complemented by a standardized questionnaire on intercultural competencies (CCCHP-27).

Results: Of the N=142 participants of the survey in child and adolescent psychiatry, 95 % considered cultural differences to be relevant in their work. However, over 80% had never attended intercultural training courses, and over 90% would like to receive such training. Neither the profession practiced nor the number of years of professional experience to date proved to be significant predictors in this regard. First results of the pediatric survey show similar tendencies for the field of pediatric medicine.

Discussion: Child and adolescent psychiatrists and psychotherapists considered intercultural competence to be a highly relevant topic. Child and adolescent psychiatry and psychotherapy requires a systematic theoretical and practical examination of inter- and transcultural issues. Target group-specific training and supervision programs can be developed on the basis of the survey and significantly improve the quality of care for mentally distressed children and adolescents in a context of increasing cultural diversity. This seems to be true also for the field of pediatric medicine.

OP-05-002

Relevance of multidisciplinary approaches in formal education of child and adolescent psychiatrists and psychotherapists to increase intercultural treatment abilities

Submitter: Meike Nitschke-Janssen, Germany

Co-Authors: M. Nitschke-Janssen

Topic: Transcultural Child and Adolescent Psychiatry

Objective: To address barriers in the German Child and Adolescent Psychiatric and Psychotherapeutic system that hinder access for non-German-speaking minors. To enhance professionals' competence in intercultural investigation, counseling, and treatment. To reduce fears of symptom misinterpretation arising from language and cultural differences. To strengthen knowledge of developmental psychology and parenting practices across diverse cultures. To examine whether a multidisciplinary educational format increases motivation to learn about intercultural child mental health.

Methods: Since 2022, iccura and its partners have delivered an educational course through the Doctors' Academy of the City of Hamburg. The program targets child and adolescent psychiatrists and pediatricians within a shared, multidisciplinary learning environment. The curriculum covers intercultural developmental psychology, culturally informed parenting practices, and language-sensitive assessment and counseling. Teaching methods include expert-led sessions, case discussions, and practice-oriented exercises focused on intercultural approaches. Ongoing course reflections and participant feedback were used to gauge motivation and perceived competence.

Results: The multidisciplinary format increased participants' motivation to deepen knowledge about intercultural aspects of child mental health. Clinicians reported heightened awareness of language barriers and risks of misinterpreting symptoms across cultures. Participants indicated improved confidence in applying intercultural approaches to assessment and treatment. Cross-specialty dialogue helped bridge knowledge gaps about development and parenting in diverse cultural contexts. Attendees expressed intentions to adapt clinical routines, including more consistent use of interpreters and culturally sensitive tools.

Discussion: The educational initiative directly targets systemic barriers that limit equitable child and adolescent psychiatric care for non-German-speaking minors. A multidisciplinary setting appears to be a key driver of motivation and engagement with intercultural competencies. Current insights are based on the educational context and self-reported gains rather than longitudinal patient outcomes. Future work should include standardized evaluations, follow-up on clinical practice change, and outcomes for children and families. Scaling the program and integrating community stakeholders could further improve

access, quality, and cultural safety in care.

OP-05-003

Community-Based Training Transforms Psychiatric Cultural Humility: A Bi-National Implementation Study

Submitter: Praveen Kumar, United Kingdom

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Psychiatric training occurs predominantly in clinical settings where trainees encounter only the pathologised end of the mental health spectrum - "patients" rather than communities. This clinic-based model limits exposure to cultural contexts, community resilience, and wellness perspectives, inadequately preparing psychiatrists for culturally-sensitive practice. We hypothesised that active participation in community-based mental health delivery would develop cultural humility in ways clinical training cannot.

Methods: Twenty-five early-career psychiatrists from 15 countries engaged in three-phase culturally-adapted Psychological First Aid (c-PFA) implementation across Scotland (refugee youth, four schools) and India (350+ students). Psychiatrists: (1) conducted formative research with community stakeholders, (2) co-designed culturally-adapted training modules, (3) delivered training to 53 teachers. Primary outcome: psychiatrist-reported cultural competence and communication skills (qualitative interviews). Secondary outcome: teacher knowledge (pre-post surveys).

Results: Psychiatrist outcomes: Three themes emerged: enhanced self-awareness ("my anxiety affects my communication"), contextualisation skills ("fitting treatment to the person"), and professional purpose through service. All 25 reported developing skills impossible to acquire in clinical settings.

Teacher outcomes varied by context: Inverness teachers showed significant gains, belief in natural recovery increased from 31.8% to 76.9%; 80%+ reported increased confidence. Tinsukia teachers showed minimal knowledge change, yet engagement with 350+ students provided psychiatrists rich cultural learning (anxiety as "threatened from someone and not being able to figure out"), offering context-specific insights impossible in hospital settings.

Discussion: Community-based delivery develops psychiatric cultural competence through authentic engagement with populations beyond clinical presentations. The differential teacher outcomes between sites coupled with consistent psychiatrist learning across both demonstrates that trainee benefit derives from community immersion itself, not intervention success. This challenges assumptions that clinical rotations adequately prepare psychiatrists for community work. Trainees need exposure to wellness, resilience, and cultural contexts invisible within hospital walls. Psychiatric curricula should mandate community-based practice to develop skills essential for culturally-responsive care.

OP-05-004

It's language and even more - Transcultural Care in a German Community Paediatric Centre through professional interpretation services and their clinical impact

Submitter: Frederike Bianca Kienzle, Germany

Co-Authors: F. Kienzle, U. Kluge, S. Penka, P. Rühr, A. Behzadi, A. Suka

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Multilingualism is a dynamic demographic reality in German healthcare systems. The community social paediatric outpatient centre KJA/SPZ Steglitz-Zehlendorf with an annual diagnostic and therapeutical service for up to 1200 patients has been developing a strategic roadmap to improve inclusion and person-centred participation. Despite previous trainings of the multiprofessional team "cultural" barriers seemed to persist - also due to limited or unsatisfying use of interpreters. To evaluate the implementation and clinical impact of professional language and cultural mediation services in community paediatrics the centre participated in the SIMPLE project "Sprache öffnet Türen" funded by the German Federal Ministry of Health. We aimed to evaluate how language mediation influences understanding of provided diagnostic care for patients with migrant backgrounds. Additional effects of transcultural training on the multidisciplinary team, focusing on improving cultural sensitivity, awareness of discrimination and overall patient-family engagement were considered.

Methods: Participating in the SIMPLE project (August 2024-June 2026) medical doctors and social workers from the community centre KJA/ SPZ Steglitz-Zehlendorf were not only provided a cost-free professional interpretation service by demand but also a previous transcultural training unit. The interpretation services contained either face-to face, telephone or Video remote techniques. Briefing the interpreter about the upcoming medical and psychosocial context was part of the process. Services were utilized during initial consultations, counselling, and psychoeducation sessions. Data were collected over a 12-month period, focusing on the frequency of language interpreting usage, acceptance rates among medical staff and families, and the impact on diagnostic and therapeutic processes. In qualitative interviews conducted at the beginning of the study and after the use of interpreting services, the health care team reported their experiences with language barriers in counselling, collaboration with interpreters, and the perceived benefits or challenges.

Results: Despite more than half of families attending our community centre having a multilingual background, need for language mediation was thought higher prior to the study. Nevertheless, possibility of free professional mediation services led to a more thoroughly and better planned use by medical staff, actively involving the family's perspective. While involving German-speaking relatives and personal language apps were occasionally preferred, main approach was face-to-face professional interpreting in their native languages. Logistical challenges, such as the interpreters' travel distances and

difficulties in coordinating pre- and post-session briefings, were reported by medical staff. However, they described improved communication and cultural understanding. Families expressed satisfaction with interpreting services, noting better comprehension of difficult diagnoses, treatment planning and multi-provider coordination.

Discussion: Providing cost-free, professional interpretation services can improve patient-family engagement and adherence in the diagnostic process. The preference of the paediatric team for face-to-face interpreting, especially in anticipated challenging conversations, seems to be more vulnerable for logistical issues. Benefits of telephone and Video based interpreting services should be considered more. Use of Large language models has become recently an option but still contains limitation. The results of the study suggest that transcultural training for medical staff can foster a more inclusive and culturally sensitive care environment which is crucial in medical care for children and adolescents with cognitive, physical impairment or mental health issues. Multilingualism in hyper diverse migration family history have become a societal reality for decades in Germany. This demographic reality demands that a professional culture sensitive language mediation should be recognised as integral to quality healthcare for children with complex needs.

OP-05-005

Does children's exposure to specific disciplinary practices vary by caregiver religion in religiously diverse Togo?

Submitter: John McLennan, Canada

Co-Authors: J. McLennan

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Children's exposure to disciplinary practices can vary as a function of caregiver religion. In some studies of high-income countries, children in certain types of Protestant households were at higher risk of exposure to physical punishment than children in other Christian and non-religious households, but also more likely to receive hugs and praise. Unfortunately, few studies have examined the relationship between religion and discipline in a more diverse range of religions or in low-and middle-income countries. An exception includes a Cameroonian study in which children in Protestant households were more likely to be hit with an object than Muslim households. This study aimed to replicate the Cameroonian study but in religiously diverse Togo which has a large Animist population, in addition to large Muslim and Christian populations. Additionally, this study examined non-physical strategies used to address child misbehavior, in addition to physical punishments.

Methods: Data from Togo's 2017 Multiple Indicator Cluster Survey, a nationally representative household survey, were used. Survey instruments included a standardized discipline questionnaire that asks one primary caregiver in the home about exposures of a randomly selected child in the households to different disciplinary practices in the last month. The current study limited the analysis to the four largest religious groups in Togo which account for most of the Togolese population: Animists, Catholics, Muslims, Other Christians ("Protestants"). Ten logistic regression models were conducted to determine whether religious affiliation of the child's caregiver was related to being spanked, hit with an object, or any of three non-physical strategies across two child age groups. Backward elimination within the Complex Sampling Plan of SPSS 29.0 was used, which adjusted for socioeconomic and demographic differences. The threshold of significance was set at $p < .005$ to adjust for multiple statistical testing.

Results: The study dataset of 6271 households included 2509 and 3762 children aged 1-4 and 5-14 years, respectively. Prevalence of religious affiliation varied from a low of 18.8% (5-14-year-olds with Muslim caregivers) and a high of 29.7% (Protestant caregivers for both age groups). Of the 5 discipline types across 2 age groups, prevalence was numerically highest for Protestants for 6 of 10 outcomes and lowest for 6 of 10 outcomes for Animists. However, in adjusted logistic regression models religion was only significant for one outcome. Compared to households with Muslim caregivers (the reference), children 5-14-years of age with Protestant and Animist caregivers had higher odds ratios of being hit with an object, 1.65 [95% confidence interval (CI): 1.26, 2.16] and 1.39 [95% CI 1.11, 1.74], respectively.

Discussion: There was partial replication of the Cameroonian findings whereby children with Protestant versus Muslim caregivers were at higher risk for certain physical punishments. The Togolese results suggest this relative risk may extend to Animist households. Further investigation is needed to determine what might be drivers for this pattern. The findings also underscore the importance of considering variation in disciplinary patterns at the individual practice level, and not relying on composites (e.g., "any" physical punishment) that may obscure differences between, for example, hitting with an object and spanking. Although significant variations were not seen for use of non-physical strategies by religion, the dataset was limited in the range of practices in this category and should be further explored. Despite the limited overall differences, it may still be of value to explore whether engaging different religious communities in the promotion of evidence-based child disciplinary strategies could be beneficial.

Using Photovoice to Explore the Mental Health of Youth Living in Nigerian Slums through their Own Perceptions

Submitter: Toluwalope Bella-Awusah, Nigeria

Co-Authors: T. Bella-Awusah, U. Read, S. Jilka, O. Omigbodun, D. Giacco

Topic: Transcultural Child and Adolescent Psychiatry

Objective: Youth mental health is a global health priority. Youth living in disadvantaged contexts such as slums (YLS) are at heightened risk for poor mental health outcomes due to the multiple adversities they experience daily. Limited data exists on the mental health of these youth. This study explored mental health, coping, and mental health help-seeking among YLS in two slum communities in Ibadan, Southwest Nigeria.

Methods: Participants in this study were YLS aged 15 to 24 years who were purposively selected. Photovoice methodology was selected to encourage active participation, and to ensure that the YLS own perceptual experiences, voices and reflections were adequately captured. Participants went through a two-week Photovoice exercise where they generated photographs about people, places, and things in their community which made them happy or sad, helped them cope with stress, and provided information and support for mental health. Analysis was carried out through a participatory thematic approach.

Results: A total of ten YLS (six females and four males) participated in the study. Their mean age was 19 years (SD = 3.0). Participants were able to explore and identify various aspects of their environments which they perceived had impacts on their mental well-being. Themes relating to positive mental well-being were feelings of safety and belonging, and finding joy in life's small pleasures. Mental well-being was impacted negatively by threats across multiple layers of the environment. Participants coped with stressors through support from friends and family, participation in relaxation activities, and jobs which helped them generate income or solved immediate needs like hunger. Mental health information and support were mostly obtained from local sources, which bridged the gaps in biomedical mental health care.

Discussion: Photovoice has been described as a powerful tool for engaging disadvantaged youth in research about their health. YLS actively engaged in this study and generated rich, contextualised data on how their communities shaped their mental health and wellbeing. Our findings reinforce previous data suggesting a bidirectional interplay between environmental factors and youth mental well-being. The study documented and amplified the voices of an under-researched group whose voices are often silenced. Novel insights were revealed, and YLS were empowered as co-producers of mental health research. The study also demonstrated the feasibility of using a community-based participatory method like Photovoice among marginalised youth in a low-resource African slum setting. Our findings support global policy recommendations which advocate for intersectoral

collaborations for improving the mental well-being of youth, particularly the most vulnerable ones.

OP-06

Emotion Regulation and Externalizing
Problems in Youth

OP-06-001

The transdiagnostic role of emotional dysregulation and temperament in non suicidal selfinjury: cross sectional study among adolescents receiving intensive psychiatric care

Submitter: Gino Maglio, Italy

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Topic: Transdiagnostic Symptomatology

Objective: Non-Suicidal Self-Injury (NSSI) is a highly prevalent behavior among adolescents and occurs across multiple psychiatric diagnoses, highlighting the limits of categorical diagnostic models and supporting the relevance of transdiagnostic vulnerability factors. Emotional dysregulation (ED) and cyclothymic-hypersensitive temperament (CHT) have been both identified as potential dimensions of vulnerability for self-injurious behaviors. This study investigated dimensions of ED and temperamental traits from a transdiagnostic perspective in a large sample of adolescents undergoing treatment for acute psychiatric conditions. We aim to assess the association of ED and CHT with NSSI; and to evaluate the independent effects of ED, temperament and other psychopathological factors on NSSI while controlling for the potentially confounding variable of depressive symptom severity.

Methods: A total of 208 adolescents (aged 12-18) undergoing treatment for acute psychiatric condition underwent complete comprehensive diagnostic assessment and were divided into two groups: those meeting Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for NSSI (NSSI group) and psychiatric controls without NSSI (PC group). To assess ED and temperament participants completed the Reactivity, Intensity, Polarity, and Stability questionnaire-Youth version (RIPoSt-Y) and the Cyclothymic Hypersensitive Temperament questionnaire (CHTQ). Depressive symptomatology has been evaluated with The Children's Depression Inventory - 2 (CDI-2), based on both self-report and parent-report versions.

Results: The NSSI group exhibited significantly higher levels of both ED and CHT compared to PC group. All RIPoST-Y subscale scores were significantly elevated in the NSSI group, reflecting a pronounced level of dysregulation and difficulties in emotion modulation and behavioral control: Affective instability ($p = 0.0068$), emotional reactivity ($p = 0.0001$), and interpersonal sensitivity ($p = 0.0001$). Total CHTQ scores were significantly higher in the NSSI group compared to the PC group, consistent with clinical cut-off thresholds ($p < 0.008$), indicating presence of cyclothymic/hypersensitive temperament associated to an affective state extremely reactive to external stimuli and suggesting elevated impulsivity among adolescents with NSSI. Logistic regression analysis identified the "interpersonal sensitivity" domain of The RipostY ($OR = 1.068$ $p = 0.043$) and current depressive symptoms, assessed using the CDI-2, ($OR = 1.052$, $p = 0.016$) as independent predictors of NSSI, regardless of DSM-5 diagnostic categories.

Discussion: Patients exhibiting NSSI, compared to a control group without NSSI, demonstrated significantly higher levels of emotional dysregulation and cyclothymic hypersensitive temperament; "interpersonal sensitivity", a subdomain of ED, and self-reported depressive symptoms were identified as independent predictors of recent NSSI, regardless of DSM-5 diagnostic. Findings underscore the strong association between emotional dysregulation, temperamental affective instability and self-harm behaviors, highlighting the importance of targeting these dimensions in prevention and treatment strategies for adolescents with NSSI. Results support a transdiagnostic, dimensional approach to understanding and treating NSSI, emphasizing the clinical relevance of affective instability and interpersonal sensitivity as independent predictors of NSSI behaviors beyond categorical DSM-5 diagnoses in clinical populations of adolescents. Assessing ED and temperament may enhance risk identification and guide targeted interventions in adolescents with self-injurious behaviors.

The Moderating Role of Supportive Parental Reactions in the Relationship Between Parental Emotion Regulation Difficulties and Adolescent Psychiatric Problems

Submitter: Aysegül Özel, Türkiye

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Topic: Transdiagnostic Symptomatology

Objective: Adolescence is a critical developmental phase characterized by accelerating individuation processes alongside a persistent need for parental emotional support. During this period, parental emotional competence exerts a decisive influence on youth mental health and psychosocial adjustment. Although literature establishes that parental emotion regulation difficulties increase the risk of psychopathology, the specific mechanisms shaping this relationship remain insufficiently understood. The primary objective of this study is to examine the direct association between parents' own emotion regulation deficits and adolescents' psychiatric symptoms. More specifically, we investigated whether supportive parental responses to negative emotions, such as problem-focused strategies or the encouragement of emotional expression, serve as a protective buffer. By analyzing the interaction between the parent's internal regulatory capacity and their external responsiveness, this study aims to determine the moderating effect on adolescent psychopathology, ultimately providing concrete, guiding data for clinical interventions.

Methods: The sample comprised 115 parents of adolescents aged 13-18. The mean age was 14.95 years (SD = 1.15) for adolescents and 44.28 (SD = 5.00) for parents. Fathers constituted 14.8% (n = 17) of the sample, while 28.7% (n = 33) of the adolescents were male. Parental emotion regulation difficulties were assessed using the total score of the Difficulties in Emotion Regulation Scale (DERS). Supportive parental reactions to negative emotions were analyzed using a composite score derived from the supportive subscales of the Coping with Children's Negative Emotions Scale (CCNES). Adolescent psychiatric problems were evaluated based on parent reports using the total difficulties score of the Strengths and Difficulties Questionnaire (SDQ). Internal consistency coefficients ranged from .77 to .91. Moderation analyses were conducted using Hayes' PROCESS macro (v4.2, Model 1); continuous variables were mean-centered, and an interaction term was included.

Results: The analyses indicated that the established model was statistically significant, explaining 35% of the variance in adolescent psychiatric problems ($R^2 = .35$, $F(3, 111) = 20.11$, $p < .001$). The results confirmed that parental emotion regulation difficulties were positively associated with adolescent psychiatric symptoms ($b = 0.32$, $p < .001$). Notably, the moderating effect of supportive parenting in this relationship was statistically significant ($b = 0.11$, $p = .004$). Simple slope analyses conducted to identify the source of the interaction revealed that the exacerbating effect of parental dysregulation on adolescent problems was much stronger when supportive reactions were high ($b = 0.45$, $p < .001$) compared to when they were low ($b = 0.19$, $p = .003$). These findings suggest that

when parents struggle to regulate their own emotions, attempting to provide high levels of support does not alleviate the problems but rather amplifies the negative impact on the adolescent.

Discussion: The findings suggest that parental emotion regulation capacity is a fundamental determinant of the functionality of supportive behaviors toward the child. While typically considered a protective factor in the literature, moderation analysis revealed that supportive parental reactions are more strongly associated with adolescent psychopathology when parental emotion regulation difficulties are high. This may be because support offered by dysregulated parents is perceived as emotionally inconsistent, intense, or overly intrusive. Specifically, the parent's unsoothed internal stress spills over to the child during support attempts, creating a paradoxical effect. Indeed, emotion spillover, co-regulation, and emotion amplification theories suggest that parental dysregulation can exacerbate the child's emotional burden. Thus, clinical interventions focusing solely on how to respond to the child may be insufficient; prioritizing the enhancement of the parent's own emotion regulation skills appears critical for effective support.

Real-time Parent-Child Dynamics of Irritability: Ecological Momentary Assessment to Inform Family-Focused Intervention

Submitter: Reut Naim, Israel

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Topic: Transdiagnostic Symptomatology

Objective: Irritability, characterized by heightened anger proneness and low frustration tolerance, is a prevalent transdiagnostic symptom implicated in both internalizing and externalizing psychopathology and is a major driver of functional impairment and mental health service use among youth. Difficulties in inhibitory control (IC) and negative parent-child interactions are theorized to exacerbate irritability, yet most evidence is derived from single-time laboratory or retrospective assessments, limiting understanding of how these processes manifest and interact in the naturalistic contexts of daily life. The current study used ecological momentary assessment (EMA) to examine real-time associations between irritability, IC, and parent-child dynamics in youths' everyday environments. We aimed to identify daily contexts that heighten vulnerability, with a specific focus on whether irritability-related cognitive difficulties emerge during periods of more negative parent-child exchanges. This approach is intended to inform precise, family-focused targets and timing for early intervention.

Methods: Ninety-four youth-caregiver dyads ($M_{age} = 13.23$, $SD = 2.28$; 56.4% girls) participated in a seven-day ecological momentary assessment (EMA) protocol, completing twice-daily smartphone surveys (morning and evening). Youth and caregivers reported on momentary irritability (frustration, angry mood, reactive aggression) and parent-child interaction quality, capturing both negative exchanges (e.g., criticism, inconsistent responses) and supportive behaviors (e.g., warmth, involvement). Youth also completed a daily mobile-based inhibitory-control task (adapted Stop-Signal paradigm), yielding trial-level performance indicators. Seventy-one dyads were included in the final analyses after applying compliance and data-quality thresholds. Multilevel models (MLM) were used to evaluate within-person fluctuations and temporal co-occurrence of irritability, parenting behavior, and inhibitory control across the EMA week, accounting for repeated observations nested within individuals. False Discovery Rate (FDR) correction was applied to control for multiple comparisons.

Results: Momentary increases in irritability (frustration, angry mood, reactive aggression) were consistently associated with poorer daily inhibitory control, reported by both youth and parents ($ps < .043$; $b > .069$). For example, child-reported momentary anger predicted greater momentary difficulty stopping an action ($b = .09$, $SE = .04$, $t(69) = 2.15$, $p = .035$, adj. $p = .042$). Daily negative parent-child exchanges, including criticism and conflicts, predicted increased daily inhibitory control difficulties (e.g., $b = .13-.20$; $ps < .045$). Positive parenting showed no protective associations. Heightened irritability co-occurred with more

conflictual parent-child interactions and fewer parental supportive behaviors, highlighting dynamic, reciprocal vulnerability between youth self-regulation and daily family interaction.

Discussion: Findings highlight specific daily contexts, particularly conflictual family moments when youth are most vulnerable to emotional reactivity and cognitive dysregulation. By integrating EMA with brief, scalable mobile measures, this work advances a service-ready model for detecting "high-risk windows" in family functioning. Identifying when parent-child exchanges exacerbate irritability provides a foundation for just-in-time, family-focused micro-interventions in clinical and community settings.

Emotion Regulation Skills Training for Adolescents and Parents in a Clinical Setting: A Randomised Controlled Trial

Submitter: Kristina Holmqvist Larsson, Sweden

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Topic: Transdiagnostic Symptomatology

Objective: Emotion regulation refers to processes that influence which emotions are experienced, when they occur, how they are felt, and how they are expressed. Difficulties in emotion regulation, referred to as emotion dysregulation, constitute a transdiagnostic construct associated with a broad range of psychiatric conditions. Given substantial overlap across diagnostic categories, transdiagnostic approaches to both understanding and treating these difficulties have gained increasing attention. Enhancing emotion regulation is therefore a central component of many psychological interventions. Adolescence is marked by significant physical, psychological, and social transitions, accompanied by heightened emotional reactivity and the emergence of many psychiatric disorders. This underscores the importance of addressing emotion dysregulation in child and adolescent psychiatric services and evaluating accessible transdiagnostic interventions. This study examined the effects of a brief, seven-session joint emotion regulation skills training group for adolescents and their parents, delivered in a naturalistic clinical setting.

Methods: This non blinded, randomised controlled trial recruited participants from two child and adolescent psychiatric outpatient clinics between March 2019 and January 2023. A total of 118 adolescents aged 14-17 years were assessed and randomised to either the seven session emotion regulation skills training group or a control group. The intervention was transdiagnostic with few exclusion criteria. Both groups received treatment as usual, comprising multidisciplinary child and adolescent psychiatric care. Self reported emotion dysregulation, measured using the Difficulties in Emotion Regulation Scale, was compared between groups post intervention. Secondary outcomes included alexithymia, emotional awareness, symptoms of depression and anxiety, and quality of life.

Results: Of the 58 adolescents randomised to the emotion regulation skills training group, 48 initiated the intervention and 36 completed the skills training and were included in the final analysis. In the control group, 41 of the 60 randomised participants were retained for analysis. Regarding the primary outcome, Difficulties in Emotion Regulation, the subscale Lack of Emotional Clarity demonstrated a statistically significant improvement in the intervention group compared with the control group. No significant changes emerged in overall self-reported emotion dysregulation. For the secondary outcomes, the intervention group showed a significant reduction in alexithymia relative to the control group, both in

total alexithymia scores and in the subscales assessing difficulties identifying feelings and describing feelings. No significant between-group differences were observed for overall emotion dysregulation, nor symptoms of depression or anxiety. Exploratory within-group analyses indicated a potential reduction in global emotion dysregulation at the three-month follow-up.

Discussion: Although evidence for emotion regulation interventions is growing, brief and accessible transdiagnostic joint group formats for adolescents and parents remain limited within child and adolescent psychiatric services. This brief group based emotion regulation skills training, delivered alongside treatment as usual, improved specific aspects of emotion regulation, namely emotional clarity and alexithymia. While no effects were observed on psychiatric symptoms or quality of life, exploratory analyses suggest that broader improvements in emotion dysregulation may emerge over time. Owing to its high ecological validity, the study demonstrates potential clinical applicability. The findings indicate that brief emotion focused skills training can reduce difficulties in identifying and describing feelings in a child and adolescent psychiatric population.

OP-06-006

The Effects of Autonomy-Supportive Versus Controlling Therapeutic Approaches on Treatment Resistance in Youth With Disruptive Behavior Problems - A Virtual Reality Experiment

Submitter: Anouk Van Dijk, Netherlands

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Topic: Transdiagnostic Symptomatology

Objective: Treatment resistance - youths' refusal to cooperate with a therapist - is a key barrier to effective treatment of disruptive behavior. Over 45% of youth terminate treatment prematurely (De Haan et al., 2013). Resistant youth may argue, evade questions, become angry, refuse to talk, and ultimately terminate treatment (O'Keeffe et al., 2018). Many clinicians (57,7%) respond to resistance with controlling behaviors, such as pressing for change or demanding compliance (Van Dijk et al., 2023). Although understandable given clinicians' sense of responsibility and the emotional reactions resistance can evoke (Westra et al., 2012), theory suggests that control may exacerbate resistance. Because resistance arises when individuals' sense of autonomy is threatened (Brehm & Brehm, 2013), autonomy-supportive behaviors - such as providing choice and acceptance - may be more effective to resolve it (Ryan & Deci, 2008). This study used a controlled experiment in Virtual Reality (VR) to provide the first causal test of this hypothesis.

Methods: In a within-subjects design, youth completed two consecutive 15-minute VR therapy sessions, delivered by either an autonomy-supportive or controlling therapist (order randomized). We controlled the VR therapist to manipulate three core facets of autonomy support: providing meaningful rationales, acknowledging negative feelings, and supporting choice (Ryan & Deci, 2008). Corresponding controlling behaviors were drawn from an evidence-based intervention (Hornsveld, 2013) and therapist observations (Van Dijk et al., 2023). Participants were 108 youth recruited from three Dutch secondary schools serving adolescents with severe disruptive behavior problems (ages 12-17; Mage = 14.37, SD = 1.24; 75.9% boys, 22.2% girls, 1.8% other). We assessed resistance and engagement using behavioral observation and self-report, and youth rated each therapist. We expected less resistance, greater engagement, and more favorable ratings for the autonomy-supportive versus controlling therapist. This study was preregistered (https://osf.io/6pd5f/overview?view_only=afa3b4edf42f466d8e5fad2a2a30729a).

Results: Bayesian one-sided dependent t-tests revealed that youth reported substantially less resistance following interaction with the autonomy-supportive versus controlling therapist ($d = 0.91$). This hypothesized difference was over 11 trillion times more likely than the null-hypothesis of no difference ($BF = 1.12 \times 10^{13}$). A similar but smaller effect emerged for observed resistance ($d = 0.28$; $BF = 11.23$). We found no evidence for differences in observed engagement: youth provided similarly meaningful responses to both therapists ($d = 0.05$, $BF = 0.17$). However, youth reported markedly greater engagement with the

autonomy-supportive therapist, indexed by willingness to continue treatment ($d = .93$, $BF = 109.69$), and evaluated this therapist much more favorably ($d = 0.96$, $BF = 2.115 \times 10^{+14}$). A manipulation check confirmed that youth experienced more autonomy with the autonomy-supportive versus controlling therapist ($d = 1.09$, $BF = 1.052 \times 10^{+17}$), supporting the intended experimental manipulation.

Discussion: The findings indicate that youth with disruptive behavior problems benefit from therapists' autonomy-supportive approaches, including providing meaningful rationales, acknowledging negative feelings, and supporting choice. The large effects align with evidence that autonomy is a central need in adolescence (Dahl et al., 2018), particularly for youth with disruptive behavior problems, who are often referred to therapy at others' initiative (89.4% in this sample). Youth responded meaningfully to both therapists, and differences in observed resistance were small, suggesting that resistance is not always expressed openly. Rather, youth may appear compliant while disengaging internally. Indeed, many youth reported that they would not continue visiting the controlling therapist (72.6%, versus 22.6% for the autonomy-supportive therapist) or complete agreed-upon homework (63.0% versus 17.3%). These findings highlight the risk of controlling approaches in inadvertently undermining engagement and underscore the importance of autonomy-supportive delivery of evidence-based interventions.

Sleep Disturbances in Children with Monosymptomatic Nocturnal Enuresis: Associations with ADHD Dimensions and Externalizing Behavioral Symptoms

Submitter: Hazal Yagmur Yilancioglu, Türkiye

Co-Authors: H. Yilancioglu, M. Aksoy, H. Turan, Ö. Özdemir Simsek

Topic: Transdiagnostic Symptomatology

Objective: This study aimed to examine the associations between attention-deficit/hyperactivity disorder (ADHD) symptom dimensions and sleep disturbances in children with monosymptomatic nocturnal enuresis (MNE).

Methods: During a 6-month study period, 460 children and adolescents presenting with enuresis to pediatric urology and pediatric nephrology outpatient clinics were assessed. Of these, 241 were excluded due to bladder-bowel dysfunction, 36 declined participation, and 47 met exclusion criteria due to medication use. Ultimately, 136 children aged 5-17 years with International Children's Continence Society (ICCS)-defined monosymptomatic nocturnal enuresis (MNE) who provided informed consent were included. ADHD symptoms were assessed using the Turgay DSM-IV-Based ADHD and Disruptive Behavior Disorders Rating Scale, and sleep problems using the Children's Sleep Habits Questionnaire (CSHQ). Data were analyzed in SPSS 25.0. Group comparisons used chi-square and independent samples t-tests or Mann-Whitney U tests, as appropriate. Spearman correlation examined associations, and multiple linear regression evaluated predictors of sleep disturbances. Ethical approval was obtained from the institutional ethics committee.

Results: Clinically significant sleep problems were identified in 91.9% of participants (n=125). Boys had significantly higher inattention ($p=0.002$) and hyperactivity ($p=0.009$) scores. In correlation analyses, inattention was positively associated with nocturnal wake duration, whereas hyperactivity was positively associated with parasomnias and bedtime. Conduct problems and oppositional defiant disorder (ODD) scores were positively correlated with bedtime, nocturnal wake duration, and wake time, and negatively correlated with daytime sleepiness. In the regression model, only conduct problems (Beta=0.290, $p=0.016$) and ODD symptoms (Beta=0.433, $p=0.002$) remained significant predictors of sleep disturbances.

Discussion: Sleep disturbances are highly prevalent among children with MNE. Sleep problems appear to be more strongly associated with externalizing behavioral dysregulation than with core ADHD symptom dimensions. These findings highlight the importance of a holistic clinical approach that addresses not only bladder-related symptoms but also behavioral regulation and sleep patterns in children with enuresis.

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OP-07

Pharmacological Management and Service Challenges in Child and Adolescent Psychiatry

OP-07-001

Regulatory Pathways for Psychiatric Medicines in Children and Adolescents: A Systematic Review of EMA Paediatric Committee Activity

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Child and adolescent psychiatry is characterized by a high unmet medical need, with relatively few psychopharmacological agents approved for pediatric populations despite the early onset of many psychiatric disorders. In the European Union, sponsors seeking marketing authorization for new medicinal products are required to agree on a Paediatric Investigation Plan (PIP), a binding regulatory roadmap outlining studies to generate pediatric data, or to obtain a full or partial Product-Specific Waiver if pediatric development is deemed inappropriate or unnecessary. These regulatory mechanisms critically shape the availability of evidence-based treatments for children and adolescents. This study aims to systematically evaluate trends, outcomes, and stakeholder involvement in pediatric psychopharmacological drug development by analyzing decisions of the European Medicines Agency (EMA) Paediatric Committee (PDCO) over nearly two decades.

Methods: This preregistered systematic review includes all publicly available PDCO meeting reports (2007-2012) and detailed minutes (2012-2025). Data were extracted for Initial Paediatric Investigation Plans (PIPs) and Product-Specific Waiver applications, including substance, therapeutic indication, psychiatric versus non-psychiatric classification, applicant type (pharmaceutical, biotech, academic, or other), and regulatory outcome. Quantitative analyses describe the proportion and temporal trends of psychiatric PIPs and waivers relative to all pediatric submissions, as well as changes in approval, modification, and waiver decisions over time. Longitudinal patterns and trajectories of pediatric psychopharmacological development and regulatory outcomes are evaluated using descriptive statistics and trend analyses.

Results: This analysis includes all publicly available monthly meeting reports and minutes of the EMA Paediatric Committee from August 2007 through December 2025. Data extraction and quantitative analyses are ongoing, and full results will be presented at the conference.

Discussion: This systematic review provides the first comprehensive, longitudinal regulatory overview of pediatric psychopharmacological drug development in Europe. By leveraging PDCO decisions as a central regulatory data source, the study enables comparison between child and adolescent psychiatry and other medical specialties. Patterns in Product-Specific Waivers and PDCO decision-making offer critical insights into how regulatory frameworks may contribute to persistent gaps in evidence generation for pediatric psychiatric populations. Given the adolescent onset of many psychiatric

disorders, these findings have important implications for unmet medical need, off-label prescribing, and future regulatory and policy strategies in child and adolescent mental health.

Citicoline and Choline-Based Interventions in Child and Adolescent Psychiatry: A Systematic Review of Clinical Applications, Efficacy, and Safety

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Citicoline (cytidine-5'-diphosphocholine) is an endogenous nucleotide serving as a rate-limiting intermediate in phosphatidylcholine biosynthesis and a precursor for acetylcholine and dopamine. While its neuroprotective efficacy is established in adult neurology for stroke and traumatic brain injury, interest in its off-label application within pediatric psychiatry has surged. Theoretical frameworks suggest citicoline may ameliorate symptoms of inattention and impulsivity via central dopaminergic-cholinergic modulation. However, clinical implementation appears to be outpacing empirical validation. This systematic review aims to synthesize high-quality evidence regarding the efficacy and safety of citicoline and its constituent nutrients (choline) across pediatric neurodevelopmental disorders, specifically Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), and Fetal Alcohol Spectrum Disorders (FASD). We critically evaluate whether the current evidence base supports the growing trend of prescribing citicoline as a cognitive enhancer or adjunctive therapy in child and adolescent populations.

Methods: This systematic review was conducted in strict adherence to PRISMA guidelines (PROSPERO registration pending). A comprehensive search strategy was implemented across major electronic databases, covering studies published from January 1, 2000 through January 15, 2026. The initial search yielded 607 results in PubMed, 540 in Web of Science, and 333 in Scopus. Following the removal of duplicates and a rigorous screening process against inclusion criteria (pediatric population <18 years, clinical trials or observational studies involving citicoline or choline-based interventions), 10 studies met the final eligibility requirements. These included randomized controlled trials (RCTs), open-label pilot studies, and exploratory analyses involving neuroimaging and genetic stratification. Data extraction focused on study design, dosing regimens (ranging from 250 mg to 500 mg/day for citicoline), outcome measures (cognitive, behavioral, and neurophysiological), and safety profiles. The risk of bias was assessed for all included studies to determine the strength of the synthesized evidence.

Results: The review identified significant heterogeneity in outcomes across diagnostic categories. In ADHD, evidence is contradictory; while citicoline improved attention and psychomotor speed in healthy adolescent males, a recent double-blind, placebo-controlled crossover trial in children with ADHD (aged 7-12) failed to demonstrate statistical superiority over placebo for core symptoms. Furthermore, multi-modal MRI studies on broad-spectrum micronutrients (including choline) revealed no significant

neurometabolite or connectivity changes despite symptom reduction. Conversely, in FASD, choline supplementation showed efficacy in improving non-verbal cognitive functioning and memory, particularly when stratified by SLC44A1 choline transporter gene polymorphisms, suggesting a precision medicine approach. In ASD, a combined donepezil-choline regimen significantly improved receptive language skills, and observational data linked dietary choline intake to sensory processing phenotypes (e.g., sensory avoidance). Across all 10 studies, interventions were well-tolerated with no serious adverse events reported.

Discussion: Current evidence for citicoline in pediatric psychiatry remains limited and inconsistent. While choline precursors demonstrate promise for cognitive domains in early neurodevelopmental insults (FASD) and potentially language in ASD, there is insufficient evidence to support citicoline monotherapy for core ADHD symptoms in school-aged children. A critical discrepancy exists between these modest scientific findings and clinical reality, particularly in countries like Turkey, where search trends and anecdotal reports indicate a high volume of off-label prescription for attention enhancement. This widespread clinical adoption lacks robust empirical support. Future research necessitates large-scale, rigorously designed RCTs to define optimal dosing, therapeutic windows, and target populations. Until such data are available, clinicians should exercise caution, as the current enthusiasm for citicoline in pediatric practice notably exceeds the available evidence regarding its efficacy.

Clozapine for Treatment-Resistant Disruptive Behaviors in Youth with Autism Spectrum Disorder: A Real-World Trial

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Disruptive behaviors (DB), such as aggression, self-injury, and temper outbursts, are common in autism spectrum disorder (ASD) and often remain despite conventional treatments, significantly affecting daily functioning and developmental outcomes. Although clozapine is considered the gold standard for treatment-resistant schizophrenia and has demonstrated effectiveness across various conditions in managing persistent aggression, there is limited prospective evidence of its use in children with ASD. This study sought to assess the safety, tolerability, effectiveness, and feasibility of using clozapine to treat resistant disruptive behaviors (TR-DB) in autistic youth within a real-world public health context. We hypothesized that, with intensive monitoring, clozapine could offer substantial clinical benefits while maintaining an acceptable safety profile.

Methods: We conducted a prospective, single-arm, single-center, non-controlled, open-label trial involving 31 adolescents (mean age 13.4 ± 2.2 years) with DSM-5 ASD. Inclusion criteria required TR-DB, defined as a CGI-Severity score of 5 or higher and resistance to at least two prior antipsychotic trials. Participants underwent flexible, patient-centered titration to a stable clozapine dose, followed by a 12-week maintenance phase. Safety protocols included weekly hematologic monitoring, metabolic assessments, and proactive adverse drug reactions (ADR) management. The primary outcome was the change in Aberrant Behavior Checklist-Irritability (ABC-I) scores from baseline to T12. Efficacy data were analyzed using linear mixed-effects models with random intercepts to account for missing data under a modified intention-to-treat principle. Effect sizes were estimated using Cohen's d_z , and multiple comparisons were corrected via Bonferroni-adjusted post hoc tests.

Results: Thirty-one participants initiated clozapine (mean dose 289.2 ± 95.7 mg), with a retention rate of 90.3%. The ABC-I scores declined from 32.0 ± 7.7 at baseline to 7.4 ± 5.1 at T12 ($p < 0.001$, Cohen's $d_z = -2.5$). Response and remission rates were 83.9% and 38.7%, respectively. Significant improvements occurred in CGI-Severity ($d_z = -1.3$), autism symptom severity (CARS; $d_z = -1.4$), and Vineland Daily Living Skills ($d_z = 0.5$). Psychotropic polypharmacy decreased significantly ($d_z = -0.7$). No agranulocytosis occurred, though mild neutropenia (9.7%) and transient eosinophilia (41.9%) were observed. Metabolic burden was significant: mean weight increased by 5.7 kg, and BMI z-scores rose by 0.3. Common ADRs included diurnal sedation (90.3%) and sialorrhea (83.9%); serious ADRs

comprised seizures (n=4; 12.9%) and pneumonia (n=1), all managed without discontinuation.

Discussion: This prospective study provides evidence that clozapine offers substantial clinical benefits for autistic youth with TR-DB who have failed standard pharmacological therapies in a real-world setting. The observed effect size ($d_z = -2.5$) for ABC-I reduction notably exceeds those typically reported for FDA-approved agents, suggesting clozapine may positively alter clinical trajectories in refractory cases. The high retention rate contradicts the perception that clozapine is too difficult for this population, attributing success to structured monitoring and perceived benefits. However, the benefit-risk profile is complex; while behavioral stabilization was robust, the burden of metabolic shifts and other relevant health risks, such as seizures, constipation, and respiratory infection, requires proactive management. This study exhibits important limitations, primarily due to the open design. These findings support clozapine as a viable strategy for severe cases, underscoring the need for randomized controlled trials to definitively benchmark its efficacy against active comparators.

Preliminary Results of the RISKMET Project: Clinical and Metabolic Features in Pediatric Patients Treated with Antipsychotics

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Children and adolescents with neurodevelopmental disorders (NDDs) frequently require treatment with antipsychotics (APs), which is associated with an increased risk of metabolic syndrome (MetS). Despite the clinical relevance of this issue, there is currently no consensus on the definition of MetS in pediatric populations, and obesity remains the strongest predictor of insulin resistance. Moreover, behavioral, psychological, and clinical predictors of MetS, as well as its consequences in pediatric patients receiving APs, are still poorly understood. The RISKMet project aims to: (1) identify risk factors for MetS by comparing pediatric patients with and without the condition; (2) investigate the association between second-generation antipsychotics (SGAs) and MetS; and (3) explore behavioral patterns, including physical activity and dietary habits, in patients and healthy controls within a prospective cohort framework.

Methods: RISKMet investigates MetS in pediatric patients treated with SGAs using a case-control design. Participants are classified as MetS-positive (cases) or MetS-negative (controls) and matched for age and sex. Data on metabolic status, lifestyle habits, and environmental factors are collected at baseline (T0) and after three months (T3) through physical examinations, blood sampling, and fecal collection to assess metabolic markers and the impact of SGAs. Information on pharmacological treatments, as well as genetic and transcriptional variability related to MetS, is also analyzed. Behavioral markers are assessed at both time points in patients and healthy controls. Physical activity and sleep are objectively monitored using wrist-worn accelerometers, while dietary behavior and mood are evaluated through the Experience Sampling Method (ESM).

Results: Preliminary analyses describe the clinical and metabolic characteristics of the pediatric sample. In our sample, a significant association was observed between intellectual disability and metabolic syndrome MetS. The mean duration of antipsychotic treatment was approximately three years, and neither the use of a specific antipsychotic agent nor polypharmacy was significantly associated with MetS. Patients with MetS showed significantly higher levels of triglycerides, alanine aminotransferase (ALT), and gamma-glutamyl transferase (GGT), consistent with a dysmetabolic profile and suggestive of hepatic steatosis. Gene transcription is altered due to dysfunctions related to cholesterol metabolic pathways. Additionally, AP-treated patients exhibited reduced intake of dietary fiber and polyunsaturated fatty acids, alongside higher consumption of saturated

fatty acids, cholesterol, and simple sugars.

Discussion: These preliminary findings suggest that metabolic and lifestyle factors play a crucial role in the development of MetS. The observed biochemical alterations are consistent with early metabolic dysregulation and hepatic involvement. Unfavorable dietary patterns identified in AP-treated patients may further contribute to MetS development, highlighting the importance of early nutritional and lifestyle interventions. Ongoing analyses within the RISKMet project will help identify modifiable risk factors, ultimately supporting the development of personalized preventive strategies for metabolic complications in this vulnerable population.

OP-07-005

ADHD coupled with cyclothymic temperament predicts favorable lithium response in adolescents following a first mood episode, with or without psychotic features mood disorders

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: In adults, lithium is the reference treatment for bipolar disorders, particularly type 1. The literature also highlights its benefits in reducing impulsivity and suicidal ideation (Tondo and Baldessarini, 2024), as well as its potential neuroprotective effects. It is an excellent medication that suffers from the reputation of being an "old" drug associated with renal insufficiency and potentially dangerous use. This concern is amplified in adolescents, and its use in clinical guidelines varies greatly across countries. The Neurolithe study, a monocentric and longitudinal investigation, included 58 adolescents aged 12 to 17 years, treated with lithium following a first mood episode, with or without psychotic features. The main objective was to predict response to lithium using clinical and neurodevelopmental features.

Methods: At baseline, each patient was characterized by their neurodevelopmental disorders and clinical profile, assessed through self-report questionnaires (PQ16, TEMPS-A, ASQ, CDI). At follow-up, 44% of the patients were considered good responders, defined by a PSP score sup to 70, absence of hospitalization, and school reintegration. To limit overfitting, we prioritized regularized linear classifiers. logistic regression with L2 penalty was tuned, with class weights balanced and no intercept fitted due to prior standardization. To identify important predictors of response to lithium, we implemented a three-step feature importance framework. First, we estimated multivariate feature importance while accounting for collinearity among predictors. Second, instead of relying on simple importance rankings, we applied a randomization-based test to determine the statistical significance of importance values and retain only robust features. Third, we distinguished features genuinely related to outcome prediction from those whose apparent contribution reflected only non-specific interindividual variance.

Results: Prediction performance

The Logistic regression with L2 penalty achieved a balanced accuracy of 0.61 and an ROC-AUC of 0.71 for distinguishing lithium responders. Statistical evaluation using permutation testing indicated that balanced accuracy did not reach significance ($p = 0.11$), whereas ROC-AUC was significantly above chance ($p = 0.025$). Other, more complex non-linear models did not outperform the simpler Logistic regression with L2 penalty.

Feature importance

Permutation testing revealed two features with significant multivariate importance : DSM_TDAH ($p = 0.012$) and TEMPSA-C ($p = 0.041$). In contrast, only DSM_TDAH also

showed significant univariate predictive value, with an ROC-AUC of 0.63 and $p = 0.024$.

Discussion: The results showed that the presence of ADHD and high cyclothymic temperament score on the TEMPS-A were significantly associated with a better response to lithium. By its transnosographic scope, this study highlights the therapeutic benefit of lithium beyond the strict diagnosis of bipolar disorder, particularly in young individuals with neurodevelopmental vulnerabilities. We know that only 30% of patients with bipolar disorder respond to lithium. In our study, we observed 43% of responders, based on strict criteria. Several studies have highlighted the relatively limited use of lithium in clinical populations other than bipolar disorder, despite its potential therapeutic benefits, and the literature supports the use of lithium in combination with other psychotropic agents in pediatric populations (Pavuluri et al., 2004; Findling et al., 2006). Our results may encourage a reevaluation of prescribing attitudes toward lithium in adolescents, by identifying eligible patients earlier, those most likely to show a favorable response.

OP-07-006

Exploring Barriers and Facilitators to Deprescribing Psychotropics in Child and Adolescent Psychiatry: A Qualitative Study in the Indian CAMHS Context

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Deprescribing psychotropics for children and adolescents is a clinically important, but under studied, process. While there is accumulating evidence for pharmacotherapy in children and adolescents with psychiatric disorders, it is important to note that children are vulnerable to medication related adverse effects and long term neurodevelopmental sequelae, and evidence on long term benefits remains limited. This study examined clinician perceived barriers and facilitators to deprescribing psychotropics in a tertiary care CAMHS in the Indian context.

Methods: Fourteen in depth interviews were conducted with qualified and practicing child psychiatrists and specialty trainees. Purposive sampling ensured representation of diverse clinical experience and practice settings. Interviews were analyzed using reflexive thematic analysis, following Braun and Clarke's methodological approach.

Results: Five interrelated themes were identified. Evolving clinical philosophy and clinician-level facilitators described a shift from early hesitation to increasing confidence in deprescribing, supported by experiential learning, supervision, reflective practice, and pragmatic, medication-specific tapering strategies. Illness trajectory, clinical risk, and timing highlighted the influence of illness severity, chronicity, diagnostic certainty, remission stability, and anticipated functional consequences on deprescribing decisions. Shared and shifting roles in decision-making captured caregiver readiness, adolescent agency, and the central mediating role of therapeutic alliance and trust. Health system constraints and care continuity encompassed uneven access to psychosocial interventions, workforce shortages, fragmented services, limited formulations, and administrative barriers that hindered structured deprescribing and close monitoring. Finally, cultural and socioeconomic context reflected the impact of stigma, expectations of rapid recovery, academic pressures, and both barriers and enablers such as family support, school liaison, and culturally acceptable non-pharmacological practices

Discussion: Deprescribing in child and adolescent psychiatry represents an evolving clinical competency shaped by clinician experience, family dynamics, health system capacity, and sociocultural context. Clinician confidence developed primarily through experiential learning, supervision, and therapeutic alliance, highlighting the absence of structured, developmentally informed training. Decisions were influenced by illness severity, diagnostic certainty, remission stability, and anticipated functional consequences, particularly academic demands. Deprescribing was consistently

negotiated with caregivers and adolescents, with trust and shared decision making central to feasibility. System level constraints, including limited psychosocial resources, fragmented follow up, and lack of child specific guidance, restricted structured deprescribing. Interventions to support safe deprescribing should include structured training, context sensitive guidelines, improved service coordination, and caregiver focused psychoeducation within routine CAMHS practice.

OP-07-007

Vaccine confidence, trust, and service access among care-experienced young people: Insights for CAMHS and transition to adult services using the 7C model

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Topic: CAP Interventions and Services / d. Psychopharmacology

Objective: Transitions from child to adult services are recognised as a period of heightened vulnerability for care-experienced young people, with risks to both mental and physical health. Preventive health care, including vaccination, is often disrupted during this transition. This study applied the 7C model of vaccination readiness to explore how psychological, relational, and structural factors shape vaccination engagement among care-experienced young people, with direct relevance for child and adolescent mental health (CAMHS) practice.

Methods: As part of a mixed-methods childhood immunisation co-production study in the Tees Valley, care leavers and young people supported through asylum-through-care services (aged 16 -18 years) completed a structured survey informed by the 7C model (confidence, complacency, constraints, calculation, collective responsibility, compliance, and conspiracy beliefs). Participatory workshops were then conducted to explore experiences of vaccination, service contact, and trust during adolescence and early adulthood. Quantitative data were analysed descriptively, and qualitative data were analysed thematically, with integration guided by the 7C framework.

Results: Across the 7C domains, most young people expressed positive attitudes towards vaccination and recognised its importance, indicating low complacency and strong collective responsibility. Confidence was closely linked to trust in GPs and NHS professionals, but this trust depended on continuity and quality of prior service encounters. Conspiracy beliefs were uncommon, although uncertainty about vaccine safety and ingredients was present where explanations had been limited. Constraints were the most prominent barrier and included lack of access to vaccination records, absence of reminders, transport and cost difficulties, inflexible appointment systems, and language barriers. Calculation often involved weighing risks with incomplete or fragmented information, particularly during transitions out of children's services. Compliance was viewed negatively when vaccination felt imposed rather than discussed.

Discussion: Using the 7C model shows that missed or delayed vaccination among care-experienced young people reflects structural disruption and weak service continuity rather than disengagement or resistance. For CAMHS and professionals supporting transition to adult services, vaccination offers a useful marker of wider difficulties navigating preventive care. Embedding vaccination support within trusted relationships, improving continuity across services, and reducing practical barriers may strengthen engagement with both

physical and mental health care during this high-risk developmental period.

OP-08

Suicidality and Non-Suicidal Self-Injury in Youth

OP-08-001

Violences, suicidal behaviour, and non-suicidal self-injury in child development: findings from a Brazilian cohort

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Violence and mental health have a large proportion within the global burden of disease for children and youth, especially with the growing magnitude of suicidal behaviour and non-suicidal self-injury. This longitudinal study examined for the effects of physical and psychological family and community violence during childhood, adolescence and youth and the emergence of suicidal behaviour and non-suicidal self-injury among young people.

Methods: 129 participants, from a cohort of 500 students (mean age 8 years, SD 1.2) sampled at schools in a Brazilian metropolis (2005), were followed up for 16 years (2006, 2008, 2012, 2021). Suicidal behaviour/non-suicidal self-injury by the youth was the dependent variable assessed at the fifth wave of the study by Adult Self Report/Achenbach System of Empirically Based Assessment (ASR/ASEBA) and Youth Risk Behavior Survey Scale (YRBSS). The independent variables were 193 questions on violence (Conflict Tactics Scale - CTS - and "Things I have seen and heard"), which were assessed longitudinally. Three groups of violence (physical family violence, psychological family violence and community violence), plus the three stages of development studied (childhood, adolescence and youth), resulted in nine violence events, which were examined descriptively and input to structural equation modelling.

Results: The outcome was found in 37% of the participants, combining all time points. The forms of violence that occurred in childhood, adolescence and youth were, respectively: physical family violence: 84.5%, 14% and 15.5%; psychological family violence: 76.7%, 3.9% and 76.7%; and community violence: 18%, 12.4% and 40.3%. The modelling revealed a network between types of violence: community and psychological (0.348; $p < 0.001$) in childhood; community and psychological (0.302; $p < 0.001$) and physical and psychological (0.374; $p = 0.001$) in youth; and among all types of violence in adolescence. Regarding the outcome, the following factors were prominent: psychological family violence in childhood (0.656; $p = 0.006$), community violence in adolescence (0.517; $p < 0.001$) and psychological family violence in youth (0.398; $p < 0.001$).

Discussion: The study highlighted the effect of different forms of violence longitudinally with suicidal behaviour and non-suicidal self-injury in youth, underlining the value of preventing violence as an important vector in related intervention.

Associations of Cognitive Disengagement Syndrome with Incident Non-Suicidal Self-Injury and Suicidality in Preadolescent Children: the Mediating Role of Executive Function

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Cognitive disengagement syndrome (CDS), characterized by distinct cognitive and motor symptoms, is a growing concern in child psychopathology. However, its prospective association with the onset of severe outcomes like non-suicidal self-injury (NSSI) and suicidality in preadolescence, and the neurocognitive mechanisms involved, remain unclear. This study aimed to investigate the longitudinal relationship between CDS and incident suicidality/NSSI and to test the mediating role of neurocognition.

Methods: We analyzed data from 7,593 preadolescent children (aged 9-10) participating in the ongoing Adolescent Brain Cognitive Development (ABCD) Study. The cohort was free of NSSI and suicidality at baseline and was followed for up to 4 years. Baseline CDS was assessed using the Child Behavior Checklist (CBCL). Incident cases of NSSI, suicide ideation (SI), and suicide attempts (SA) were identified during follow-up using the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS). Neurocognitive performance, including executive functions, was assessed biennially via the NIH Toolbox. We used Cox proportional hazards models to examine prospective associations and mediation analysis to test for indirect effects.

Results: Over the follow-up period, 952 participants developed NSSI, 1390 developed SI, and 307 attempted suicide. After adjusting for confounders including inattention and anxious/depressed symptoms, higher baseline scores for total CDS, as well as for its cognitive and motor symptom domains, each significantly predicted an increased hazard of incident NSSI, SI, and SA. Furthermore, higher CDS and cognitive symptom scores were robustly associated with poorer performance in cognitive flexibility, inhibitory control, and processing speed. Mediation analyses revealed that deficits in cognitive flexibility and inhibitory control partially explained the prospective associations linking CDS and its cognitive symptoms to incident SI and SA.

Discussion: Cognitive disengagement syndrome is an independent risk factor for the future onset of suicidality and NSSI in preadolescent children. This association is, in part, attributable to underlying deficits in core executive functions. Our findings highlight that CDS is not a benign condition and underscore the importance of early identification and targeted interventions, potentially focusing on executive function, to mitigate the risk of these severe self-harm outcomes in youth.

PPN, Notum, and DKK-1 Levels in the Peripheral Circulation of Adolescents with Suicidal and Non-Suicidal Self-Injury Behaviors

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Suicide attempts and non-suicidal self-injury are significant public health problems with increasing prevalence during adolescence. Although research on the neurobiology of suicidal and self-harming behaviors has expanded in recent years, knowledge in this field remains limited. Transdiagnostic approaches focusing on behavioral phenotypes rather than diagnostic categories have become increasingly important for identifying shared biological mechanisms. This study aimed to investigate peripheral levels of Porcupine (PPN), Notum, and Dickkopf-1 (DKK-1), key regulators of the Wnt signaling pathway, in adolescents with suicide attempts, adolescents with non-suicidal self-injury, and healthy controls. Additionally, we examined the associations between these molecular markers and the frequency of self-harming behaviors, perceived stress, and childhood trauma exposure.

Methods: The study included forty adolescents aged 12-18 years with non-suicidal self-injury, forty-one adolescents aged 12-18 years with suicidal behavior disorder diagnosed according to DSM-5 criteria, and forty healthy controls aged 12-18 years recruited from a general pediatrics outpatient clinic with no history of physical or psychiatric disorders. Psychiatric diagnoses were assessed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version, DSM-5. Diagnoses were determined in the patient groups, and psychopathology was excluded in the control group. All participants completed a sociodemographic data form. Psychometric scales assessing anxiety, depression, self-injury, childhood trauma, perceived stress, suicide probability, and ADHD symptoms were administered to the patient groups. Venous blood samples were obtained from all participants, and serum levels of PPN, Notum, and DKK-1 were measured using enzyme-linked immunosorbent assay (ELISA).

Results: Serum Porcupine and Notum levels were significantly higher in both adolescents with suicide attempts and those with non-suicidal self-injury compared to healthy controls, whereas no significant group differences were observed in DKK-1 levels. Levels of Porcupine, Notum, and DKK-1 did not differ significantly between the two patient groups. Furthermore, no significant associations were found between biomarker levels and the frequency of self-harming behaviors or the severity of accompanying psychiatric symptoms.

Discussion: Elevated Porcupine and Notum levels in adolescents with suicidal and self-harming behaviors suggest that dysregulation of the Wnt signaling pathway may be involved

in the neurobiological underpinnings of these behaviors. The lack of association between biomarker levels and symptom severity indicates that these molecular alterations may reflect relatively stable, transdiagnostic biological features related to self-harm and suicidal behavior rather than state-dependent psychopathology.

OP-08-004

Identifying Suicide Risk Phenotypes in Adolescents at Ultra-High Risk for Psychosis: The Role of Prodromal Symptoms

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Suicide risk is a relevant yet under-investigated concern in individuals at Ultra-High Risk (UHR) for psychosis. Current literature is often limited by small sample sizes and a primary focus on suicidal ideation rather than behavior. It remains unclear which specific psychopathological configurations drive suicide attempts (SA) in this population. This study aimed to identify distinct prodromal symptoms and latent clinical phenotypes associated with SA within the UHR population.

Methods: A sample of 148 UHR adolescents (aged 11-17) was assessed using validated standard clinical interviews for prodromal symptoms, DSM-5 diagnoses and recent suicidal behaviors. Participants were divided into a suicide attempter group (SA; n=50) and a non-suicidal group (NS; n=98). After preliminary bivariate analyses, latent class modeling was performed on positive symptoms to identify clinical subgroups and their associated risk for SA, adjusting for sociodemographic and comorbid depression.

Results: Bivariate analyses revealed a "severity paradox": NS individuals showed significantly higher scores in disorganized communication ($p < 0.001$), suspiciousness ($p = 0.035$), and disorganized behavior ($p < 0.001$) compared to the SA group. LPR identified three distinct classes. Class 1 ("High-Risk/Perceptual abnormalities"; 49% of the sample), characterized by high perceptual abnormalities and low disorganization, exhibited the highest risk of SA (57.4%).

In the multivariable model, membership in Class 1 was the most potent predictor of SA, with a 16-fold increase in risk (OR = 16.62; 95% CI: 5.29-52.22; $p < 0.001$), independent of comorbid major depression (OR = 2.62; $p = 0.032$). Class 3 ("Severe-Disorganized"), despite having the highest overall symptom severity, did not show an increased risk for SA.

Discussion: Suicide risk in UHR adolescents is not a linear function of global severity. A specific "High-Risk/Perceptual abnormalities" phenotype, characterized by relatively preserved communication and thought integrity, appears most vulnerable to suicidal behavior. This is discussed in view of an "insight paradox", suggesting that risk stratification must prioritize specific symptom constellations rather than aggregate scores to ensure timely intervention.

OP-08-006

Social Media Use and Suicidality in Adolescents in Intensive Psychiatric Treatment: A Retrospective Study

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Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Adolescent social media use has been associated with both protective and adverse mental health outcomes; however, evidence from clinically high-risk populations remains limited. This study investigated patterns of digital media use and their associations with suicidality among adolescents receiving intensive psychiatric care.

Methods: A retrospective analysis was conducted using clinical records of 66 adolescents (mean age 15.4 years; 81.8% female) admitted to an acute psychiatric ward for crisis intervention due to suicidality between October 2023 and February 2025. Standardized assessments of social media use, content exposure, and gaming behavior were included. Logistic regression analyses tested digital predictors of suicide attempts.

Results: Average daily social media use was 5.1 hours (6.4 including gaming). Nearly all participants (98.5%) had at least one social media account, with TikTok and Instagram most used. Exposure to mental illness-related content was reported by 77.3%, NSSI content by 53.1%, and suicidality content by 50%. In the full sample, no significant predictors of suicide attempts were identified. However, in the female subgroup, actively searching for mental illness-related content predicted higher odds of a recent suicide attempt (OR=9.5, $p=.034$).

Discussion: Findings highlight the high prevalence of social media engagement and exposure to psychologically relevant content in adolescents with acute suicidality. While overall exposure was not predictive, active searching for mental illness-related content may indicate elevated risk among female patients. Future studies should aim to better understand the role and significance of digital literacy in clinical care, to inform prevention strategies.

OP-08-007

Art, Identification, and Youth Cognitive Processing of Suicide-Related Themes

Submitter: Gintare Pociute, Lithuania

Co-Authors: G. Pociute, S. Lesinskiene

Topic: Specific CAP Conditions / k. Self-Harming Behavior, Suicidality

Objective: Art plays an important role in adolescents' emotional and cognitive development, influencing how complex and sensitive psychological themes are perceived and interpreted. While previous research has examined the influence of media on suicidality, the role of general artistic exposure and identification with fictional characters in youths' cognitive processing of suicide-related themes has been less clearly characterized. This study focuses on how engagement with art and exposure to artistic works containing suicide-related themes, relates to youths' cognitive and emotional processing of suicide. It further explores how identification with artistic narratives and associated meaning-making and cognitive reframing processes are involved in how these themes are understood by young people.

Methods: A cross-sectional, anonymous online survey was conducted among upper secondary school students aged 16-19 years old in Lithuania. The questionnaire was administered using the Google Forms platform and included both original items and adapted questions based on established theoretical models of narrative engagement and audience-character identification. The survey examined exposure to different artistic genres, narrative and emotional involvement, identification with suicide-related portrayals, cognitive and emotional processing of suicide-related topics.

Results: At the time of analysis, 1,264 respondents had completed the questionnaire, and data collection is ongoing. Most respondents reported current engagement with at least one form of art. Exposure to artistic portrayals of suicide was reported by a substantial proportion of respondents. In preliminary descriptive analyses, 43.2% of participants who reported such exposure agreed or strongly agreed that these portrayals were associated with changes in how they perceived suicide and its underlying causes. Further statistical analyses are currently in progress.

Discussion: The preliminary findings suggest that exposure to suicide-related themes in art is a common experience among adolescents. Many respondents report that such portrayals influence how they perceive suicide and its underlying causes. The responses also show considerable variability in how teenagers understand and emotionally process suicide-related content encountered through art. The results suggest that adolescents engage with these topics in different ways, involving different forms of interpretation and meaning-making. Considering how young people perceive and reflect on suicidality in artistic contexts may be relevant for youth mental health education and prevention efforts.

OP-09

Socioeconomic Inequalities in Youth Mental Health

OP-09-001

Prevalence of mental health problems among children and adolescents and the association with socioeconomic inequalities - a systematic review and meta-analysis

Submitter: Rebecca Thiel, Germany

Co-Authors: R. Thiel, M. Leitner, H. König, C. Brettschneider

Topic: Epidemiology

Objective: Growing up experiencing socioeconomic disadvantages can have negative impacts on an individual's health and well-being. Moreover, most mental health disorders tend to onset during adolescence, often remaining undiagnosed and untreated for extended periods. Thus, it is crucial to understand the impact of socioeconomic factors on mental health of children and adolescents. This review aims to analyze the prevalence of mental health problems among young people and assess the influence of socioeconomic inequalities contributing to these problems. It encompasses mental health problems in general, as well as specific disorders, such as affective disorders, anxiety, psychotic, eating and substance use disorders, and hyperactivity, identified through questionnaires or diagnosis (e.g. ICD-10 F10-50, F90-91). By updating and expanding upon the findings of a previous systematic review (2013), this study seeks to provide a more comprehensive understanding of the current evidence regarding mental health in relation to socioeconomic inequalities.

Methods: Based on quantitative studies, published after 2013, pooled prevalence of mental health problems among children and adolescents were estimated. Meta-analysis was conducted to estimate the impact of socioeconomic disadvantages. Additionally, the prevalence of specific mental health disorders and meta-analyses of specific social disadvantage indicators are planned, given that enough data can be obtained. The search included published studies on PubMed, Web of Science and PsycINFO. ASReview was used to prioritize publications via active machine learning in the screening process. Nevertheless, studies were still included and excluded based on independent judgements of two authors. The four-step SAFE procedure by Boetje & von de Schoot (2024) was applied as stopping heuristics within the screening process.

Results: A total of 17100 studies were found. After excluding duplicates, 11339 studies were remained for the screening process. Currently, the screening process is ongoing (Step 2 of the SAFE procedure).

Preliminary results suggest a negative association between socioeconomic status and the prevalence of mental health problems. However, variability in the findings is expected, influenced by factors such as age of the population, geographic region, the definition of socioeconomic inequalities and whether the focus is on general or specific mental health disorders. Final results will be presented at the IACAPAP World Congress in Hamburg.

Discussion: This research informs about prevalence of mental health problems and the

impact of socioeconomic inequalities in the vulnerable group of children and adolescents. Results can be used for planning service needs and future prevention programs. This review suggests that a reduction in socioeconomic inequalities could lead to better mental health of children and adolescents.

Seeing the Bigger Picture- Child Psychiatry Data on Socioeconomic Differences in Seeking Patterns

Submitter: Anne-Katrin Kantzer, Sweden

Co-Authors: A. Kantzer, S. Buchmayer

Topic: Epidemiology

Objective: In Sweden, as internationally, an increasing number of children and adolescents are seeking care for mental health problems. Multiple factors have been discussed in an effort to understand the drivers of this trend. One proposed explanation is a shift toward a higher proportion of patients presenting with milder symptoms, as observed at the group level among children seeking care for neurodevelopmental disorders such as ADHD and autism. This shift may pose a risk of displacing patients with more severe conditions. The aim of the presented report, published from The National Board of Health and Welfare, was to examine whether socioeconomic factors influence patterns of mental health care seeking.

Methods: Using national health and social data registers from the National Board of Health and Welfare, combined with data from Statistics Sweden (SCB), the population-level trends in mental health care utilization were analyzed. Five socioeconomic area types were defined based on the prevalence of upper secondary education as the highest educational level, receipt of social welfare assistance, long-term unemployment, and income below 60% of the national median in the residential area. These area types were linked to outcomes including a psychiatric index (defined as the prevalence of one or more psychiatric diagnoses, contact with psychiatric outpatient care, admission to psychiatric inpatient care, or use of psychiatric medication), antidepressant use, compulsory psychiatric care, and exposure to abuse by another person (violence or sexual abuse). Prevalence of ADHD diagnoses across socioeconomic groups was also examined. Analyses were conducted using data from 2022.

Results: Children and adolescents living in areas with greater socioeconomic challenges received less mental health care overall. Areas with socioeconomic challenges had a lower prevalence of the psychiatric index compared with other area types, particularly area type 1 (very severe socioeconomic challenges). Similar patterns were observed for antidepressant use and prevalence of ADHD diagnoses, with lower prevalences in socioeconomically disadvantaged areas. In contrast, the prevalence of abuse by another person was higher among both children and young adults in these areas. Young adults from socioeconomically challenged areas more frequently received compulsory psychiatric care for severe mental health conditions.

Discussion: Children and adolescents from areas with severe socioeconomic challenges appear to seek psychiatric care to a lesser extent than those from more affluent areas.

Given the well-established links between psychiatric symptoms and environmental factors such as socioeconomic conditions and social safety, the lower psychiatric index observed in these areas is unlikely to reflect a lower true burden of mental illness. This interpretation is supported by the higher rates of compulsory psychiatric care for severe conditions among young adults from the same areas. The underlying reasons for these disparities are likely complex and were not examined in this study. Broader health inequalities appear to coincide with differences in access to psychiatric care and outcomes, reinforcing existing mental health inequities. The National Board of Health and Welfare aims to address these issues in future projects, including the development of guidelines to strengthen and prioritize primary health care.

OP-09-004

Finding strength from within and from without: Results from a qualitative study on coping and resilience promotive factors of socioeconomically marginalised adolescents exposed to parental intimate partner violence in urban India

Submitter: Meghna Achar, India

Co-Authors: M. Achar, J. Ruben, S. Thomas

Topic: Epidemiology

Objective: Children and adolescents are deemed "silent" victims of intimate partner violence. Despite high prevalence of childhood exposure to parental IPV (PIPV) in South Asia and growing literature on children's lived experience of PIPV globally, there is a paucity of research in low- and middle-income countries documenting PIPV experiences of adolescents. This creates a dangerous lack of evidence that prolongs a trend of poor practice and policy response to marginalized adolescents' needs. The objective of our study is to understand adolescents' strategies of coping with violence at home, and to elicit promotive factors, i.e., internal assets and external resources that potentially bolster the resilience of socioeconomically marginalised adolescents who grow up in the context of PIPV in urban India.

Methods: Sixteen girls and boys aged 14 to 19 years with recent PIPV exposure were purposively sampled from Bengaluru-based children's shelters, to partake in trauma-informed, strengths-based, in-depth interviews - encouraging them to speak, write, and draw about their experiences. We embedded thematic analysis in an Interpretative Phenomenological Analysis framework to capture the breadth and depth of adolescent participants' complex narratives of violence at home. This involved an idiographic review of each transcript by making descriptive, linguistic, and conceptual notes, and synthesising them into experiential themes using cross-case analysis. A reflexive journal, audit trail, and data saturation ensured methodological rigor. This paper presents a partial analysis of findings from a larger mixed methods study examining the lived experience, mental health and resilience of adolescents exposed to PIPV.

Results: Adolescents use myriad coping strategies: Intervening, mediating, and de-escalating; Physical distancing; Mental distancing; Releasing pent-up emotions; Appraising oneself as older, smarter, and stronger; Seeking instrumental support, and; Rumination, trivialisation, and acceptance.

Six themes emerged as internal assets promoting resilience: Soothing oneself; Knowing and asserting rights and boundaries; Building and rebuilding relationships; Striving for self-improvement; Altruism and service born of suffering and; Facing it all - holding on to grit, faith, and hope.

Five themes were categorised as external resources: If someone could just talk to them -

the need for bystander intervention and mediation; Do listen, but don't just listen - advice, reassurance, and empowerment; Looking for the proxy parent - affection, praise, and discipline; Confidential consistent course-correctors, and; A haven for the reclaiming robbed childhoods - spaces for play, learning, and growth.

Discussion: We attempted to balance adolescents' rights to participation and protection through our adolescent-first and stakeholder-inclusive approach. PIPV-exposed adolescents are agentic and adopt dynamic coping strategies; using Carver's coping theory, we discuss practice implications to reconceptualise adolescent coping and inform effective adolescent safety planning. From the paradigm of resiliency theory, we identified individual, contextual and systemic assets and resources which may potentially offset adolescents' developmental trajectories from risk exposure to psychopathology. Our needs-based study documents self-identified strengths and environmental supports, which can be utilised to shape community and clinical interventions to equip adolescents and systems - families, neighbourhoods, schools, child protection services and organisations - with relevant skills and resources to help them achieve resilient outcomes despite significant adversity.

OP-09-005

Socioeconomic and Mental Health Correlates of Grade Repetition Among Children and Adolescents in Lebanon

Submitter: Badr Abi Ali, Lebanon

Co-Authors: B. Abi Ali, L. Ghandour, F. Maalouf

Topic: Epidemiology

Objective: Academic failure is a risk factor for psychopathology and suicide in children and adolescents and is linked to other adverse outcomes, such as young adult homelessness. Despite this, it remains understudied. This study assesses the prevalence of grade repetition and identifies its clinical and demographic correlates in a nationally representative sample of children and adolescents in Lebanon.

Methods: We conducted a secondary analysis of the Psychopathology in Children and Adolescents in Lebanon Study. The sample included 1,283 parent-child dyads of youth aged 8 to 17 years 11 months. Children and adolescents completed a battery of questionnaires including the Mood and Feelings Questionnaire (MFQ), Screen for Child Anxiety Related Emotional Disorders (SCARED), Conflict Behavior Questionnaire (CBQ), Strengths and Difficulties Questionnaire (SDQ), and Peer Relations Questionnaire (PRQ). Parents completed a sociodemographic questionnaire (which includes parent-reported grade repetition) and the General Health Questionnaire (GHQ). We present the final model for grade repetition iterated separately for children aged 8 to under 12 years and adolescents aged 12 to under 18 years.

Results: The prevalence of grade repetition was 10.4% in children and 27.9% in adolescents. Among children, grade repetition was associated with lower household income [OR: 2.02 (1.01, 4.17)], lower maternal education [OR: 2.30 (1.14, 4.57)], and lower paternal education [OR: 1.93 (1.03, 3.60)]. Similar findings emerged in adolescents: lower household income [OR: 2.44 (1.43, 4.21)], lower maternal education [OR: 2.35 (1.25, 4.45)], lower paternal education [OR: 1.88 (1.09, 3.25)]. In children, grade repetition was also associated with higher parental GHQ score [OR: 1.25 (1.06, 1.48) per 7-point increase] and male gender [OR: 2.29 (1.44, 3.70)]; In adolescents, internalizing disorder [OR: 1.81 (1.10, 2.97)], and recent substance use [OR: 1.79 (1.03, 3.11)] were positively associated with grade repetition.

Discussion: Parental education and household income were significant correlates of repeating a school year in both age groups, highlighting the possible direct and indirect role of socioeconomic disadvantage in academic trajectories. Among the younger age group, poorer parental mental health was associated with grade repetition, suggesting that family level distress may be particularly relevant earlier in development, and possibly translating into adolescent mental health, as internalizing disorders and recent substance use were significant predictors of repeating a school grade in adolescence. These findings support

age tailored interventions that target the multiple predictors (and possibly mediators) of grade repetition including family socioeconomic constraints, parental mental health in younger children, and adolescent mental health in older youth.

Invisible Needs, Uneven Access: A Systematic Review on Adolescent Mental Health Services Use in the ASEAN Region

Submitter: Amirah E. Wahdi, Australia

Co-Authors: A. Wahdi, J. Maravilla, H. Erskine

Topic: Epidemiology

Objective: The Association of Southeast Asian Nations (ASEAN) is a regional group formed in 1967, consisting of 11 countries with 218.3 million youths in 2022. Despite its large population, we knew little about the adolescent mental health situation in this region, including the prevalence of adolescents using mental health services and the related factors. This systematic review aimed to compile all available evidence on adolescents' use of mental health services in the ASEAN region. To our knowledge, this was the first review of its kind.

Methods: PubMed, Embase, PsycINFO, and CINAHL were searched in July 2025 using comprehensive keywords. A paper was included if it was an original study on any ASEAN country, involved a population aged 10-19 years, or had an average age with a standard deviation within that range, and reported the prevalence of mental health service use. We defined the prevalence of mental health service use as the actual number of adolescents visiting or accessing any mental health service relative to the total adolescent population in the study. We did not set a predefined definition for mental health service use. The papers were independently screened in Covidence, and the results were extracted into a comprehensive spreadsheet. An extensive grey literature search was also conducted across several online databases and by contacting experts. Each peer-reviewed paper was assessed using the Assessment for Cross-Sectional Studies (AXIS) and was registered in PROSPERO.

Results: Out of 30,750 papers screened, we identified 16 that met our inclusion criteria. All of them were cross-sectional studies. Five studies reported on Indonesia, four each on Malaysia and Singapore, three on Vietnam, and one on the Philippines. The screened papers reported prevalence across different reporting periods, including current use of the service, 3 months, 6 months, 12 months, and lifetime. Services reported included both formal (general practitioners, psychiatrists, psychologists, clinics, and hospitals) and informal services (life coaches, teachers, social workers, and religious leaders). Among studies reporting adolescent mental health service use in the population regardless of mental disorder status, prevalence was as low as 2.0% in Indonesia, 2.8% in Singapore, and 2.9% in the Philippines. Studies from Singapore were primarily from health facilities, with the prevalence reaching as high as 77.0%.

Discussion: This systematic review found that, despite the large size of the adolescent and youth population, data on adolescent mental health, particularly on the use of mental

health services, are extremely scarce in the ASEAN Region. Only five of the eleven ASEAN countries have any data on adolescent mental health service use. Based on available evidence, the prevalence of service use was very low, highlighting a significant unmet need in the region compared to the current evidence on the burden of adolescent mental health. This low prevalence persisted even after accounting for the informal services in the analysis. The evidence also varied in methodology, which limited our ability to make direct comparisons across countries. As a region, ASEAN requires greater investment to ensure adolescents can access mental health services when they need them and to reduce inequality in access to care, including by improving data availability on this issue.

OP-09-007

Does what you have shape where you are going to? An observational study investigating the role of objective and perceived socioeconomic conditions on mental health of psychiatric adolescent inpatients

Submitter: Marta Borgogno, Italy

Co-Authors: M. Borgogno, C. Lux, C. Davico, B. Vitiello, D. Marcotulli

Topic: Epidemiology

Objective: Recognizing the role of socioeconomic status as a determinant of health, particularly in mental health, we investigated its impact on discharge disposition in adolescent psychiatric patients. Additionally, we explored how both objective and perceived social status affect the mindset of adolescents, recognizing the potential for modification during their formative years. Accordingly, we tested the following hypotheses: 1. a lower socioeconomic status is associated with a higher risk of a residential or semi-residential discharge disposition; 2. socioeconomic inequalities (socioeconomic status lower than the SES of residency neighborhood) is associated with worse functioning due to a mental health disorder; 3. the mindset type is associated with the objective and perceived SES of the individual.

Methods: Retrospective clinical data from patients admitted to the child and adolescent psychiatric inpatient unit of the University of Turin Children's Hospital Regina Margherita (January 2017 - December 2022) were examined. Prospective data were collected from psychiatric inpatients and psychiatric day-hospital patients (January - September 2023). The study included patients aged 11-18; data were obtained through direct interviews and physician-administered questionnaires. Sociodemographic and clinical variables were collected. Discharge dispositions based on care intensity were classified in decreasing order of restrictiveness as residential mental health facilities, day hospital or psychoeducational day-care services, and discharge home with outpatients mental health care. For each patient, Children's Global Assessment Scale (CGAS), Hollingshead index and deprivation index were reported. In the prospective sample, MacArthur Scale of Subjective Social Status - Youth Version, Growth Mindset Scale, "Kind of Person", and Beck Hopelessness Scale (BHS) were analyzed. Mixed models and multiple linear regression were used.

Results: The Hollingshead index was negatively associated with the risk of being discharged to higher intensity care settings. The results of a linear regression, using CGAS as the outcome, showed that individuals with a family's socioeconomic status lower than the SES of their neighborhood had a lower pre-hospitalization functioning. In the prospectively collected data, we did not find an association between the score on the growth mindset scale and either the objective or the perceived SES. To consider the opposing aspect, we then turned to analyzing the association between hopelessness (as measured by the Beck's scale) and socioeconomic status. We observed that the subjective

school status is negatively correlated with hopelessness.

Discussion: This study provides insight into how patients socioeconomic status can impact their discharge disposition following psychiatric hospitalization and ultimately their therapeutic chances. Furthermore, to our knowledge, this study presents the first evidence that living in an unequal social environment impact functioning in adolescents with mental health disorders. We have also identified a noteworthy association between perceived social status and patients' hopelessness, which is worth further investigation due to its potential significance in understanding the underlying causes and therapeutic considerations.

This work will be further updated by including data collected from 2023 onward, within the framework of a broader interdisciplinary research project involving the Department of Law, aimed at investigating the developmental trajectories of adolescents undergoing inpatient care, as well as the clinical, familial, and institutional determinants influencing such trajectories.

OP-10

Adolescent Addictive Behaviours: From Substance Use to Digital and Gambling-Related Risks

OP-10-001

Antidepressants in Youth with Comorbid Alcohol Use Disorder: A Systematic Review

Submitter: Fiona Choi, Canada

Co-Authors: F. Choi

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: The recent Canadian guideline on the management of high-risk drinking and alcohol use disorder (AUD) cautions against the use of selective serotonin reuptake inhibitors (SSRIs) for adults and youth with AUD and non-substance-induced major depressive disorder (MDD) or anxiety. However, the evidence supporting this recommendation has limitations, particularly as it pertains to youth. Reference studies focused on AUD treatment and not depression, and did not distinguish between substance-induced or primary depression. The objectives of this presentation are to present a systematic review of the evidence on the efficacy and safety of antidepressants, particularly SSRIs, for youth under 19 with comorbid AUD and depressive/anxiety disorders, and to assess effects on mood and alcohol related outcomes. A synthesis of efficacy and safety data will be presented in order to identify gaps in evidence and to guide practice and further research.

Methods: PRISMA 2020 procedures were followed and sources included MEDLINE, Embase, PsycINFO, Cochrane CENTRAL, PubMed (last 25 years) and ClinicalTrials.gov. A comprehensive strategy combined terms for youth (adolescent, teen, youth), AUD (alcohol, substance), comorbidity (depression, anxiety), and pharmacotherapy (antidepressants/SSRIs). Two reviewers independently screened titles/abstracts and full texts, resolving disagreements by consensus. A PRISMA flow diagram will be presented to summarize selection. A standardized extraction form captured study characteristics (year, country, setting), sample demographics, diagnostic criteria, intervention details (drug, dose, duration; adjunct psychotherapy), comparators, outcomes and timepoints, and adverse events.

Results: A total of 834 studies were identified and 57 full-text studies were assessed for eligibility. A final list of 22 studies met inclusion criteria and were included in data extraction. Most studies were conducted in North America; sample sizes were modest and predominantly male, reflecting treatment seeking justice or clinic referred youth. Fluoxetine was the most frequently studied agent; bupropion and venlafaxine appeared in limited trials or cohorts. Follow up durations were typically under 12 weeks, with few reporting long term data. Across studies, antidepressants, especially fluoxetine, demonstrated improvements in depressive severity in some adolescent AUD samples. Effects were more consistent when combined with cognitive behavioural therapy/motivational enhancement (CBT/MET). Stand alone pharmacotherapy showed mixed results, with several underpowered analyses and heterogeneity in scales and timing. Across the 22 included studies, there was no evidence that SSRIs increased alcohol

consumption.

Discussion: This review synthesizes the adolescent evidence on antidepressant treatment in the context of comorbid AUD, an area where practice has often extrapolated from adults. Three key messages emerge: (1) there is no consistent evidence that SSRIs worsen alcohol consumption in youth; (2) there are indications of potential mood symptom benefit, particularly with adjunct CBT/MET; and (3) the available clinical evidence is limited and heterogeneous, with underpowered alcohol outcomes. The debate over recommending SSRIs in this population therefore centers not on categorical harm, but on indication, timing, and context. SSRIs should not be expected to treat AUD directly, but may be appropriate when mood/anxiety disorders are primary, psychosocial treatments are in place, and safety can be monitored. For adolescents with AUD and a clear primary mood disorder, SSRIs (most data with fluoxetine) may be considered, ideally within integrated care pathways that include psychosocial therapy and substance use services.

OP-10-002

Involuntary Treatment of Adolescents with Substance Use Disorders: Evidence Gaps, Clinical Considerations and Ethical Challenges

Submitter: Tomasz Jarczok, Germany

Co-Authors: T. Jarczok

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: Children and adolescents have increased vulnerability for substance use disorders (SUD), attributed to neurodevelopmental immaturity associated with a faster transition from substance use to dependence. In this population, sustained consumption frequently impairs the capacity to develop and maintain motivation for treatment. This raises ethical and clinical dilemmas concerning situations in which treatment is initiated against the will of the adolescent. In Germany, involuntary treatment of minors follows a specific legal approval process. Empirical evidence for the effects, harms and benefits of involuntary treatment in this age group is scarce, partly due to the methodological challenges of controlled trials. This presentation aims to (1) provide an overview of neurobiological, clinical, legal and ethical aspects relevant to involuntary treatment of SUD; (2) outline clinical experience from a specialised high-intensity SUD treatment programme; and (3) present preliminary findings from a qualitative study capturing the subjective experiences of adolescents who underwent involuntary treatment.

Methods: Arguments for and against involuntary treatment will be discussed based on a narrative review of the literature. The presentation will present the concept of the treatment programme and clinical treatment observations drawn from an intensive multimodal inpatient SUD treatment programme at the Department of Child and Adolescent Psychiatry at the Josefinum Hospital, Augsburg, Germany. Preliminary qualitative data are derived from semi-structured interviews with adolescents following involuntary treatment and analysed thematically.

Results: Clinical observations suggest that temporary coercion may enable the initiation of motivational processes and specific therapeutic interventions once intoxication is cleared and acute withdrawal symptoms have subsided. Even when treatment is initiated involuntarily intensive multimodal treatment may lead to the development of commitment to pursue abstinence, and to engage in continuing care for SUD, co-occurring mental health conditions, and social or educational rehabilitation in some patients. Preliminary qualitative findings indicate heterogeneous subjective experiences.

Discussion: Involuntary treatment of adolescents with SUD represents a complex clinical dilemma at the intersection of neurodevelopment, addiction medicine, ethics and law. Given the lack of robust outcome data and limited evidence regarding potential harms, clinical decision-making must rely on developmental understanding of SUD, developmentally informed, multimodal care, and careful ethical proportionality.

considerations. Research on lived experience and systematic follow-up studies are needed to enhance the understanding of the effects of involuntary treatment, inform future policy, and guide clinical standards in this controversial area.

OP-10-003

Prevalence and Product Variety for Adolescent Smokeless Tobacco Use in India

Submitter: Priyamvada Sharma, India

Co-Authors: P. Sharma

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: Smokeless tobacco (SLT) use among Indian adolescents represents a critical public health crisis. National surveys, including the Global Youth Tobacco Survey (GYTS 2019), report prevalence rates of 10.9% among 15-24-year-olds and 9.4% among 13-15-year-olds, with disproportionately higher rates among boys (up to 20.6% in urban areas) and rural youth (up to 21%). Early initiation, often between ages 8-12, is fueled by multifaceted drivers such as peer pressure, aggressive marketing promotions, low prices, high affordability, appealing flavors, and unrestricted access. These factors exacerbate vulnerability in this demographic, contributing to long-term risks of oral cancers, cardiovascular diseases, and nicotine dependence. This research aimed to quantify ingredients of SLTs responsible for their addictiveness (nicotine, humectants, pH and moisture) attractiveness (flavours) and toxicity (TSNAs and metals) in the commonly available products.

Methods: India features a diverse array of smokeless tobacco (SLT) products, including khaini, gutkha, zarda, paan/betel quid, mishri, mawa, pan masala with tobacco, and chewing tobacco. These are regionally varied, often flavored and packaged to appeal to youth, contributing to high usage rates.

This study quantified nicotine and flavor compounds in popular SLT brands using gas chromatography-mass spectrometry (GC-MS/MS). Heavy metals were analyzed via inductively coupled plasma mass spectrometry (ICP-MS). Additionally, urinary cotinine levels were measured in SLT users by GC-MS/MS to assess exposure.

Samples comprised 20 popular SLT brands from across India, procured from retail outlets in key regions. Triplicate analyses ensured precision (RSD <5%). Nicotine flavours and other toxicants were analyzed using TobLabNet-certified SOPs. Metals included As, Cd, Pb, Hg were quantified with CORESTA certified SOPs. Data were processed using Agilent MassHunter software, with LOD/LOQ validated per ICH guidelines.

Results: These products harbor toxicants nicotine (16-52 mg/g khaini/zarda), TSNAs (high in khaini ~27 µg/g), heavy metals (Pb/Cd exceeding FAO/WHO limits in ~30% gutkha). Menthol (160-21,700 µg/g), PAHs, aldehydes boost addiction/cancer risk via pH/additives. Analysis of smokeless tobacco products revealed elevated levels of toxicants. Nicotine concentrations ranged from 16-52 mg/g in khaini and zarda, promoting high addiction potential. Total nitrosamines (TSNAs) were notably high in khaini (~27 µg/g), exceeding safe thresholds and heightening oral cancer risk. Heavy metals were prevalent, with lead (Pb) and cadmium (Cd) surpassing FAO/WHO permissible limits in ~30% of gutkha samples, indicating significant health hazards.

Menthol content varied widely (160-21,700 µg/g), alongside polycyclic aromatic hydrocarbons (PAHs) and aldehydes, which enhance nicotine bioavailability through pH modulation and additives. These constituents synergistically amplify addiction liability and carcinogenesis.

Discussion: Analysis of smokeless tobacco products (khaini, zarda, gutkha) revealed elevated toxicants posing dual addiction and carcinogenic risks. Nicotine concentrations ranged 16-52 mg/g in khaini/zarda, indicating high addiction potential. Total nitrosamines (TSNAs) reached ~27 µg/g in khaini, far exceeding safe thresholds and elevating oral cancer risk.

Heavy metals were concerning: lead (Pb) and cadmium (Cd) surpassed FAO/WHO limits in ~30% of gutkha samples, signaling substantial toxicity. Menthol varied widely (160-21,700 µg/g), while polycyclic aromatic hydrocarbons (PAHs) and aldehydes enhanced nicotine bioavailability via pH modulation and additives.

These constituents synergistically amplify addiction liability and carcinogenesis. Overall, 85% of samples exhibited combined toxicity/carcinogenicity, underscoring urgent need for stringent regulatory interventions under India's tobacco control framework.

Targeted interventions and public awareness addressing product accessibility, chemical hazards, and youth-targeted marketing are urgently needed to curb this epidemic

Understanding the Effects of Postpartum Cannabis Use and Form of Cannabis on Mother-Infant Relationships

Submitter: Aviva Olsavsky, United States of America

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Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: As cannabis has been legalized in most US states and many countries, use has increased in women of reproductive age and specifically in perinatal populations. While cannabis is often perceived to be safe because it is legal, research demonstrating safety is lacking and legalization in the US has increased availability of higher-potency products. Further, perinatal use is common (>10% of pregnant women in some studies) and constitutes a social media phenomenon, with the rise of online communities like the 'Cannamoms.' Rates of perinatal use are especially concerning given known effects of prenatal exposure, but surprisingly little is known about the effects of postpartum use on mother-infant relationships. Mothers want to know the effects of cannabis use, and psychoeducation in many clinics is lacking due to a limited knowledge base.

Methods: In the multi-visit Mama Brain Study, we collected data in 104 mothers and their infants (59 using cannabis [CU+] and 45 without use [CU-]; 3-15 months postpartum). Utilizing Mangold synchronized camera system, we recorded mother-infant free-play interactions. Further, data were collected regarding substance use patterns (timeline follow-back, including data on form/potency/amount of use) and objective exposure measures such as serum and breastmilk cannabinoid levels. Psychiatric diagnoses and symptoms were also assessed with the MINI International Neuropsychiatric Interview and other clinical evidence-based scales. Trained coders blinded to participant group assessed 3-minute (180 timepoints) video clips in a subsample of 49 dyads at 1-second intervals for biobehavioral synchrony (affect/touch/vocalization/gaze synchrony; $\kappa \geq 85\%$). Proportion of time in synchrony was calculated. Data were analyzed utilizing SPSS software with GLM examining effects of group based on use or predominant form of cannabis used.

Results: CU+ vs. CU- dyads exhibited lower proportion of any synchrony ($F(1,47) = 4.7$, $p < 0.05$). These findings were driven specifically by gaze synchrony ($F(1,47) = 8.2$, $p = 0.006$). CU+ vs. CU- mothers gazed more toward infant's body and less at infant's face ($ps < 0.005$). CU+ vs. CU- infants gazed less at mother and more toward the environment ($ps < 0.05$). With respect to form, most mothers used either predominantly concentrates (avg-72.4%-THC) or flower (avg-21.6%-THC), with a minority using edibles. There was a strong trend for group effect based on form suggesting lower synchrony with higher-potency product use, with CU- dyads (33.8%) exhibiting the highest synchrony, followed by intermediate synchrony (25.7%) in CU+FLOWER dyads and CU+CONC dyads (18.7%) exhibiting the lowest synchrony ($F(2,46) = 2.9$, $p = 0.06$).

Discussion: Preliminary data from the Mama Brain Study demonstrate that cannabis use is associated with diminished mother-infant synchrony during interaction. Gaze differences driving this finding are potentially modifiable behaviors which might be addressed via dyadic therapy. Further, the study supports that use of concentrate products are relatively common and may be associated with further decrement in synchrony vs. lower-potency products, pending confirmation in our full sample. If this finding holds, it may inform public health intervention and counseling, suggesting harm reduction approaches. These findings are even more powerful given that mothers had been instructed to not use cannabis within 24 hours of the visit; thus, potentially even while not actively using cannabis, there may be differences in parenting driven by chronic use. Future analyses will integrate objective biological measures including serum and breastmilk samples, more detailed use data, and multimodal neuroimaging data collected in the Mama Brain Study cohort.

OP-10-005

Problematic Internet Use and Depression: A Mixed-Methods Study Among Secondary School Adolescents in Ibadan, Nigeria

Submitter: Ngozichukwuka Obiejemba, United Kingdom of Great Britain and Northern Ireland

Co-Authors: N. Obiejemba, T. Bella-Awusah, V. Makanjuola, A. Yakubu Ibrahim, A. Ibrahim, O. Okediran

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: This study aimed to determine the prevalence of problematic internet use (PIU) and depression among secondary school adolescents, identify the sociodemographic and behavioural correlates of PIU, examine the association between PIU and depression, and explore adolescents' perceptions of problematic internet use.

Methods: This cross-sectional study adopted a convergent parallel mixed-methods design among adolescents aged 10 - 19 years in Ibadan, Nigeria. A total of 611 students were recruited through multistage sampling from 20 randomly selected public and private schools across two local government areas. Quantitative data were collected using a sociodemographic questionnaire, the Internet Addiction Test, PHQ-A for depression screening, and the MINI-KID/MINI for depression diagnosis. The quantitative findings were analysed with SPSS. Qualitative data were obtained through eight focus group discussions involving 77 randomly selected students to explore perceptions of problematic internet use. More advanced thematic analysis and interpretation of the qualitative findings were conducted using ATLAS.ti.

Results: Problematic internet use (PIU) prevalence was 22.8%, significantly lower among junior than senior students ($p < 0.001$). PIU was associated with maternal education, school satisfaction, teacher-student relationships, perception of family, and behavioural factors including weekly internet use, monthly data costs, adolescents' perception of their internet expenses, and maladaptive financial behaviours (e.g. stealing to fund internet use). Internet use was mainly for school-related activities (67.8%) and media consumption (64.8%), while online gambling (4.9%) emerged as a concern from the qualitative data. Depression prevalence was 18.5% and was the strongest predictor of PIU (OR = 2.60), alongside class level, duration of use, subscription amount, and maladaptive financial behaviours. Qualitative findings indicated a shift from purposeful to compulsive use driven by peer influence, unmet emotional needs, inconsistent parental monitoring, and persuasive digital features. Reported consequences included academic decline, sleep disruption, moral concerns, and emotional distress.

Discussion: This study found that about one in five secondary school adolescents in Ibadan had problematic internet use (PIU), a prevalence comparable to Nigerian and international estimates outside the COVID-19 period. PIU was more common among senior

students and strongly associated with depression, highlighting its close link with adolescent mental health. Poor teacher-student relationships and low school satisfaction further highlighted the influence of school climate. Qualitative findings showed that while the internet was valued for academics, entertainment, and emotional expression, many adolescents described a shift toward compulsive use driven by peer influence, unmet emotional needs, inconsistent parental monitoring, and persuasive digital features. Reported consequences included academic decline, sleep disruption, reduced physical activity, moral concerns, and emotional distress. Integration of quantitative and qualitative findings identified depression as a central correlate of PIU and suggested that problematic use reflects both individual vulnerabilities and environmental stressors.

OP-10-006

In-Game Loot Boxes Engagement, Gambling-Related Beliefs, and Adolescent Mental Health: A Cross-Sectional Study

Submitter: Dan-Yuan Guo, People's Republic of China

Co-Authors: D. Guo, P. Wong, W. Ting, A. Chan, C. Fung, Y. Lee

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: The widespread use of loot boxes in video games among adolescents raises significant public health concerns due to their gambling-like mechanics, which may promote mental health risks. Adolescents are particularly vulnerable owing to immature impulse control and reward processing during neural development. This study investigated how gambling-related irrational beliefs and problem gambling severity influence psychological distress among secondary school students with in-game loot box experience.

Methods: A cross-sectional survey was conducted with 563 secondary school students reporting in-game loot box experience, recruited via stratified convenience sampling by gender, grade, and district. Participants completed the Gamblers' Beliefs Questionnaire, Problem Gambling Severity Index, and Kessler Psychological Distress Scale. Data were analyzed via regression and moderation models.

Results: Among participants, 30.4% were classified as moderate-risk gamblers and 8.6% as problem gamblers. The moderation model showed that both higher problem gambling scores and stronger gambling-related irrational beliefs predicted greater psychological distress ($p < .001$). Irrational beliefs negatively moderated the relationship between problem gambling and distress ($p < .001$). Simple slopes showed stronger effects at low irrational beliefs (Estimate = 0.66, $p < .001$) versus high (Estimate = 0.31, $p < .001$).

Discussion: Loot box engagement in videogames is associated with elevated gambling risk and psychological distress in adolescents. Youth with stronger irrational gambling beliefs may normalize loot box mechanics and report less distress despite problematic use, whereas those with fewer such beliefs appear more vulnerable and experience greater distress when gambling problems emerge. Adolescent mental health professionals and school social workers should systematically assess loot box-related risks and integrate digital literacy, parental guidance, and advocacy into prevention and intervention in this increasingly digital era.

OP-10-007

Beyond Play: Physical Blind Box Engagement and Hidden Gambling Risks in Adolescents

Submitter: Dan-Yuan Guo, People's Republic of China

Co-Authors: D. Guo, P. Wong, A. Chan, C. Fung

Topic: Specific CAP Conditions / g. Substance-Related and Addictive Disorders

Objective: Physical blind boxes, such as Labubu figurines, have rapidly gained worldwide popularity and are especially appealing to adolescents. While in-game blind boxes have been proven to be linked to gambling addiction, the relationship between physical blind boxes and gambling risks remains underexplored. This study examined the relationship between physical blind box engagement, risky blind boxes behaviors, problem gambling, and related attitudes among adolescents.

Methods: A cross-sectional design was employed, recruiting 601 students from five Hong Kong secondary schools via stratified convenience sampling. Participants completed self-administered surveys, including loot box engagement behaviors, Risky Loot Box Index, Gamblers' Beliefs Questionnaire, and Problem Gambling Severity Index. Descriptive and correlation analyses were conducted using the software Jarmovi.

Results: The prevalence of physical blind box purchasing was 62% ($n = 371$). Adolescents who purchased blind boxes showed significantly higher levels of risky blind box involvement than non-purchasers ($p = 0.003$). Among buyers, risky blind box behaviors were positively associated with both monetary and time investment (all $p < 0.001$). Risky engagement was also linked to greater gambling problems ($p < 0.001$) and stronger irrational gambling beliefs, including luck perseverance ($p < 0.001$) and illusion of control ($p < 0.001$).

Discussion: Blind box engagement may represent a developmentally salient pathway into gambling-like behaviour in early adolescence. Routine screening of blind box involvement, including financial and time investment and gambling-related attitudes, could help child and school social workers identify young people who are vulnerable to emerging gambling harms. Psychoeducation on blind box mechanisms (e.g., odds, randomness, and escalating spending) should be integrated into school-based prevention, parent education, and broader public mental health campaigns to strengthen critical awareness and reduce addiction risk.

OP-11

Youth Mental Health Trajectories and Transitions

Adolescent and maternal correlates of Orthorexia Nervosa in Obsessive-Compulsive Disorder: Preliminary findings from a structural equation modeling approach

Submitter: Hande Günal Okumus, Türkiye

Co-Authors: H. Günal Okumus

Topic: Epidemiology

Objective: Orthorexia nervosa (ON) has attracted growing clinical and academic attention in recent years. Given its overlapping phenomenological features, ON has been proposed as a condition that may fall within the spectrum of obsessive-compulsive disorder (OCD). Furthermore, research examining the relationship between ON and OCD, along with the mediating factors that may influence this relationship, remains limited, particularly among pediatric populations. Examining both individual and familial factors during this developmental stage could provide a more detailed understanding of the connection between ON and OCD.

Methods: Fifty-one adolescents with OCD and thirty-one healthy controls aged 10-18 years completed the Orthorexia Nervosa Inventory-Adolescents (ONI-A), The Revised Children's Anxiety and Depression Scale- Child Version (RCADS-CV), and the Dutch Eating Behavior Questionnaire (DEBQ). The mothers of participants in both groups completed the Orthorexia Nervosa Inventory-Adult Form (ONI-AF), the Depression Anxiety Stress Scale-21 (DASS-21), and the DEBQ. In the OCD group, symptom severity was evaluated using both clinician-rated and self-report measures: the severity subscale of the Clinical Global Impression Scale (CGI-S) and the Maudsley Obsessive-Compulsive Inventory (MOCI), respectively. Relationships among OCD symptoms, eating behaviors, and ON symptoms were examined using structural equation modeling.

Results: No significant group differences were observed in age, gender, socioeconomic status, or anthropometric measures (all $ps > .50$). Adolescents with OCD reported higher internalizing symptoms and greater orthorexic tendencies compared with HCs ($ps < .05$), although DEBQ subscales did not differ significantly. Within the OCD group, rumination and cleaning symptoms positively predicted emotional eating ($B = .52, p = .001$; $B = .31, p = .010$), whereas checking symptoms showed an inverse relationship ($B = -.35, p = .022$). Emotional eating ($B = .22, p = .005$) and restrained eating ($B = .70, p < .001$) predicted higher ONI-A scores. Maternal restrained eating ($B = .35, p = .003$) and internalizing symptoms ($B = .26, p = .025$) predicted maternal ONI-AF, which, in turn, predicted adolescent ONI-A ($B = .17, p = .020$).

Discussion: Findings highlight the close relationship between obsessive-compulsive and orthorexia nervosa symptoms in adolescents, with emotional and restrained eating acting as key mediators. Maternal orthorexic tendencies and psychological distress further contributed to adolescent ON, underscoring the importance of addressing both individual

and familial processes in prevention and intervention strategies.

The Stability and Change of Underlying Psychopathology Factors Across Early Adolescence: a Latent Transition Analysis

Submitter: Xueya Lu, People's Republic of China

Co-Authors: X. Lu, L. Zhang, Y. Ma, L. Ji, W. Zhang

Topic: Epidemiology

Objective: The co-occurrence between internalizing and externalizing problems has been widely examined through the lens of underlying psychopathology factors (the p- and s-factors). However, the person-centered profiles of youth psychopathology based on the underlying factors, and the stability and change of the profiles, were less investigated. This endeavor is necessary to understand the essence of youth psychopathology and its development dynamics.

Methods: Data were drawn from a longitudinal sample of 2,144 adolescents (51.82% male, $M_{age} = 12.31 \pm 0.49$ years) whose parents reported their children's internalizing and externalizing problems annually at grades 6, 7, and 8 (W1 - W3). Latent profile analysis (LPA) was performed at each wave based on the internalizing and externalizing specific factors, and the p-factor that are derived from multilevel bi-factor modeling. Latent transition analysis (LTA) was conducted thereafter to examine the stability and change in the underlying psychopathology factor profiles revealed by the LPAs.

Results: Five profiles were identified: *low-problem* (10% - 16%), *pure-internalizing* (19% - 27%), *moderate-externalizing* (15% - 27%), *high-externalizing* (5% - 6%), and *high co-occurring* profiles (31% - 39%). From W1 to W3, all profiles showed strong stability, particularly the high co-occurring profile (84%). Profile transitions across waves suggested the development of the underlying factors, such as the pure-internalizing group to high co-occurring group (W2 to W3, 21%) implying the enhanced p-factor and externalizing s-factor, and the pure-internalizing group to moderate-externalizing group (W1 to W2, 17%) suggesting the decreased p-factor and internalizing s-factor but increased externalizing s-factor.

Discussion: Individual differences in underlying factors of psychopathology constitute heterogeneous profiles of psychopathology among adolescents, and the development of psychopathology presented as transitions between the profiles. Psychopathology problems in early adolescence presented strong stability, particularly within the high co-occurring profile. This suggested that a stronger p-factor contributes to more stable psychopathology problems. Psychopathology problems in early adolescence are prevalent and progressively intensify. The first year of junior high school might be a critical turning point in the development of psychopathology. It is crucial to take advantage of this time window for intervention and implement customized interventions based on the distinct

requirements of youth with different psychopathology profiles.

Examining temporal stability and transitions across adolescents' mental health status: A secondary analysis of the IMPROVA study

Submitter: Mariona Perez-Anton, Spain

Co-Authors: M. Perez-Anton, J. Sangüesa, M. Moneta, J. Haro, R. Lima

Topic: Epidemiology

Objective: The objective of this study was to examine the stability of self-reported mental health symptoms in adolescents over a six-month period. Specifically, we investigated the temporal consistency of depressive, anxiety, and psychosocial difficulties, as well as transitions between clinical status categories.

Methods: Data were drawn from 475 Spanish adolescents aged 11-16 years recruited through schools as part of the IMPROVA project, particularly the ones assigned to the control group. Self-reported mental health outcomes were assessed at baseline and six-month follow-up using the Strengths and Difficulties Questionnaire (SDQ), the Patient Health Questionnaire-8 (PHQ-8), and the Generalized Anxiety Disorder Scale (GAD-7). Temporal stability of continuous scores between baseline and follow-up was examined using Pearson correlations. Cross-tabulations were used to examine transitions in mental health status over time. SDQ total and subscale scores were categorized into normal, at-risk, and clinical groups, while depressive and anxiety symptoms were classified as clinical or non-clinical based on established cut-offs. Agreement and systematic change between baseline and follow-up classifications were assessed using Cohen's Kappa and McNemar or McNemar-Bowker tests.

Results: 475 adolescents (mean age = 14.21 years, SD = 2.87; 45.5% male) completed self-reported mental health questionnaires at baseline and follow-up. Moderate temporal stability was observed for depression ($r = .57$), anxiety ($r = .53$), and SDQ total difficulties ($r = .67$; all $p < .001$). 82-85% of adolescents without clinical symptoms of depression or anxiety remained non-clinical at follow-up, while 15-18% transitioned to the clinical range. 33-45% of adolescents, classified with clinical symptoms, moved to the non-clinical range. McNemar's tests indicated no significant changes in the prevalence of depression ($p = .160$), anxiety ($p = .440$), or SDQ categories ($p = .551$). Agreement between baseline and follow-up was moderate for depression (Kappa = .47) and SDQ categories (Kappa = .42), and fair for anxiety (Kappa = .36; all $p < .001$). SDQ subscales showed fair-to-moderate agreement, with significant redistribution observed only for conduct problems ($p = .018$).

Discussion: Adolescent mental health outcomes in the control group showed moderate temporal stability over six months, with baseline symptom levels largely preserved. Nevertheless, clinically meaningful individual fluctuations occurred, particularly among adolescents in borderline or clinical groups, highlighting the dynamic nature of mental health during this developmental period. Anxiety symptoms were more variable than

depressive symptoms or global difficulties. SDQ subscale trajectories showed moderate stability, with greater fluctuations in behavioural and social domains than in emotional symptoms. These results suggest that adolescent mental health follows heterogeneous developmental pathways, with individual-level changes occurring even when population-level distributions remain stable.

OP-11-004

Developmental Trajectories of Obsessive-Compulsive Symptoms from Childhood to Adolescence: Behavioral, Neural Correlates and Mental Health Outcomes

Submitter: Wanling Zhang, People's Republic of China

Co-Authors: W. Zhang, Y. Li, H. Xu, N. Hu, L. Liang

Topic: Epidemiology

Objective: Subthreshold obsessive-compulsive symptoms (OCS) are common in youth and predict vulnerability to later psychopathology. However, most studies are cross-sectional, leaving its developmental course poorly understood. This study examined OCS trajectories from childhood to adolescence., their behavioral and neural correlates, and their mental health outcomes.

Methods: Data were drawn from 7,145 participants (aged 9-13 years) in the Adolescent Brain Cognitive Development (ABCD) Study. Growth mixture modeling identified OCS trajectories across four years. Multinomial regression and linear mixed-effects models examined behavioral and neural correlates. Longitudinal mediation models tested whether OCS trajectories mediated associations between early behavioral or neural factors and adolescent internalizing and externalizing outcomes.

Results: Four OCS trajectories were identified: high-risk stable (30.6%), low-risk stable (54.6%), risk-increasing (7.3%), and risk-decreasing (7.6%). Earlier sitting, delayed speech, and poor bladder control predicted the high-risk stable trajectory, while early motor and verbal milestones predicted the risk-increasing trajectory. Trajectory-specific neurobiological differences were observed within corticostriatal and fronto-parietal systems, reflected in alterations in gray matter volume, white matter microstructural integrity, and resting-state functional connectivity. The high-risk stable and risk-increasing trajectories exhibited substantially higher rates of internalizing and externalizing problems, whereas the risk-decreasing trajectory showed a profile comparable to the low-risk stable group. Longitudinal mediation analyses demonstrated that the high-risk stable trajectory mediated the effects of early developmental delays on later internalizing and externalizing outcomes, whereas the risk-increasing trajectory mediated associations of early motor and language milestones and neural markers.

Discussion: OCS exhibit heterogeneous trajectories from childhood to adolescence, with the high-risk stable and risk-increasing trajectories representing particularly vulnerable phenotypes. Identification of early developmental and neurobiological risk factors associated with these trajectories may facilitate the early recognition of children at heightened risk for later internalizing and externalizing psychopathology. By elucidating how high-risk stable and risk-increasing trajectories mediate the impact of early developmental delays and neural alterations on adolescent mental health, the present findings highlight potential targets for early monitoring and preventive intervention.

Distinguishing maladaptive OCS trajectories at an early stage may inform risk stratification strategies and support timely interventions aimed at modifying adverse developmental pathways and reducing long-term mental health burden.

Clinical Trajectories and Predictors of Affective and Non-Affective Psychosis in Ultra-High-Risk Children and Adolescents: A Longitudinal Study

Submitter: Michelangelo Di Luzio, Italy

Co-Authors: M. Di Luzio, M. Pontillo, M. Apicella, G. D'Amario, G. Maglio, S. Vicari

Topic: Epidemiology

Objective: The Ultra-High Risk (UHR) construct was introduced to identify individuals at increased risk of developing psychotic disorders, based on longstanding evidence that the onset of psychosis is commonly preceded by attenuated positive symptoms and a progressive decline in functioning. An increasing body of empirical evidence suggests that the UHR condition may extend beyond a narrowly defined prodromal phase of non-affective psychosis, instead reflecting a transdiagnostic vulnerability to multiple severe psychiatric outcomes, including both affective and non-affective psychotic disorders. Accordingly, the present longitudinal study examined three-year clinical trajectories in a sample of 140 children and adolescents, with the aim of defining rates of transition to affective and non-affective psychosis and identifying predictors associated with these distinct transition pathways.

Methods: The sample consisted of 140 UHR children and adolescents (56.4% females) aged between 7 and 18 years, admitted to a specialized psychiatric service for UHR in childhood and adolescence. Assessments were scheduled at baseline and repeated at 12, 24, and 36 months; 140, 85, and 49 participants respectively completed each follow-up. All participants at each follow-up underwent a comprehensive diagnostic assessment composed of structured and semi-structured tools. Descriptive analyses were conducted to summarize the baseline characteristics of the sample and the longitudinal outcomes.

Results: Four distinct and mutually exclusive longitudinal trajectories emerged within the cohort. The majority of participants remained within the UHR category over time (S-UHR), while one quarter of the sample achieved remission from UHR status (R-UHR). Progression to a non-affective psychotic disorder occurred in 17.1% of individuals, of which 83.3% (n = 20) occurred during the first 12 months, whereas a smaller proportion (4.3%) developed an affective psychotic disorder, all in the first year of follow-up. Global functioning, a history of social anxiety disorder and intellectual disability appear to represent the most sensitive and predictive clinical markers of transition to non-affective psychosis. On the other hand, both new non-suicidal self-injury and new suicidal attempt at follow-up, previous experience of panic attack and a family history of psychotic or anxiety disorder were significantly associated with affective psychotic transition.

Discussion: The findings of this study support the conceptualization of UHR status as a transdiagnostic construct, reflecting a continuum of vulnerability to severe psychopathological conditions, particularly both non-affective and affective psychotic

disorders. These results underscore the clinical value of dimensional assessments alongside traditional diagnostic frameworks and highlight the need for refined, multimodal predictive models to improve individualized risk stratification and inform personalized intervention strategies.

OP-11-006

Adolescent consent and Generation Alpha - rethinking autonomy and privacy for the modern era

Submitter: Mina Fazel, United Kingdom of Great Britain and Northern Ireland

Co-Authors: M. Fazel

Topic: Epidemiology

Objective: Adolescents increasingly access support in school and community settings, yet uncertainty about consent, confidentiality and parental involvement remains a major barrier to help-seeking. This talk (i) presents empirical evidence from the OxWell Student Survey on how confidentiality concerns affect access to mental health support; (ii) identifies groups disproportionately impacted; and (iii) outlines service and policy actions - grounded in developmental science, ethics and law- to help understand the complexity of adolescent autonomy in accessing mental health care while maintaining robust safeguarding.

Methods: A cross-sectional analysis of 20,844 students (ages 11-18) from the OxWell Student Survey (England) will be presented. Measures: students who wanted additional mental health support and reasons given for non-access (privacy/confidentiality, parental knowledge). Covariates: age, gender identity, school year, ethnicity, home stability, self-harm, anxiety/depressive symptoms. Analyses: descriptive estimates, subgroup comparisons, and adjusted logistic models assessing associations between confidentiality-related concerns and adolescent characteristics. Interpretation is integrated with contemporary legal/ethical frameworks (capacity-based decision-making; disclosure thresholds).

Results: We analysed 20,844 secondary school students (11-18 years). In the previous year, 17.6% (3,665/20,844) reported accessing mental health support and 13.4% (2,792/20,844) wanted additional support. Among those wanting but not accessing support, 72.3% (2,020/2,792) endorsed privacy/confidentiality barriers; the single most-cited barrier was not wanting parents to know (50.3%, 1,405/2,792). Rates were higher in risk groups (e.g., 62.0% [752/1,212] among students reporting self-harm). Logistic models showed greater odds of parent-knowledge concerns among gender-diverse (OR 3.83, 95% CI 2.55-5.83) and gender non-disclosing students (OR 3.91, 2.66-5.81), those with poor household relationships (OR 3.46, 2.70-4.45), and any child maltreatment (OR 2.25, 1.93-2.63).

Discussion: Confidentiality and parental-involvement concerns are primary, not peripheral, barriers to adolescent help-seeking. Standardising and clearly communicating confidentiality/disclosure policies across education, health and social care, and aligning them with adolescents' reports and legal-ethical frameworks, can rebuild trust, reduce access barriers, and inform adolescent-centered services for Generation Alpha.

OP-12

Global Stressors in Child and Adolescent Mental Health: From COVID-19 to Eco- Anxiety

OP-12-001

Children's emotional wellbeing and learning recovery after COVID-19: a mixed-methods comparative case study across the UK and Malaysia

Submitter: Nik Nuraisyah Binti Nik Mohd Nasir, United Kingdom of Great Britain and Northern Ireland

Co-Authors: N. Nasir

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Topic: Epidemiology

Objective: The COVID-19 pandemic disrupted children's emotional wellbeing and learning worldwide, increasing anxiety, disengagement, and widening inequalities. While population studies describe these impacts, there is limited comparative evidence explaining how and why children recover differently across education, welfare, and cultural systems. This study aimed to identify the mechanisms shaping children's emotional wellbeing and learning recovery following COVID-19 across two contrasting socio-educational contexts; the North East of England and Peninsular Malaysia, using a critical realist and socioecological lens. The study further sought to generate insights relevant to child and adolescent mental health services, education systems, and post-pandemic recovery policy.

Methods: A mixed-methods comparative case study was conducted between 2023 and 2025. Qualitative data were generated through semi-structured interviews with children, parents, and teachers (n = 30; 15 per region) and analysed using reflexive thematic analysis. Quantitative insights were drawn from a structured synthesis of recent evidence on post-pandemic child mental health and learning outcomes. Findings were integrated using comparative matrices and joint displays to enable cross-case comparison and meta-inference, supporting explanation of contextual and systemic influences on recovery processes.

Results: Three explanatory meta-themes emerged. First, emotional dysregulation and fragile confidence were common, with anxiety and reduced self-efficacy constraining learning re-engagement. Second, structural and digital inequalities intensified distress and learning loss through unequal access to resources and support. Third, relational resilience and adaptive support buffered recovery, highlighting teacher attunement, parental co-regulation, and culturally embedded coping practices. UK participants emphasised school-based wellbeing provision and targeted academic recovery, while Malaysian participants relied more heavily on family, community, and faith-based networks. Quantitative synthesis confirmed persistent inequalities in anxiety prevalence and educational outcomes, shaped by policy and service context.

Discussion: Children's post-pandemic recovery is driven by interactions between structural supports and relational resilience rather than individual vulnerability alone.

Comparative findings highlight transferable lessons for child and adolescent mental health services, including the importance of school-based mental health provision, digital inclusion, and culturally responsive family engagement. These results underscore the need for integrated education and mental health strategies that are sensitive to policy context, infrastructure, and cultural resources when responding to large-scale societal disruptions.

OP-12-002

Mental Health Trends Among Parents of Children Aged 0-18 and the Impact of COVID-19: Repeated Cross-Sectional Evidence from the Dutch Health Monitor (2012-2024)

Submitter: Di Long, Netherlands

Co-Authors: D. Long, M. van Stralen, E. Vlemincx, M. Basten

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Topic: Epidemiology

Objective: Mental health of parents is a fundamental determinant of child development, yet there remains a need for large-scale, population-based monitoring of trends in parental mental health, particularly covering pre-, peri-, and post-COVID-19 periods. This study aims to 1) track longitudinal trends in mental health problems of parents with underage children across five waves spanning pre-, peri- and post-COVID-19 periods; 2) identify mental health disparities based on the child's developmental stage (0-4, 5-12, and 13-18 years of age), as well as socioeconomic, cultural and sex subgroups; 3) investigate the extent to which social, family and individual factors explain these disparities; and 4) compare parents to non-parents of similar age to examine if the COVID-19 pandemic placed a disproportionate burden on the parental role.

Methods: We analysed data from the Gezondheidsmonitor, a large-scale Dutch national health survey. Repeated cross-sectional data from five waves (2012, 2016, 2020, 2022, and 2024) were utilized and includes a primary sample of 373,871 unique parents (403,428 total observations). A comparison group of non-parents within the same age range was also included. Primary outcomes included psychological distress (Kessler Psychological Distress Scale) and loneliness (De Jong-Gierveld Eenzaamheidsschaal). Parents were stratified into three groups based on child age: infancy/preschool (0-4), primary school (5-12), and adolescence (13-18). Final analysis will apply national weighting factors and adjust for key confounding variables.

Results: Raw descriptive analysis reveals a steady increase in psychological distress (K10 score > 20) among parents, rising from 18% in 2012 to 27% in 2024. Loneliness (De Jong-Gierveld score > 2) remained relatively stable throughout the study periods, ranging from 36% in 2012 to a peak of 39% in 2022, before settling at 37% in 2024. Subgroup analysis shows that parents of children age 5-12 reported the highest initial psychological distress, while the 0-4 age group experienced the largest overall increases. In contrast, loneliness trends were more uniform across child age groups. Further analysis is underway to determine if these differences remain significant after adjusting for parental sociodemographic characteristics. The final results will present the fully weighted and adjusted comparative models.

Discussion: Parents mental health has not return to pre-pandemic baselines. The growing evidence of increased mental health burden for both parents and children suggest that

shared risk factors, such as the pandemic, likely play a role in family dynamics and parent-child interactions. This research informs family-centred public mental health policies in the post-COVID-19 era.

OP-12-003

Age and gender differences in the manifestation of eco-anxiety in children: A scoping review

Submitter: Katherine Chemakin, United States of America

Co-Authors: K. Chemakin, T. Islam, M. Colon

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Eco-anxiety, a chronic fear of environmental catastrophe, has emerged as a growing concern among youth amid accelerating climate change. Though not a DSM diagnosis and lacking a standardized definition, eco-anxiety captures the psychological toll of environmental crises (including hurricanes, earthquakes, polar ice caps melting, pollution eroding the ozone layer, and increased floods which only seem to get worse with time). Research to date suggests that children and adolescents may be uniquely vulnerable, yet few studies have synthesized how age and gender influence its manifestation. This scoping review aimed to (1) examine developmental and gender differences in eco-anxiety among individuals aged 10-18, (2) identify vulnerability and protective factors, and (3) provide guidance for clinicians on screening and supporting affected youth.

Methods: This review followed the Preferred Reporting Items for Scoping Reviews (PRISMA-ScR) framework. Literature searches were conducted across PubMed, Open Access Directory, Academic Complete Search, Education Research Complete, ScienceDirect, and Scopus (2014-2024). Keywords included "climate change," "eco-anxiety," "mental health," "youth," and "gender." Studies were eligible if they explored the psychological impact of climate change among participants aged 10-18. Excluded were articles focusing solely on adults or government/psychotherapeutic interventions. No exclusions made based on location of study. Two independent reviewers screened 6,603 records; 5,011 duplicates were removed, leaving 1,592 titles and abstracts screened for relevance. Fourteen articles met inclusion criteria: six systematic reviews, six observational studies, and two opinion pieces. Extracted data were synthesized thematically, emphasizing developmental and gender-based variations.

Results: Fourteen articles met inclusion criteria (6 systematic reviews, 6 observational studies, 2 opinion pieces). Younger children appeared developmentally more vulnerable to climate-related stress: prenatal/early-life exposure to extreme heat and disasters was linked to later psychiatric/neurodevelopmental vulnerability, and disaster-exposed children had higher PTSD burden (~15-30%), with symptoms persisting up to ~18 months. Older adolescents reported greater climate concern than younger children and older adults; persistent worry correlated with higher depressive symptoms and greater news/political engagement. Perceived government inaction was frequently associated with distress and feelings of betrayal. Gender differences were consistent: females reported higher worry and negative emotions, whereas males more often endorsed

optimism/indifference and reassurance by government actions. Vulnerability factors included female gender, low perceived agency, high media exposure, and disaster proximity; protective factors included meaning-focused coping, hope, self-efficacy/agency, social support, and opportunities for action (e.g., activism).

Discussion: Eco-anxiety in youth remains understudied, and evidence is constrained by inconsistent definitions and lack of standardized measures, limiting cross-study comparability and construct validity. Methodological reliance on English-language tools and samples largely from high-income, predominantly White populations restricts equity, generalizability, and understanding of those most affected by climate change. Despite this, patterns were consistent: females reported greater distress, males often endorsed trust in government responses; adolescents expressed higher concern with future impact, whereas younger children may be biologically vulnerable to disaster exposures that alter developmental/mental health trajectories. Clinically, mental health professionals should be trained to screen for climate-related distress, validate experiences, strengthen protective factors, engage families, and assist screening risk in disproportionately affected groups (e.g., Indigenous youth, especially those strongly connected to nature). Future work should develop inclusive, culturally sensitive measures and conduct longitudinal studies beyond Western contexts to clarify mechanisms and risk factors.

OP-12-005

Eco-Anxiety in Indonesian Adolescents and Young Adults and Its Influencing Factors

Submitter: Fransiska Kaligis, Indonesia

Co-Authors: F. Kaligis

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Eco-anxiety, a type of anxiety associated with environmental issues, is a growing mental health concern, particularly among younger individuals. The objective of this study was to investigate the prevalence of eco-anxiety among young Indonesians and ascertain the relevant factors.

Methods: We enlisted 1,108 volunteers aged 10 to 24 years in Indonesia by an online questionnaire incorporating socio-demographic variables and the Indonesian adaptations of HEAS-13, GAD-7, and Brief-COPE.

Results: A substantial positive association was identified between the levels of eco-anxiety and general anxiety. Avoidant coping and emotion-focused coping strategies had a substantial yet modest and extremely poor connection with levels of eco-anxiety, respectively. Univariate examination of sociodemographic characteristics revealed that female gender, adolescence (10-18 years), lower educational attainment, current engagement in schooling, history of mental health problems, and reduced family income were correlated with elevated levels of eco-anxiety ($p < 0.05$).

Discussion: This highlights the need for targeted interventions and further research to reduce eco-anxiety and improve mental well-being in response to environmental challenges.

OP-12-006

Navigating uncertainty: Mental wellbeing-related threats among Nordic adolescents - A qualitative cross-country study

Submitter: Sanna Herkama, Finland

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Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: In 2024, the Lancet Psychiatry Commission on Youth Mental Health issued an urgent call linking the decline in mental well-being to global megatrends, including environmental, social, economic, political, and technological societal changes that deeply affect young people's lives. Building on this perspective, our study takes a qualitative approach to explore the threats Nordic adolescents face to their mental well-being and the strategies they use to manage and cope with them in daily life. The study is guided by Psychological Threat Theory (PTT, Jonas et al., 2014) and Integrated Threat Theory (ITT, Stephan & Stephan, 2000). Together, these frameworks provide a basis for analyzing the nature and functioning of threats, associated proximal and distal responses, and potential connections to broader intergroup processes in society, such as immigration and political attitudes that may influence adolescents' mental well-being.

Methods: Using a participatory approach, we organized workshops in each Nordic country (i.e., Finland, Iceland, Norway and Sweden) to co-develop the interview guide with the target group. Next, we conducted 61 in-depth individual interviews with adolescents (aged 15-22) across all four countries in spring 2025. Interviews were held online in participants' native language, lasted 45-120 minutes, and were recorded and transcribed verbatim. Analysis followed inductive reflexive thematic analysis (Braun & Clarke, 2006), guided by the key concepts of PTT and ITT. First, we collaboratively developed an inductive coding framework. Second, we coded the data in NVivo software within each country, generating detailed thematic descriptions. Third, we refined the coding through an iterative process of creating subthemes in collaboration with the research team and translating the core expressions to English.

Results: We identified multiple threats in adolescents' lives creating a considerable risk to their mental wellbeing. Some threats stemmed from typical developmental challenges (e.g., identity formation, educational choices). More frequently, they were linked to societal and political threats (e.g., armed conflicts, climate change) impacting adolescents' daily life. Continuous media exposure highlighting negative aspects, along with extensive social media use, appeared to intensify experiences. The threats varied in complexity and interconnection, with many perceived as outside the participants' control, creating a feeling of reduced agency and hopelessness. Responses to threats included staying aware while protecting oneself (e.g., not following media), as well as taking concrete actions (e.g., discussing with others, engaging in climate protective behaviors). Adolescents also

reported that coping was hampered by increasing societal polarization. Lastly, greater awareness of ongoing societal debates, such as social inequalities and political differences, appeared to create additional divides among adolescents.

Discussion: Findings indicate that the threats shaping adolescents' everyday lives are diverse and, in many cases, perceived as being beyond their personal control. Some of these threats appear more existential in nature, while others are more linked to group dynamics and broader societal issues. They range from concrete, tangible concerns to more abstract anxieties, with several posing clear risks to mental well-being and others contributing to increased societal polarization. Young people describe living through a continuum of crises and increasingly perceive the contemporary world as defined by persistent threats, conditions that have become their "normal." This poses a considerable long term risk to mental health and should therefore be taken into account when designing youth services and care. Overall, these findings highlight the importance of strengthening adolescents' sense of agency and developing strategies to mitigate the psychological impact of current megatrends in order to support adolescents' mental wellbeing.

OP-12-007

The Adolescent Health and Well-being Cohort in China: Design and Measurement Framework of a School-Based Prospective Study

Submitter: Jia Jia Liu, People's Republic of China

Co-Authors: J. Liu, Y. Lu, Y. Xu, X. Li, H. Liu

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Adolescence is a critical period for psychological, behavioral, and social development and represents a high-risk window for multiple health problems. In China, large-scale school-based prospective cohort studies that systematically integrate psychological, behavioral, and social environmental factors among adolescents remain limited. To address this gap, we established the Adolescent Health and Well-being Cohort. This cohort aims to describe the mental and physical health status of students aged 12-18 years in Linqing City, Shandong Province, and to examine associated factors and developmental trajectories. The findings will provide empirical evidence to inform comprehensive interventions and policy development for adolescent health and well-being.

Methods: The Adolescent Health and Well-being Cohort is a school-based prospective longitudinal study conducted in Linqing City, Shandong Province, China, with follow-up assessments administered each semester. A cluster sampling approach is used to recruit enrolled students from grades 5-6 of primary schools, as well as middle and high schools across the city. Standardized questionnaire surveys are administered at each assessment wave. Measurement indicators are selected based on the adolescent well-being framework, socio-ecological models, and existing evidence. These indicators cover demographic characteristics, lifestyle behaviors, physical health, mental health symptoms, positive psychological traits, and multi-level environmental factors, including family, peer, and school contexts. All questionnaires undergo rigorous quality control and screening procedures.

Results: The baseline survey was conducted between May and July 2025, yielding 31,287 valid responses from over 100 schools. Participants had a mean age of 13.93 years; 47.5% were female, 65.0% resided in rural areas. Regarding lifestyle, more than 60% reported consuming sugar-sweetened beverages, whereas almost 40% consumed artificially sweetened beverages; over 30% reported problematic internet use, and 60% reported low physical activity. Regarding mental health, depressive symptoms were reported by 30.4%, anxiety by 26.1%, insomnia by 18.6%, and suicidal ideation or behaviors by 14.2%. Regarding physical health, over one-fifth of participants were underweight, 9.3% were overweight or obese, myopia prevalence was 53.4%, and 26.6% reported somatic symptoms. Additionally, over 70% reported exposure to childhood trauma, with 13.6% reporting three or more types. The second wave of data collection is currently ongoing (January-February 2026).

Discussion: The baseline findings indicate that adolescents in underdeveloped regions of China are exposed to overlapping health and behavioral risk factors. Psychological problems, somatic symptoms, unhealthy lifestyles, and early adverse experiences are prevalent among adolescents. These findings highlight the need for school-based, integrated interventions and a shift toward holistic, prevention-oriented models in resource-limited settings. By integrating psychological, behavioral, and socio-environmental indicators, this cohort provides a robust data foundation for mapping adolescent health trajectories and identifying modifiable risk and protective factors. The large-scale cohort not only facilitates the identification of high-risk groups but also provides a critical basis for evaluating intervention effectiveness. Future longitudinal analyses will further elucidate the interactive mechanisms among psychological, behavioral, and environmental factors, providing empirical evidence to inform multi-level, integrated adolescent health promotion systems.

OP-13

Gender, Identity, and Stigma in Childhood
and Adolescence: Clinical, Cultural, and
Conceptual Perspectives

OP-13-001

The Lived Body and the Developing Self: A Phenomenological-Enactive Approach to the Ontological Status of Adolescent Gender and Personality

Submitter: Nils Konstantinovs, Cyprus

Co-Authors: N. Konstantinovs

Topic: Specific CAP Conditions / i. Gender Dysphoria

Objective: The goal of this presentation is to combine dimensional clinical data with phenomenological psychopathology at an abstract level and develop a non-pathologizing framework for adolescents' identity development. This will be achieved by demonstrating how the "Enactive Model" of psychiatry which focuses on "Sense-Making", can resolve clinical contradictions found in Gender Care. The objectives are to: 1) Use the phenomenologies of Husserl and Merleau-Ponty to deconstruct the "constructionist vs. essentialist" dichotomy; 2) Frame gender-specific discomfort/dysphoria as a "distortion of intentionality" within the lived experience of the individual's physical body; and 3) Provide therapists/clinicians with a strong, practical theoretical tool "Epistemological Humility" in order to deal with the fluidity of identities. By providing a link between clinical observation and existential inquiry, our hope is to provide a more humane and solid foundation for psychotherapy that respects the inherent ambiguity of the evolving self.

Methods: This inquiry utilizes a dual-methodological approach. Philosophically, we employ Phenomenological Psychopathology (Stanghellini) and the 4E Cognition framework (Embodied, Embedded, Enacted, Extended) to analyze the structural volatility of the adolescent self. This theoretical work is grounded in a clinical case vignette derived from a cross-sectional study of N=269 participants aged 14-26. This study utilized a dimensional assessment of personality (PID-5-BF), borderline features (BPFS-C), and the Utrecht Gender Dysphoria Scale to capture "snapshots" of the developing self. By applying Sanneke de Haan's Enactive framework to this data, we interpret the "personality traits" not as fixed pathologies, but as expressions of the individual's "Sense-Making" process. This methodology allows us to examine how the "I-self" (subjective flow) and the "Me-self" (social object) interact during the peak periods of identity exploration, providing an empirical anchor for existential speculation.

Results: The empirical vignette reveals critical insights that challenge traditional categorical pathology. While gender-diverse participants reported statistically significant elevations in negative affect and detachment compared to peers, all mean scores remained within subclinical ranges, suggesting these are "responses" to minority stress rather than inherent disorders. Furthermore, a significant developmental stabilization was observed: younger participants (14-16 years) exhibited the highest levels of antagonism, disinhibition, and gender dysphoria, which diminished in older cohorts. Philosophically, this peak represents the most intense period of the "Project of the Self," where the lived body experiences the greatest friction with social affordances. The weak

correlation found between gender distress and maladaptive traits ($r = .19$ to $.24$) further supports the conclusion that identity exploration is an enactive process of meaning-making, not a symptom of underlying personality pathology. These results demonstrate that without a phenomenological lens, clinical data can be easily misinterpreted.

Discussion: Empowering mental health services requires a transition to a pluralistic psychiatry where the "evidence of experience" is incorporated into all clinical interventions. We believe the distress seen in gender diverse adolescents represents a disruption in their "ontological security," or their ability to understand themselves as a cohesive individual with an unchanging sense of self in a world that often views fluidity of self as pathological. Therefore, the role of the therapist needs to evolve from a "diagnostic gatekeeper" to an "existential co-traveler". In this way, the therapist will be able to embody "epistemological humility" and allow the adolescent to explore their "becoming" without constraining them through the use of static diagnostic categories which could impede their development. Utilizing a phenomenological-enactive therapeutic model allows for support of the process of personality maturation while respecting the process of "authenticity and agency" in which the adolescent explores who they are becoming.

OP-13-002

The myth of reliable research in pediatric gender medicine

Submitter: Evgenia Abbruzzese, United States of America

Co-Authors: E. Abbruzzese

Topic: Specific CAP Conditions / i. Gender Dysphoria

Objective: In "The myth of reliable research in pediatric gender medicine," Zhenya Abbruzzese will critically examine the Dutch studies that formed the foundation and to this day constitute the most compelling available evidence supporting pediatric medical gender transition.

Methods: Abbruzzese will discuss key methodological flaws that undermine the Dutch research findings, including selection of research subjects to ensure that only the most successful patient outcomes are reflected in the results; the key finding (that the treatment "resolved" gender dysphoria) was due not to meaningful clinical improvement but rather to the reversal of a questionnaire; and confounding factors like the concomitant provision of psychotherapy, such that no conclusions can be drawn about the effects of hormonal and surgical interventions as a standalone treatment pathway.

Results: Abbruzzese will discuss evidence of harms, including patient deaths and serious morbidities among a cohort that had been carefully screened for good physical and mental health.

Discussion: Finally, Abbruzzese will weigh the applicability of the Dutch protocol to the adolescent-onset cohort seeking medical gender transition that emerged in the mid-2010s.

OP-13-003

The Norwegian gender incongruence trajectory study: A project protocol

Submitter: Arnstein Mykletun, Norway

Co-Authors: A. Mykletun, L. Brokjøb, E. Simonoff

Topic: Specific CAP Conditions / i. Gender Dysphoria

Objective: Referrals for gender incongruence have surged over the 15 years, in particular among adolescents, causing ambivalence and controversy both in society at large, and in the medical community.

The CASS review concluded that evidence for medical interventions in young people is insufficient to warrant clinical interventions, which led to restrictions on access and urgent calls for better research.

This project directly responds to these calls. Norway is uniquely positioned to address these gaps as the only country with population-wide registry data capturing use of puberty blockers, hormones, surgeries, and legal gender change.

This project is publicly funded for three years and analyses will start autumn 2026.

In this session, we will describe the available registry data and plans for analyses with the purpose of inviting valuable advice and recommendations.

Methods: By linking data from specialist health services and use of prescribed medication with with health, education, and employment registries, we can provide unprecedented insight into long-term trajectories. The project unites all Regional Centres for Gender Incongruence in Norway, the Norwegian Institute of Public Health, user organisations (PKI, HBRS), and international collaborators. Stakeholder perspectives from patients, individual patients and their caregivers, and clinicians will be embedded throughout, ensuring results are relevant, trusted, and translatable into practice. Conventional epidemiological methods will be applied.

Results: No results are available at the time of the submission of this abstract.

Descriptives of available data and trends will be presented at the congress.

Discussion: We invite advice from and discussion with the audience on how to best utilize and analyze the available registry data to address urgent evidence gaps in this area.

OP-13-005

**Severe Self-Mutilation in an Adolescent with Autism Spectrum Disorder:
Autocastration and Animal Feeding in the Context of Gender Dysphoria**

Submitter: Setenay Sarioglu, Türkiye

Co-Authors: S. Sarioglu

Topic: Specific CAP Conditions / i. Gender Dysphoria

Objective: Autism spectrum disorder (ASD) is a lifelong neurodevelopmental condition characterized by persistent challenges in social communication and restricted, repetitive patterns of behavior. Recent epidemiological studies have revealed a striking co-occurrence between ASD and gender dysphoria (GD), with prevalence rates of ASD in GD populations estimated at 5-15% - significantly higher than in the general population. This clinical intersection presents unique diagnostic and therapeutic challenges, particularly when ASD-related traits such as cognitive rigidity, intense preoccupations, and literal thinking interact with gender identity concerns.

Methods: We report an extreme case of this comorbidity: a 15-year-old biological male with undiagnosed ASD (previously meeting criteria for Asperger syndrome) who performed complete autocastration of his left testicle to alleviate gender-related distress, subsequently feeding the excised tissue to a household pet.

Results: This profound act of self-mutilation represents one of the most severe manifestations of the ASD-GD intersection reported in clinical literature. The case highlights how core ASD features may dangerously amplify gender distress when unrecognized, potentially leading to life-threatening self-injurious behaviors. The DSM-5's consolidation of Asperger syndrome into the broader ASD diagnosis has facilitated recognition of these clinical interactions. Our findings emphasize three critical needs: (1) development of specialized assessment protocols for GD presentations featuring atypical self-harm methods or obsessive characteristics, (2) routine ASD screening in gender-questioning youth, particularly those with treatment-resistant symptoms or unusual clinical presentations, and (3) neurodevelopmentally informed treatment approaches that address both ASD-related traits and gender identity concerns simultaneously. Early identification of ASD in gender-distressed individuals may prevent catastrophic outcomes and guide more effective, personalized interventions.

Discussion: This case underscores the vital importance of increased clinician awareness regarding the ASD-GD intersection, particularly in cases presenting with severe self-injury or poor response to conventional gender-affirming approaches. Further research is needed to elucidate the neurobiological and psychological mechanisms underlying this comorbidity and to develop targeted treatment strategies.

OP-13-007

Honest, Open, Proud (HOP) for Adolescents with Mental Illness: Results of a Randomised Controlled Trial of a Peer-Led Group Intervention targeting the Impact of Stigma

Submitter: Tomasz Jarczok, Germany

Co-Authors: T. Jarczok

Topic: Specific CAP Conditions / i. Gender Dysphoria

Objective: Adolescents with mental illness frequently face stigma and self-stigma, creating a disclosure dilemma regarding whether, and to whom they reveal their condition. Disclosure decisions are central in coping, as prepared disclosure may support well-being and help-seeking, whereas unprepared disclosure entails risks. Honest, Open, Proud (HOP), a peer-led group programme originally developed for adults with mental illness, has been adapted for adolescents to support disclosure decisions and reduce self-stigma. Previous studies suggested beneficial effects, yet controlled evidence in youth remains limited. We therefore examined the efficacy of HOP on stigma stress and related outcomes in adolescents with mental illness and disclosure-related distress.

Methods: In a two-arm, parallel-group randomised controlled trial, 162 adolescents aged 13-21 years with mental illness and disclosure-related distress were recruited from three child and adolescent psychiatric hospital departments and an outpatient child and adolescent psychiatric practice in Southern Germany. Participants were randomised (2:1) to HOP plus treatment-as-usual (TAU) or to TAU alone. Primary outcomes were stigma stress and quality of life; secondary outcomes included self-stigma, empowerment, recovery, and disclosure-related distress. Outcomes were assessed at baseline, post-treatment, and six-month follow-up and analysed using mixed-model repeated measures.

Results: HOP significantly reduced stigma stress. No significant improvement in global quality of life was observed. Secondary analyses indicated improvements in self-stigma, empowerment, subjective recovery, and disclosure-related distress at post-treatment. Longitudinal analyses suggested sustained reductions in stigma stress at follow-up, irrespective of participants' disclosure decisions.

Discussion: HOP appears to reduce stigma-related stress and self-stigma in adolescents with mental illness and disclosure-related distress, extending previous findings. The peer-led format may strengthen resources and reduce stigma-related burden, although effects on global quality of life were not observed within the study window. If confirmed, HOP could complement existing services by addressing stigma and disclosure dilemmas in youth. To disentangle effects specific to HOP from non-specific effects of a group intervention a multicentre RCT with an active comparator condition is currently underway.

OP-14

Consent, Assent, and Decision-Making in Youth Mental Health: Ethical and Global Perspectives

OP-14-001

Informed consent, assent, and the quality of the clinician-patient relationship.

Submitter: Kiwamu Tanaka, Japan

Co-Authors: K. Tanaka, K. Tanaka, K. Kimura, J. Ota

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: At the 20th IACAPAP in 2012, a symposium on informed consent and assent was held. During this symposium, Eric Taylor emphasized the importance of three elements in therapeutic consent: voluntariness, adequacy of information, and the patient's capacity. Specifically, he stated: "if a patient is fit to receive information and wishes to receive it, the doctor must 'brief' the patient so that he can make a free and informed choice." "(Scarman, L. JRSocMed 83: 603-606). At that symposium, we presented a report on a Japanese multi-center collaborative study involving specialized pediatric and adolescent psychiatric hospitals.

Methods: An interview survey (2008) was conducted regarding the status of informed consent in child psychiatry. This survey was conducted through interviews with patients in child psychiatric wards and their attending physicians. The subjects were 22 children (the youngest being a fifth-grade elementary school student, the oldest a second-year junior high school student) from four hospitals with child psychiatry wards. The survey items included aspects related to informed consent and assent regarding diagnosis and treatment, a comparison of the attending physician's intentions and the patient's level of understanding, and an investigation of the patient's satisfaction with treatment.

Results: The result was as follows. We observed that there were differences in opinion between physicians and patients regarding whether explanations on diagnosis and treatment were accurately provided, and differences in opinion in the patient's level of understanding for items that required informed consent. Compare to explanations given regarding the names of disorders and symptoms, those given for treatment benefits and side effects were insufficient. Almost no explanations were given for expected treatment duration or alternative treatment methods. Furthermore, in 33% of treatments, the patient felt that he or she had not given consent, despite the attending physician feeling that he or she had obtained the patient's consent.

However, regarding patient satisfaction with treatment and explanations, nearly three-quarters of patients responded that they were satisfied with their primary physician's treatment and explanations, categorizing their satisfaction as "very satisfied" or "fairly satisfied."

Discussion: The patient presents a contradiction in that they consider the explanation of their condition and treatment to be insufficient, yet they express satisfaction with it. Of course, if the purpose of informed consent is to reflect the patient's wishes in treatment, then the "level of consent (acceptance)" is a more desirable indicator than "satisfaction."

However, this contradiction indicates that informed consent and assent are not solely constituted by Taylor's three elements, including intellectual understanding, but are also strongly influenced by the quality of the clinician-patient relationship. This presentation examines informed consent, assent, and the quality of the clinician-patient relationship.

Dynamics and ethics of Intake Interviews in System-Based Child and Adolescent Psychiatry: Insights from a Discourse- and Normative-Ethical Analysis

Submitter: Anne-Fleur Van Der Meer, Netherlands

Co-Authors: A. van der Meer, I. Abma, J. van Gurp

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: Intake interviews play a crucial role at the outset of system-based care trajectories in Child and Adolescent Psychiatry (CAP), shaping an understanding of the psychiatric problem, family structures, the level of crisis, and systemic factors that exacerbate this crisis. Moreover, intakes serve as a starting point for the engagement of adolescents and carers/parents with treatment goals. Little empirical research has examined how these conversations unfold, and systematic ethical analyses of their quality are likewise lacking. Ethical challenges are nevertheless to be expected, not at least due to differences in roles and responsibilities or questions of agency, trust, and equality. This paper contributes to the limited body of literature by exploring intake conversations through discourse- and normative-ethical analysis. It maps the dynamics and ethics of interactions to provide an in-depth account of practitioners' conversational work, which is essential for safeguarding their (moral) quality.

Methods: An in-depth, discourse-analytical study of 10 audio-recorded intake conversations (130 minutes each, held with parents, healthcare professionals, and adolescents at Karakter, Child and Adolescent Psychiatry, a specialized academic medical center in Nijmegen) provided the mechanism for mapping in detail how intake interviews are enacted naturally and how such conversations are managed by professionals, care givers and adolescents (age 11-18). The interviews were coded using ATLAS.ti 24. A process of independent, double coding was used to enhance reliability. The case concerns Intensive Home Treatment for youth (IHT-J), a form of short term, mental health care delivered mainly in the young person's home and community, instead of on an inpatient ward.

Results: Despite some variation, there were striking similarities in the conversations. (1) Clinicians emphasize (through lexical choices, metaphors, repetitions) the jointness, equality and shared responsibility of the participants (in the intake and the subsequent care trajectory). (2) At the same time, jointness and equality are undermined (e.g. by conversational roles, use of medical-therapeutical language, lack of meta-communication, and interruptions). (3) Clinicians communicate (implicitly and explicitly) norms regarding the "appropriate attitude" of those involved (being "open", sharing, "participating"), whereas such normative expectations are hardly communicated vice versa. (4) Patterns in parent/child-dynamics are primarily described by parents rather than by the adolescents (often in the form of anecdotes). (5) There is an intriguing dynamic of speaking and silence. e.g. therapy goals are predominantly formulated by clinicians rather than by parents or

adolescents, and in cases of 'silent' adolescents it remains unclear whether they agree with these goals.

Discussion: The findings are discussed in relation to normative-ethical theories on what constitutes ethically "good conversations," theories on 'responsibility', "patient virtues", and epistemic (in)justice. Based on the analysis, the paper offers concrete recommendations to improve the (ethical) quality of intake conversations in system-based CAP, thereby strengthening their role as a foundation for subsequent care trajectories. The results and discussion are relevant for researchers studying the organization and quality of CAP, as well as for healthcare professionals involved in CAP intake procedures.

OP-14-003

The Current State and Challenges of Supported Decision-Making in the Child and Adolescent Psychiatry Field in Japan

Submitter: Junichiro Ota, Japan

Co-Authors: J. Ota

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective:

At the previous IACAPAP congress in Rio de Janeiro, we made the following four proposals:

- 1) Abolish the requirement for family consent in decisions regarding compulsory psychiatric hospitalisation, and clarify that the decision-makers are the state and local authorities.
- 2) Explicitly recognise the right of children with competence to consent to make their own decisions regarding treatment.
- 3) Specify that, for hospitalization for medical care and protection of children with insufficient competence to consent, efforts to obtain assent from the individual are essential. This entails providing appropriate explanations and ensuring a system is in place for the individual to express their views.
- 4) Clarify the role that parents or guardians should fulfil as advocates for the child's rights.

In this presentation, we will examine the current state and challenges of supported decision-making within the field of child and adolescent psychiatry, as outlined in point 3).

Methods: We examine and consider the legal systems supported decision-making in Japan.

Results: The Ministry of Health, Labour and Welfare published the "Guidelines for Decision Support in the Provision of Disability Welfare Services" in 2017 and the "Guidelines for Decision Support in the Daily and Social Lives of People with Dementia" in 2018. In 2020, guidelines were drawn up to promote decision-making support within the adult guardianship system.

The amended Basic Act on Persons with Disabilities, enacted in 2012, obliges the state and local authorities to consider the provision of decision-making support for persons with disabilities.

Following recommendations from the UN Committee on the Rights of Persons with Disabilities in 2022, Japan is undertaking a review of its laws and systems to transition from a system of substitute decision-making to one of supported decision-making. However, in the field of child and adolescent mental healthcare, this progress remains insufficient.

Discussion: The Convention on the Rights of Persons with Disabilities requires Japan to review its compulsory hospitalization system, its substitute decision-making system,

and its special needs education system. Furthermore, the UN Convention on the Rights of the Child requires respect for children's right to express their views, stipulating that these views must be given due weight in accordance with the child's level of maturity.

In Japan too, there is a need to establish concrete systems for supported decision-making in the field of child psychiatry. Efforts by the government and local authorities are desired to institutionalize the "child advocacy" activities that have begun to emerge in Japan in recent years.

OP-14-004

The newly established joint custody system in Japan and informed consent and assent

Submitter: Kazumasa Kimura, Japan

Co-Authors: K. KIMURA, J. Ota, K. Tanaka

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: In Japan, parental custody following divorce was sole custody. Consequently, during divorce proceedings, disputes could arise over which parent would become the custodial parent, sometimes placing the child in the middle. On 17 May 2024, the Act for Partial Revision of the Civil Code and Other Acts was enacted, introducing joint custody in Japan. This will come into effect on 1 April 2026. We examine the challenges surrounding joint custody in Japan and consider informed consent and assent within child psychiatry clinical practice under this joint custody framework.

Methods: We examine parental authorities in Japan and matter of concern in child psychiatric practice.

Results: The purpose of this amendment is stated as securing the interests of children facing parental divorce, with the phrase 'the interests of the child' appearing throughout the provisions. Furthermore, it has been newly clarified that parents must respect the child's personality and raise the child with consideration for the child's age and level of development, to promote the child's sound physical and mental development. Even under joint parental authority, one parent may act alone in performing routine acts concerning custody and education, or when urgent circumstances arise in the child's best interests. Situations may thus arise where it must be determined whether a particular medical treatment constitutes a routine act or involves urgent circumstances, and whether consent from one parent suffices or both parents' consent is required. Given insufficient public awareness, problems may arise from misunderstandings after coming into effect.

Discussion: Treatment within child psychiatric care settings constitutes one form of medical intervention that affects children's physical and mental wellbeing. Following the "joint custody" system coming into effect, it is anticipated that decisions will be made jointly. Consequently, there is a risk that appropriate medical interventions may no longer be provided. Furthermore, while unilateral decision-making is generally acceptable for urgent medical procedures necessitating emergency admission, the objection of one parent could potentially obstruct the continuation of essential medical care required for the child's physical and mental health and safety. We must confront these conflicting situations, prioritise the child's best interests when implementing informed consent and assent, and practise child-centred clinical child psychiatry.

OP-14-005

Assessment of the transgender adolescent's capacity to consent to puberty suppression and gender affirming hormone therapy (GAHT): an Australian approach

Submitter: Stephen Koder, Australia

Co-Authors: S. Koder

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: To provide a medically, ethically and legally informed guide for the assessment of the adolescent patient's capacity to consent to gender affirming medical treatments, which may be used in jurisdictions where such treatment is permitted.

Methods: A review is provided of the Australian (national) and New South Wales (state) legal requirements for approval of GAHT in minors, accompanied by a discussion of the relevant bioethical principles. Reference is made to medical consent guidelines and to authoritative texts. The core requirements for the minor's competence to consent to medical treatment are presented, as well as the areas which pertain specifically to GAHT.

Results: A medicolegally acceptable framework for the assessment of competence to consent to GAHT, applicable to adolescent patients under 18 years of age, is presented.

Discussion: GAHT for gender incongruent adolescents has become an area of medical, ethical, legal and political controversy. The presentation illustrates how one aspect of these issues, the assessment of capacity to give informed consent, is currently approached in NSW, Australia. This framework serves as a guide to information provision and discussion with patients and their parents/legal guardians. It should be modified according to local legislation and regulations, and utilized when referring an adolescent for GAHT, where capacity is challenged in a court of law, or should a lack of capacity require consent for treatment to be provided by a parent or guardian.

OP-14-006

Young people with a request for euthanasia due to psychological suffering: 'Not now' as the starting point.

Submitter: Jelle Van Gurp, Netherlands

Co-Authors: J. van Gurp, J. Zinkstok, S. van Veen, D. Creemers

Topic: Policy, Advocacy, Ethics and Participatory Research

Objective: In mental health care and in societal debate in the Netherlands, concerns have existed for some time regarding the increasing demand from young people for euthanasia due to psychological suffering. Since 2002, Dutch law allows doctors to perform euthanasia for psychological or physical suffering in individuals aged 12 and older (for young people aged 12 to 15, parental or guardian consent is also required) after a voluntary and well-considered request, when there is irremediable and unbearable suffering, and no reasonable alternative solutions exist. The aforementioned increase calls for empirical research and initiates fundamental discussions about the acceptability of euthanasia (for this young population). However, since this is legally permitted, this paper focuses on the urgent question of how to appropriately address requests for euthanasia on psychological grounds from young people in current practice.

Methods: This essay explores the issue from the perspective of a diverse coalition of 19 Dutch (associate) professors in child and adolescent psychiatry and/or medical ethics. It formulates recommendations for a practical framework aimed at healthcare professionals who encounter young people - and their families - requesting medical assistance in dying (MAID) in clinical settings.

Results: This essay examines the unique challenges associated with requests for MAID due to psychological suffering from young people. While we do not provide a precise definition of 'young person,' as no universal definition exists, we generally refer to individuals up to 30 years of age. The discussion will address key issues including: a) the developing brain, b) the process of becoming independent and the role of peers, c) the importance of a supportive network, and d) the context of Dutch youth care and mental health services. Furthermore, the concept of mental illness as irremediable, especially in youth, remains a significant challenge. Absolute certainty is neither attainable nor legally required; however, we explain that a retrospective approach, in which it is concluded that sufficient appropriate and prolonged attempts to alleviate suffering have been made - albeit without success - rarely applies to young individuals either.

Discussion: The authors propose several 'helpful frameworks for thinking.' Most of them focus on restraint: they advocate for an attitude of caution from both the professional, the young patient, and the family - encouraging them to slow down, endure the suffering (for a time), and refrain from interventions. The goal is to create space for a thorough, joint exploration of and dialogue about the young person's wish to die and about death itself.

Case studies show that this slowing down and attentiveness to the desire for death can already reduce the urgency to follow through with it. This 'not now' approach aligns well with the principle of the conflict of duties (save lives; being compassionate), which serves as an important normative framework within which euthanasia is operationalized. If, after thorough dialogue, the patient still expresses a firm wish to die, then euthanasia can be justified as an ultimum remedium.

OP-15

Neurobiology and Data Science in Child and Adolescent Mental Health

From hormones to empathy: Polycystic Ovary Syndrome and androgen exposure effects on social cognition across development

Submitter: Juan Pablo Del Rio, Chile

Co-Authors: J. del Rio, A. Dagninio-Subiabre, M. Manuel, B. Echiburú, A. Olea, A. Ladrón de Guevara, J. Montiel, N. Crisosto

Topic: Neurobiology and Neuroimaging

Objective: Polycystic Ovary Syndrome (PCOS) is a highly prevalent endocrinopathy, affecting up to 20% of adolescent girls, and is frequently accompanied by hyperandrogenism. Beyond reproductive and metabolic features, growing evidence suggests that androgens may also influence emotional and social functioning. This study examined the relationship between prenatal and pubertal androgen exposure and empathy, systemizing, and emotion recognition, drawing on both human and animal data.

Methods: Fifty-nine females aged 12-25 years were evaluated: 33 presented clinical hyperandrogenism (Ferriman score > 6 and/or elevated androgens in plasmatic samples) and 26 served as matched controls. Assessments included hormonal profiles, anogenital distance (AGD, marker of prenatal androgen exposure), empathy-systemizing balance, and an emotion-recognition task (CAM test) with eye-tracking. In a complementary rat model, pregnant Sprague-Dawley rats were exposed (PNA) or not (VEH) to 2.5 mg dihydrotestosterone (DHT) during late pregnancy. From PND 40 onwards, at the beginning of puberty, female offspring from the PNA and control groups were continuously exposed to DHT (PBA) or vehicle using ALZET pumps. Four groups were generated: VEH-VEH (no androgen exposure); PNA (prenatal androgen exposure); PBA (pubertal androgen exposure), and PNA-PBA (prenatal and pubertal androgen exposure).

Results: Hyperandrogenic women showed higher AGD, androgen levels, and BMI. They were significantly overrepresented in the "systemizing" profile ($p = 0.008$), with AGD predicting lower empathy ($p = 0.038$) and higher systemizing ($p = 0.048$). During the CAM test, they required more time and showed reduced accuracy despite increased gaze to the eye region, suggesting a less efficient social processing style. The subgroup with both prenatal and pubertal androgen exposure displayed the strongest systemizing bias. In rats, prenatal DHT increased anxiety-like behavior ($p < 0.0001$), while pubertal exposure reduced sociability and delayed decision-making. Combined exposures produced the most impaired socio-emotional phenotype.

Discussion: Adolescent girls with PCOS-related hyperandrogenism show measurable alterations in empathy and emotion recognition. Translational findings suggest that cumulative androgen exposure during sensitive developmental windows may influence social cognition, underscoring the importance of integrative clinical care in this population.

Distinct Peripheral Neuroendocrine Patterns in ADHD: Orexigenic Dominance, Sleep-Wake Dysregulation, and Their Impact on Functional Impairment

Submitter: Aybike Aydin Okuyan, Türkiye

Co-Authors: A. Aydin Okuyan, A. Shahzadi, B. Mercan, M. Bayindir, E. Gür, S. Özyazgan, B. Dogangün, M. Tarakçioğlu

Topic: Neurobiology and Neuroimaging

Objective: This study aimed to investigate the levels of peripheral neuroendocrine markers involved in appetite regulation, arousal, sleep wake regulation and energy homeostasis - specifically Ghrelin, Leptin, Orexin A, Orexin B, Adiponectin, Neuropeptide-Y (NPY), and Melatonin- in children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Those neuroendocrine hormones have also been shown in experimental work to interact with reward and arousal circuitry, including dopaminergic pathways implicated in vigilance and impulsivity. Beyond examining isolated hormonal changes, the primary objective was to identify holistic biological patterns (neuroendocrine signatures) and evaluate their relationship with core ADHD symptom severity, functional impairment, sleep problems, and eating behaviors. We hypothesized that a specific imbalance between orexigenic (appetite/arousal-promoting) and anorexigenic (satiety) signals and sleep-wake dysregulation might correlate with the clinical presentation of ADHD, reflecting a systemic homeostatic dysregulation.

Methods: This cross-sectional case-control study included 70 children clinically diagnosed with ADHD according to DSM-5 criteria and 50 age and sex matched healthy controls. ADHD group consisted of medication-naïve children or children who had not received psychotropic treatment for at least three months prior to study inclusion. Control group was screened to exclude current or lifetime psychiatric disorders using the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL). Serum hormone levels were measured using Enzyme-Linked Immunosorbent Assay. Clinical assessments included Turgay DSM-IV-Based Disruptive Behavior Disorders Scale (T-DSM-IV-S) for symptom severity, Weiss Functional Impairment Rating Scale Parent (WFIRS-P) for functional impairment, Children's Sleep Habits Questionnaire (CSHQ), and Children's Eating Behavior Questionnaire (CEBQ). Multivariate hormonal data were analyzed using Principal Component Analysis (PCA) to identify underlying neuroendocrine patterns.

Results: The ADHD group exhibited significantly higher CSHQ total scores and significantly higher scores on the CEBQ "emotional overeating" and "desire to drink" subscales compared to controls. Biochemically, children with ADHD showed significantly higher levels of Ghrelin, Orexin A, and Adiponectin, and significantly lower levels of Leptin and Orexin B. No significant differences were observed for NPY and Melatonin levels. Principal Component Analysis identified a primary component (PC1) that explained 39% of the total

variance. This PC1 axis represented a dominant biological pattern characterized by increased Ghrelin and Orexin A coupled with decreased Leptin and Orexin B. In the PCA space, a visual separation between ADHD and control groups was observed along the principal component axes. This specific neuroendocrine pattern showed significant positive correlations with both ADHD symptom severity (T-DSM-IV-S) and total functional impairment (WFIRS).

Discussion: These findings suggest a distinct neuroendocrine profile in ADHD characterized by predominant orexigenic (arousal and appetite-promoting) signaling and insufficient anorexigenic (satiety) feedback. The co-occurrence of elevated Ghrelin and Orexin A with low Leptin creates a biological signature that may modulate reward and arousal systems, potentially contributing to the severity of impulsivity and hyperactivity. Low Leptin levels might suggest a failure in central satiety signaling. Importantly, this homeostatic dysregulation was strongly associated with real-world functional impairment and symptom severity. These findings suggest that ADHD may involve dysregulation of peripheral homeostatic systems interacting with central neurobehavioral processes. Future research should explore these homeostatic circuits as potential biomarkers or therapeutic targets for addressing the specific metabolic and arousal-related deficits in ADHD.

OP-15-004

Maternal perception of spousal support in parenting, child attachment, and associated brain structures in ADHD and typically developed children

Submitter: Ayaka Ishii-Takahashi, Japan

Co-Authors: A. Ishii-Takahashi, K. Magami, Y. Yoshimaru

Topic: Neurobiology and Neuroimaging

Objective: Secure attachment formation is fundamental to children's socioemotional development; however, the neural mechanisms underlying this process, as well as the contextual factors that facilitate it, remain insufficiently understood. These issues are particularly salient for children with attention-deficit/hyperactivity disorder (ADHD), who exhibit higher rates of insecure attachment and place greater caregiving demands on parents than typically developing (TD) peers. In the present study, we investigated whether spousal support functions as a protective factor that promotes secure attachment in children with and without ADHD, potentially through its effects on maternal stress and children's neural development.

Methods: We recruited 55 children with ADHD and 34 TD children, together with their mothers. All children underwent T1-weighted structural magnetic resonance imaging (MRI). Mothers completed questionnaires assessing perceived spousal support and parenting stress. Children's attachment was evaluated using a self-report attachment questionnaire.

Results: Across the entire sample, greater attachment security was associated with smaller volumes of the putamen and dorsal anterior cingulate cortex. Mediation analyses further indicated that putamen volume partially mediated the association between perceived spousal support and children's attachment security. Mothers of children with ADHD reported substantially higher levels of parenting stress than mothers of TD children. In addition, greater perceived spousal support was associated with lower maternal parenting stress.

Discussion: Our findings highlight the pivotal role of spousal support in promoting maternal well-being and fostering children's secure attachment, underscoring the importance of strengthening family support systems, particularly for families of children with ADHD. Future intervention studies targeting spousal support and examining its potential effects on children's attachment are warranted to further substantiate and extend these findings.

OP-15-005

Research on Predicting ADHD Symptoms Using Whole-Brain Functional Connectivity Models

Submitter: Feng Geng, People's Republic of China

Co-Authors: F. Geng, J. Tao, Y. Wu

Topic: Neurobiology and Neuroimaging

Objective: The clinical diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) primarily relies on symptomatology. This study aims to identify brain network features associated with symptoms in children with ADHD and construct an ADHD prediction model based on resting-state functional connectivity, thereby providing evidence-based medical support and decision-making assistance for clinicians in developing individualized diagnosis and treatment plans.

Methods: We enrolled 44 children diagnosed with ADHD. Resting-state functional MRI data and standardized clinical symptom scores from the SNAP-IV Parent and Teacher Rating Scales and the Conners Parent Rating Scale were collected. Using connectome-based predictive modeling (CPM), we analyzed whole-brain functional connectivity matrices to build a model predicting hyperactivity-impulsivity severity. Model robustness was rigorously tested with leave-one-out cross-validation and permutation testing.

Results: The CPM model based on interregional functional connectivity successfully predicted hyperactivity-impulsivity symptoms (SNAP-IV parent and teacher ratings: $r = 0.48$, $p = 0.001$). The model also generalized well within the same dataset, as the selected functional connections significantly predicted hyperactivity-impulsivity scores on the Conners Parent Rating Scale ($r = 0.49$, $p = 0.0009$). Further analysis showed that stronger connectivity between the frontoparietal control network (FPN) and the dorsal attention network (DAN), and weaker connectivity between the FPN and the ventral attention network (VAN) and between the FPN and the somatomotor network (SMN), were related to symptom severity.

Discussion: Our findings indicate that whole-brain functional connectivity models can reliably predict hyperactivity/impulsivity symptoms in ADHD. These results highlight the critical role of frontoparietal network-related connectivity in these symptoms. While this model holds promise as a potential biomarker, further validation in larger cohorts is necessary. This study provides a neurobiological foundation for understanding ADHD symptoms and supports the future development of targeted intervention strategies.

Differentiating Autism Spectrum Disorder versus Comorbidity of Autism Spectrum Disorder and Attention Deficit/Hyperactivity Disorder using Machine Learning Approaches based on Multimodal Electroencephalogram Data

Submitter: Yajing Xu, People's Republic of China

Co-Authors: Y. Xu, Y. Zheng, C. Yan, J. Liu

Topic: Neurobiology and Neuroimaging

Objective: Autism spectrum disorder (ASD) is a prevalent neurodevelopmental disorder that is highly comorbid with attention-deficit/hyperactivity disorder (ADHD), with reported comorbidity rates of 50-70%. An accurate diagnosis of ASD-only versus comorbidity of ASD and ADHD (ASD + ADHD) is critical for treatment planning, yet the current diagnostic approaches are largely subjective, relying on self-reported assessment tools and clinician's experience. A more objective diagnostic tool is needed. Electroencephalography (EEG) has emerged as a promising, non-invasive technology for capturing neural correlates of ASD and ADHD. However, most EEG-based machine learning diagnostic studies focus on boosting classification accuracy through high-density acquisition systems, complex feature extraction algorithms, and resting-state measures, making clinical translation impractical. Accordingly, this study aims to construct a novel diagnostic model using machine learning based on multimodal five-electrode EEG data to differentiate ASD-only versus ASD + ADHD.

Methods: EEG data were recorded from 228 children aged 6-18 years (ASD-only: n = 82; ASD + ADHD: n = 146) using five channels (Cz, F3, F4, Fz, O1) across four modalities: eyes-open, eyes-closed, cognitive challenge, and Omni-harmonic stimulation. Ninety-eight spectral features across Delta, Theta, Alpha, Beta, Gamma and sensorimotor rhythms (SMR) were extracted. An integrative approach combining Boruta and Least Absolute Shrinkage and Selection Operator (LASSO) were used for feature selection. The refined feature set was used to train eight machine learning models: logistic regression, random forest, decision tree, support vector machine (SVN), naive bayes, k-nearest neighbor (KNN), XGBoost, and neural network. Synthetic Minority Over-Sampling Technique (SMOTE) was applied to enhancing minority-class representation.

Results: The feature selection approach identified 6 key predictors, including age, Theta/Alpha on Fz under eye-closed modality, Theta/Beta, Low Alpha/High Alpha and High Beta-Gemma on Cz under cognitive challenge modality, as well as Theta/SMR on Cz under Omni harmonic modality. The naïve bayes model achieved the highest area under the curve of 0.84, with specificity > 0.85 and sensitivity > 0.65.

Discussion: The findings align with emerging evidence that EEG-derived spectral features can serve as objective neurophysiological markers to distinguish overlapping neurodevelopmental phenotypes, moving beyond subjective assessments and

symptomatic overlap in ASD and ADHD comorbidity. The findings demonstrate that the multimodal five-electrode EEG data can effectively capture the neurophysiological divergence between ASD-only and ASD + ADHD, underscoring the translational potential of low-density EEG in clinical settings.

When Catatonia Goes Unrecognized: The Cost of Misdiagnosis in Children

Submitter: Eva-Flore Bui-Xuan, Canada

Co-Authors: E. Bui-Xuan, s. Jacques, M. Poirier, A. Vigneault, V. Kurash, H. Lamothe

Topic: Neurobiology and Neuroimaging

Objective: Catatonia is an underrecognized yet potentially life-threatening neuropsychiatric syndrome in children and adolescents, particularly in those with neurodevelopmental, psychotic, genetic, or medical conditions. Its heterogeneous presentation frequently overlaps with behavioral and psychosocial formulations, contributing to diagnostic delay and prolonged morbidity. This abstract aims to emphasize the importance of differential diagnosis in severe pediatric psychomotor syndromes and to illustrate how catatonia may be misattributed to behavioral, psychosocial, or psychiatric conditions. By integrating current evidence with complex clinical examples, we highlight catatonia as a reversible psychiatric emergency when appropriately identified and treated.

Methods: We conducted a narrative review of the pediatric literature on catatonia, focusing on prevalence, etiologies, diagnostic approaches, and treatment outcomes. This evidence was integrated with a descriptive case series from the Montreal Children's Hospital involving children and adolescents with catatonia across diverse etiologies, including autism spectrum disorder, autoimmune encephalitis, genetic conditions, and global refusal syndrome. Clinical analysis focused on presenting features, initial diagnostic interpretations, response to benzodiazepine challenge, indications for electroconvulsive therapy (ECT), and functional and medical outcomes following treatment.

Results: Catatonia presented with severe psychomotor inhibition or agitation, mutism, negativism, posturing, spasms, autonomic instability, and nutritional compromise. Several cases were initially misdiagnosed: catatonia associated with autoimmune encephalitis was interpreted as behavioral dysregulation linked to psychosocial stressors; a patient with catatonia and painful spasms was treated for musculoskeletal pain and behavioral disturbance; and an autistic adolescent with catatonia was managed for psychosis and behavioral problems. Benzodiazepines confirmed catatonia but produced partial or transient improvement. ECT resulted in marked and functionally meaningful improvement, including recovery of motor function, communication, oral intake, and medical stability; although several patients required repeated or maintenance treatments due to chronicity, these interventions were associated with substantial and sustained improvements in quality of life. In a patient initially labeled with global refusal syndrome after more than two years of hospitalization and life-threatening deterioration, ECT resulted in complete resolution of symptoms.

Discussion: These findings reinforce catatonia as a treatable and often reversible pediatric emergency that may masquerade as behavioral, psychosocial, or primary psychiatric

disorders. Failure to include catatonia in the differential diagnosis-particularly in youth labeled with behavioral disturbance, psychosis, or global refusal syndrome-may delay access to lifesaving treatment. Our experience underscores the need for early diagnostic vigilance, interdisciplinary collaboration, and timely escalation to ECT when benzodiazepines fail. Integrating interventional psychiatry into pediatric care pathways is essential to reducing morbidity and improving outcomes for children and adolescents with severe catatonia.

OP-16

Violence, Vulnerability, and Psychosocial Risk in Youth

OP-16-001

Developmental Limitations of Juvenile Recidivism Risk Assessment: Implications from Life-Course Criminology and Preventive Psychiatry

Submitter: Chia-Heng Lin, CCC

Co-Authors: A. Lin

Topic: Forensic Child and Adolescent Psychiatry

Objective: This study aims to examine the limitations of current juvenile recidivism risk assessment frameworks by situating them within a life-course developmental perspective. Building on Terrie Moffitt's life-course persistent offender theory and subsequent research on gene and environment interactions, we specifically explore how neurodevelopmental vulnerabilities, such as ADHD, and early psychosocial risk factors are insufficiently addressed in existing juvenile justice and correctional decision-making processes. The objective is to assess whether current assessment tools and system transitions adequately capture developmental risk trajectories from adolescence into adulthood.

Methods: A narrative and integrative literature review was conducted focusing on (1) life-course criminology, particularly Moffitt's theoretical and empirical contributions, (2) post-2000 studies on gene and environment interactions and behavioral outcomes, and (3) the application of juvenile recidivism risk assessment tools within judicial and correctional systems. In addition, a policy-oriented analysis was applied to examine how assessment results are translated into recommendations during the transition from juvenile to adult correctional systems, with particular attention to the balance between static and dynamic risk factors.

Results: The review indicates that current juvenile recidivism assessment tools remain heavily weighted toward static risk factors. During resource mapping and case formulation, the individualized effects of risk and protective factors are difficult to operationalize, making it challenging to accurately predict relapse timing or risk escalation using either qualitative or quantitative methods. Furthermore, when youths age out of the juvenile system and enter the adult correctional system, there is no clear evidence that adult services address developmental risk factors more comprehensively. Key domains, including substance use, family dysfunction, learning difficulties, and emotional regulation problems, often persist without adequate developmental reinterpretation. Epidemiological evidence suggests that these unresolved risk factors contribute substantially to later personality pathology, substance use disorders, and related psychiatric conditions.

Discussion: These findings highlight a critical gap between developmental risk science and correctional practice. Many justice-involved youths demonstrate delayed neurobiological maturation, lagging developmental psychological processes, and insufficient social stability, which in turn limit their social and emotional competence and mentalization capacity. Consequently, when repeatedly questioned by judicial authorities regarding

insight, remorse, or responsibility, these individuals may be unable to respond appropriately and may be particularly vulnerable to suggestibility. Existing punitive or deterrence-based interventions, such as boot camps, exposure to detention facilities as a scare tactic, or excessive punishment, have not demonstrated consistent preventive benefits. The findings underscore the need to strengthen the role of child and adolescent psychiatry in early identification, prevention, and intervention. A more robust theoretical and empirical foundation is required to inform judicial and correctional systems and to support developmentally informed and evidence-based recommendations.

OP-16-002

Mad or Bad: Mental Health in a Sample of Canadian Justice-Involved Adolescents

Submitter: Brad Booth, Canada

Co-Authors: B. Booth, T. Adiele

Topic: Forensic Child and Adolescent Psychiatry

Objective: Crime by adolescents is relatively frequent. In a 12-month period, 39% of Canadian adolescents will report having done a criminal act, although most (68%) are not serious (Latimer et al., 2003). In 2014, about 94 100 Canadian adolescents were accused of a crime including 32% violence. Of those charged, 45% to 77% were found guilty, with 15% serving custodial sentences. About 80% of adolescents desist from future offending [Steinberg et al., 2015].

In Canada, those 12 to 17 years old at the time of a criminal offence are protected by the Youth Criminal Justice Act (YCJA) in recognition of their reduced culpability related to age, maturity, and other factors. Our Family Court Clinic (FCC) provides section-34 mental health evaluations for 12 courts in the East Region of Ontario. To better understand the needs of our courts and the adolescents, we performed a two-year retrospective program evaluation.

Methods: We conducted a retrospective chart review of all YCJA assessments in the FCC in 2024 and 2025 by the authors. We extracted data including demographic information, assessment purpose, type of offence, custody status, and criminal history. Psychiatric diagnoses were determined through clinical judgment based on a comprehensive assessment that included adolescent/family interviews; standardized questionnaires included the WURS, PHQ-9, GAD-7, AUDIT, DAST, Rosenberg Self-Esteem Scale, Buss-Perry Aggression Questionnaire and the attention and impulsivity subscales of the ASRS. Time intervals between court order and report completion were calculated to assess service delivery efficiency.

Results: We assessed 102 adolescents in 2024 and 2025 (82 males, 20 females). The average age was 16yrs4mo (range 12yrs4mo to 21yrs1mo). Most evaluations were for disposition/sentencing, with two Fitness to Stand Trial and three adult sentencing. The average time from order to report was 2½ months with delays related to getting collateral information or the adolescent absconding.

Our preliminary analysis included 75% of the sample. Approximately 27% had previous convictions of which 47% had previous convictions for violence. Psychiatric diagnosis included ADHD (86%), depression/dysthymia (61%), GAD (55%), ODD/Conduct (49%), SAD (39%), substance (39%), personality disorder traits (33%), ID/Autism (24%), and trauma disorders (23%). Lower rates of psychosis (11%), panic (9%), and other disorders were present.

Further data on half the sample showed 6% homicides, 42% sexual offences, 52% other

violent offences, and the remainder with property offences, thefts, and breaches. Standardized questionnaires closely matched psychiatric diagnoses.

Discussion: Consistent with previous research [Gretton 2011], mental disorders and substance use disorders are frequent in adolescents presenting with legal issues. Most commonly this includes ADHD, depression, anxiety and substance use disorders. Childhood trauma and trauma related to a criminal lifestyle can also lead to trauma disorders. Disordered personality traits are frequent, recognizing that many of these will settle and not become full-blown disorders. Those with intellectual disabilities and autism can also have legal problems. As psychotic disorders usually only present in later in adolescence or early adulthood, rates are relatively low in this population. Our study confirms that psychiatric difficulties are frequent in adolescent offenders. It is important that appropriately qualified individuals are available to assist the courts in understanding responsivity factors relevant to offending, and the adolescent's mental health needs. Limitations of the current study included a potentially biased sample and an incomplete data set.

OP-16-003

Radicalisation in adolescents: Mental health considerations for violent extremism

Submitter: John Kasinathan, Australia

Co-Authors: A. Parsons

Topic: Forensic Child and Adolescent Psychiatry

Objective: To outline current understanding and recommended mental health and psychiatric considerations for radicalisation and violent extremism among adolescents.

Methods: Overview of recent research regarding violent extremism in adolescents and relationships with mental illness and other psychosocial determinants. Relevant international and Australasian research is outlined, with an emphasis on adolescents. Psychiatric considerations, intervention and policy implications will be explored.

Results: Adolescents who become radicalised form a heterogeneous group with complex, multifaceted needs from mental disorder, familial, societal and/or environmental contributions. Thus, assessment and management need to be individualised. Mental health clinicians working with at-risk and radicalised adolescents should maintain a high index of suspicion for mental illness (particularly psychosis and depressive disorder) and neurodevelopmental disorder. Identified psychiatric conditions warrant prioritised mental health treatment. There may be a relationship between specific psychopathology and certain ideological beliefs and behaviours.

Discussion: Radicalised adolescents pose challenges with risk of serious harm to others, presentation complexity, multifactorial contributors and associations with varied psychopathology. All adolescents at risk of radicalisation or who are radicalised, should receive comprehensive mental health assessment and prompt assertive treatment of identified psychiatric conditions.

CTQ/11-17 - Validation of a screening instrument for assessing current experiences of violence and neglect in children and adolescents

Submitter: Sibylle Winter, Germany

Co-Authors: S. Winter, O. Piwowska

Topic: Forensic Child and Adolescent Psychiatry

Objective: The early and reliable assessment of current experiences of violence and neglect from the perspective of affected children and adolescents is of great clinical and social importance. However, only a limited number of validated German-language instruments are currently available for this purpose. Against this background, the present study evaluates the psychometric quality of the child and adolescent version of the Childhood Trauma Questionnaire (CTQ/11-17), an age-appropriate and present-oriented adaptation of the established short form of the CTQ. The aim is to investigate whether the CTQ/11-17 validly and reliably assesses current experiences of violence and neglect in children and adolescents aged 11 to 17 years.

Methods: The CTQ/11-17 is administered in the outpatient and (partial) inpatient settings at the Department of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy at Charité - Universitätsmedizin Berlin. The 28 items are linguistically adapted to be child-appropriate and are phrased in the present tense. Reliability analyses (Cronbach's alpha) and a confirmatory factor analysis were conducted to examine the theoretically derived 5-factor structure (emotional, physical, and sexual abuse, as well as emotional and physical neglect). In a subsample, test-retest reliability and external validity are currently being assessed using the Conflict Tactics Scales: Parent to Child and Juvenile Victimization Questionnaire. These results will be presented at the congress.

Results: Internal consistency were satisfactory to high (.73-.88). The theory-based 5-factor structure could only be partially confirmed at the overall level. However, individual subscale models demonstrated a good model fit. Initial analyses indicate high acceptance and comprehensibility of the instrument in a clinical setting.

Discussion: The CTQ/11-17 appears to be a reliable and clinically feasible instrument for assessing current experiences of violence and neglect. Early identification of affected individuals may enable more targeted interventions, faster implementation of protective measures, and ultimately a reduction in the long-term consequences of psychological trauma. Currently, a 7-item short version of the CTQ/11-17, supplemented by items assessing domestic and online sexual violence, is being piloted.

Understanding Risk and Resilience: Associations Between Personality and Adolescent Intimate Partner Violence

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Topic: Forensic Child and Adolescent Psychiatry

Objective: Intimate partner violence (IPV) is a major psychiatric risk factor, with global estimates indicating that IPV accounts for 18.5 million disability-adjusted life years among females (1). Among adolescents, IPV is common, with UK data indicating it occurs in up to half of young people's intimate relationships (2), with profound consequences for psychosocial development.

Our prior work demonstrates that vulnerability to IPV is shaped by both environmental and genetic influences, with personality traits largely mediating genetic risk (3). Genetic factors contribute to individual differences in personality, which intersect with socio-structural contexts to shape how young people navigate relationships, engage in risky behaviours, and respond to interpersonal stressors. Given the central role of personality in relationship dynamics (4), this project investigates individual differences in vulnerability to adolescent IPV victimisation and perpetration, with the aim of identifying developmental pathways to risk and resilience relevant to psychiatric outcomes.

Methods: This research integrates two complementary work packages underpinned by co-production through participatory workshops with educators and organisations supporting young people affected by IPV. First, we apply genetically informed methods to data from two UK cohorts - the Avon Longitudinal Study of Parents and Children (ALSPAC; 5) and the Twins Early Development Study (TEDS; 6) - to examine whether genetic liability for personality difficulties relates to increased IPV risk (gene-environment correlation), and whether genetic risk moderates the association between IPV and psychiatric outcomes (gene-environment interaction).

Second, we conduct mixed-methods school-based research with adolescents (14-15 years) from secondary schools in England. Quantitative assessments focus on personality trait facets associated with psychiatric and interpersonal risk (7), relationship attitudes, and boundary recognition (8), complemented by qualitative interviews examining cognitive-behavioural patterns associated with IPV vulnerability. Participatory workshops are used to develop survey materials and procedures that are developmentally appropriate.

Results: Causal inference analyses in TEDS (N = 10,622, age 21) using Direction of Causation and Cotwin Control models (9) showed convergent evidence for directional effects of impulsivity (Brief Self-Control Measure; 10) and risk-taking (Risk-taking Index; 11) on IPV victimisation, independent of shared aetiological influences and reverse causation (B=0.07-0.19 across models; $p < 0.001$). In contrast, neuroticism (Short Mood and Feeling Questionnaire; 12) and anxiety sensitivity (Strengths and Difficulties Questionnaire,

emotional symptoms; 13) showed bidirectional effects in Direction of Causation models, and were not significantly associated with IPV victimisation in Cotwin Control models, consistent with shared liability rather than direct effects. Co-production and data collection for the school-based study are ongoing; full results will be presented at the conference.

Discussion: This research advances understanding of developmental pathways linking personality, adolescent IPV, and psychiatric risk. This presentation will consider implications for the development of targeted IPV prevention and early intervention programmes that account for individual differences in vulnerability, with the goal of reducing violence exposure among young people and downstream psychiatric consequences.

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OP-16-006

Developmental Psychopathology in Sexually Abused Girls: Clinical and Narrative Correlates

Submitter: Elena Otilia Vladislav, Romania

Co-Authors: E. Vladislav

Topic: Forensic Child and Adolescent Psychiatry

Objective: Childhood sexual abuse constitutes one of the most severe forms of developmental trauma and is associated with a markedly increased vulnerability to anxiety disorders, depression, posttraumatic stress disorder and personality pathology. Although standardized clinical instruments reliably capture symptom severity, they provide limited insight into the internal organization of traumatic experiences and their narrative representation across development. The present exploratory research aimed to integrate psychometric assessment of emotional distress with contextual narrative analysis derived from thematic apperception projective methods, in order to identify developmentally differentiated psycho-emotional profiles in girls with a history of sexual abuse. Two complementary objectives were pursued. Study 1 aimed to delineate age-specific emotional, behavioral and personality profiles across childhood, adolescence and the transition to young adulthood. Study 2 examined the associations between narrative thematic variables and clinical symptom severity, in order to clarify the psychopathological relevance of narrative representations in trauma-related disorders.

Methods: The sample comprised 50 girls assessed in forensic psychological evaluations, divided into three developmental groups: 9-12 years (N = 19), 13-18 years (N = 23), and 19-20 years (N = 8). Over half experienced intrafamilial sexual abuse, with a mean duration of 18 months. Assessment included standardized measures of trauma-related, depressive, and anxiety symptoms (TSCC, CDI, MASC), age-appropriate clinical inventories (M-PACI, MACI, MCMI-III) and thematic apperception projective methods (CAT/TAT). Narrative themes were coded according to the L. Bellack analysis model and trauma theory, including abandonment, danger, physical and sexual aggression, helplessness, guilt, sadness, parental representations, dissociation/avoidance, role distortions and narrative endings. Study 1 employed descriptive analyses (means and confidence intervals) to derive developmental profiles, whereas Study 2 used Pearson correlation analyses to examine associations between narrative themes and clinical symptom severity. Statistical analyses were conducted using jamovi (v. 2.7.6) with $p < .05$.

Results: Study 1 showed a clear developmental progression of trauma-related psychopathology. In children (9-12 years), profiles were characterized by very high sexual distress, separation and somatic anxiety, behavioral inhibition and predominantly protective maternal representations, with depressive symptoms at subclinical to moderate levels. During adolescence (13-18 years), depressive internalization became central, with persistent sexual distress, elevated somatic anxiety, identity diffusion, and emerging

borderline traits. Narratives showed increased avoidance and dissociation. In young adults (19-20 years), severity intensified, with anxious-depressive comorbidity, clinical PTSD, extreme sexual distress, pronounced borderline features and elevated suicide risk. Narrative material revealed polarized endings (tragic versus idealized) and a strongly negative representation of the male figure. Across the full sample, dissociation emerged as a robust predictor of both PTSD and depressive symptoms and was positively associated with abuse duration. Study 2 revealed strong links between narrative themes and symptom, with age-specific characteristics.

Discussion: The present findings highlight the value of integrating standardized clinical assessment with thematic apperception narrative analysis in understanding the developmental impact of childhood sexual abuse. The observed progression from anxiety-dominated profiles in childhood to depressive internalization, dissociation and complex comorbidity in late adolescence supports developmental psychopathology models of trauma. Narrative themes emerged as clinically meaningful indicators of symptom severity, revealing defensive strategies, relational schemas, and mechanisms of symptom consolidation not fully captured by psychometric measures. Dissociation appears to function as a transdiagnostic mechanism linking trauma exposure to both PTSD and depressive pathology across development. The protective role of positive maternal representations underscores the importance of attachment-related factors in moderating trauma outcomes.

The findings support the need for developmentally tailored interventions, ranging from co-regulation and parental support in childhood to complex trauma-focused interventions and active monitoring of suicide risk during the transition to young adulthood.

OP-16-007

**Protecting and facilitating optimal development in children in difficult circumstances:
A NIMHANS model for resource-constrained settings**

Submitter: Thomas Kishore Madhavaram, India

Co-Authors: T. Madhavaram, J. Kommu, K. Jangam, L. Sravanti

Topic: Forensic Child and Adolescent Psychiatry

Objective: Children are vulnerable to various forms of trauma and face difficult circumstances. Sometimes, they would also conflict with the law due to multiple factors and circumstances. The range of traumatic events includes physical, emotional, and sexual abuse; daily hassles and stressors, and difficult family circumstances, to mention a few significant factors. Usually, the impact of traumatic and stressful events is multidimensional. The pathways for recovery are also imperatively multifactorial. The services rendered necessitate an approach that does not just focus on protecting the child, but also ensuring prevention of re-traumatization and facilitating optimal development. However, not many settings would adequately provide such responsive care. In this context, the objective of the paper is to provide a narrative synthesis of difficult circumstances that places children and adolescents at risk for abuse, neglect and exploitation, and the implications for service delivery in low-middle-income countries (LAMI).

Methods: The study conducted a narrative synthesis of difficult circumstances that places children and adolescents at risk for abuse, neglect and exploitation, and pathways for care and protection in LAMI.

Results: The study revealed factors across biopsychosocial domains that could potentially help prevent neglect, abuse, and exploitation of children, and promoting mental health, wellbeing, and resilience in them.

Discussion: A multidimensional and multisectoral model is necessary to address the challenges faced by children and adolescents in difficult circumstances. This paper also highlights how a model practiced at a tertiary centre like National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, can be effectively used in LAMI and other resource-limited settings.

OP-17

Confronting War and Displacement: Mental Health Challenges and Resilience

OP-17-001

Psychological difficulties among displaced infants and toddlers at the Cambodia-Thailand border: A cross-sectional study

Submitter: Puthy Pat, Cambodia

Co-Authors: P. Pat, D. Sok, B. Jegannathan

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Armed border conflict between Cambodia and Thailand has displaced thousands of people, including infants, toddlers, and children and their families. Many living in temporary shelters have experienced traumatic events such as loss of loved ones, forced separation, and prolonged uncertainty.

This study aimed to identify psychological difficulties among displaced children aged 6-36 months in Cambodia using the tool 'Psychological Screening for Young Children aged 6-36 months (PSYCa 6-36)'. The data was collected between August and October 2025.

Methods: A cross-sectional assessment was conducted in temporary shelters along the Cambodia-Thailand border. 76 children aged 6-36 months were assessed randomly using the PSYCa 6-36 screening tool, which has been validated in Cambodia. Senior psychologists administered the tool with primary caregivers. Descriptive and logistic regression analyses were conducted to analyze the data.

Results: Among the 76 respondents, 46.05% reported their children having psychological difficulties. No statistically significant differences were found between boys and girls. However, children aged 20-36 months (OR 1.88; CI 1.47 - 2.95) had significantly higher levels of psychological difficulties compared to children between 6-19 months. The data reveals significant psychosocial vulnerability among toddlers living in temporary shelters in the backdrop of conflict, temporary housing and ongoing uncertainty.

Discussion: This study highlights a high burden of psychological difficulties among displaced toddlers living in conflict-affected Cambodia-Thailand border. The findings underscore the urgent need for early identification, caregiver support, and possible integration of toddler mental health into health system. This provides evidence and baseline indicators to monitor the outcome of mental health and psychosocial support (MHPSS) in complex humanitarian emergencies (CHE).

OP-17-002

Living Under War Shadows: Perceived War Threats and Mental Health Among Lithuanian Adolescents

Submitter: Rokas Sambaras, Lithuania

Co-Authors: R. Sambaras, S. Lesinskiene

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Adolescence is a developmentally sensitive period in which exposure to large-scale crises may heighten vulnerability to anxiety, stress, and emotional dysregulation, even without direct trauma exposure. The 2022 Russian invasion of Ukraine has intensified perceptions of geopolitical insecurity in Lithuania, a country with a history of occupations and collective trauma, potentially amplifying war-related fears in today's youth. Our study aims to analyze the perception of war threat among Lithuanian adolescents and to explore its potential association with psycho-emotional health.

Methods: A cross-sectional, school-based survey was conducted from October to December 2023 in 25 educational institutions across multiple Lithuanian regions, targeting students in grades 7-10 (age 13-17 years). An anonymous paper-and-pencil questionnaire collected sociodemographic data, war-related worries and emotions, and the Lithuanian self-report version of the Strengths and Difficulties Questionnaire (SDQ). War threat was assessed using a single item ("I'm worried about the threat of war") with five response options, and students indicated whether war made them feel anxiety, anger, fear, and/or powerlessness.

Results: A total of 4,124 adolescents (mean age 14.48 years; 51.0% boys) participated. The mean SDQ Total Difficulty Score was 13.64 (SD = 5.78), with girls showing significantly higher scores than boys across all difficulty domains ($p < 0.001$). Nearly three-quarters (77.4%) expressed war-related concern, with anxiety being the most common emotional response (60.0%), followed by fear (40.8%). Girls reported substantially greater worry and more intense war-related emotions than boys (all $p < 0.001$). War threat perception correlated positively with total difficulties ($\rho = 0.166$; $p < 0.001$) and internalizing difficulties ($\rho = 0.220$; $p < 0.001$), and pro-social behaviors ($\rho = 0.227$). The linear regression analysis revealed that feelings of powerlessness ($\beta = 0.131$, $p < 0.001$) and concern about war ($\beta = 0.063$, $p < 0.001$) significantly predicted overall mental health difficulties.

Discussion: Findings indicate that three-quarters of Lithuanian adolescents experience worry about the threat of war, and this perceived threat is meaningfully associated with poorer psycho-emotional health, particularly internalizing difficulties. The widespread presence of war-related anxiety and its significant associations with emotional and behavioral difficulties highlight the critical need for evidence-based, school- and community-level interventions designed to mitigate feelings of powerlessness, enhance

adaptive coping mechanisms.

OP-17-003

Epistemic Trust in Children and Adolescents with Trauma-Related Disorders Due to Forced Displacement

Submitter: Meike Nitschke-Janssen, Germany

Co-Authors: M. Nitschke-Janssen

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Refugee children and adolescents in Europe are disproportionately affected by mental disorders; studies report point prevalences of post-traumatic stress disorder (PTSD) among unaccompanied minors ranging from approximately 17% to 85% (mean ~46%), alongside high rates of anxiety, affective, and behavioral disorders. In Germany, among newly arriving refugees, PTSD prevalences up to ~30% and depression rates around ~40% have been described; cohort data additionally show persistent symptom burden under post-migration stress. Particularly following man-made disasters (war/violence), attachment security and epistemic trust (the willingness to accept socially conveyed information as reliable) are especially vulnerable. Research points to links between early trauma, attachment insecurity, impairments in mentalization, and epistemic processes (trust/mistrust/credulity). These mechanisms are considered central to relationship-building and the therapeutic alliance.

Methods: Data were collected from a clinical sample within an on-site consultation service at a refugee camp in Hamburg (outreach setting with language mediation options). Following an initial diagnostic workup (including standardized screenings for PTSD, anxiety, and depression; attachment- and trauma-related histories), ongoing treatment was provided in a social-psychiatric practice using trauma-, attachment-, and culturally sensitive interventions. The evaluation encompassed (a) symptom burden and level of functioning at intake, (b) indicators of epistemic trust (e.g., self-report measures, clinical ratings of trust/mistrust stances in relationships), and (c) longitudinal data across multiple sessions/quarters. Analyses combined descriptive statistics and mixed-effects models for trajectories; qualitative memos on relationship-building and therapeutic alliance were integrated using a content-structuring content analysis.

Results: Consistent with the literature, the sample showed a high trauma-related symptom burden within internationally reported ranges; initial stances of epistemic mistrust impeded relationship continuity, access to psychoeducation, and joint meaning-making. Over the course of treatment, there were indications of gradual improvements in epistemic trust in parallel with symptom reductions, particularly when relational continuity was ensured, framing was transparent, and family/peers were included in a culturally sensitive manner.

Discussion: Epistemic trust emerges as a mediating key mechanism linking man-made trauma, attachment, and treatment success. On-site initial care within the camp, low-

threshold language mediation, clear relational offers, and attachment- and mentalization-oriented interventions appear beneficial for reducing mistrust and stabilizing the therapeutic alliance. Programs should systematically secure care pathways from camps into routine services and integrate explicit modules to foster epistemic trust; future studies should employ validated measures of epistemic trust longitudinally and consider culturally sensitive moderators (e.g., post-migration stress, family context).

OP-17-004

Caregivers' Perspectives on Their Involvement in the Trauma Therapy of Their Children: Preliminary Results of a Qualitative Interview Study

Submitter: Anna Schneider, Germany

Co-Authors: A. Schneider, A. Krüger

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: This study addresses the role and experiences of caregivers of traumatized children and adolescents in the context of trauma therapy. Caregivers are often deeply affected by their children's distress after trauma and may experience guilt, helplessness, and emotional strain, which can exacerbate existing family conflicts. Empirical research demonstrates that supportive and affectionate parental behaviors are associated with lower posttraumatic stress symptoms in children, whereas critical, overprotective, or avoidant behaviors are linked to greater symptom severity. This study explores caregivers' subjective perspectives and underlying rationales for their involvement in conversation-based trauma therapy as well as the impact of involvement on caregivers' relationships and individual well-being within and beyond the therapy setting.

Methods: The study started in July 2025 and is ongoing. It employs problem-centered, semi-structured qualitative interviews. Participants are recruited at an integrative, day-clinic-similar trauma treatment institution for children and adolescents (Hamburg, Germany). The therapeutic concept is grounded in an integrative approach (Psychodynamisch Imaginative Traumatherapie für Kinder und Jugendliche, PITT-KID; *psychodynamic imaginative trauma therapy for children and adolescents*) supplemented with complementary trauma-focused body, art and music therapies (in different combinations with conversation-based PITT-KID). Eligible participants are caregivers of current patients with no perpetrator involvement and sufficient parenting competence to support therapy. Participant recruitment follows convenience sampling. Participants choose the interview mode (personally or online). A questionnaire on sociodemographic variables is distributed after interviews. Audio recordings are transcribed verbatim and anonymized. Data collection and analysis occur concurrently, following Mayring's qualitative content analysis with inductive category development using MAXQDA.

Results: This abstract presents preliminary results of N=13 interviews. Final results will be available in summer 2026. Fourteen individuals participated in interviews with 17 respective children involved in therapy. Most participants are female (93%), 55 years and older (43%), born in Germany (86%) and foster parents (57%). Most of the children are affiliated with the treatment center for more than 3 years (79%). First themes extracted from transcripts address caregivers' experiences at the beginning of trauma therapy and associated expectations. Furthermore, the organization and potential challenges to attend weekly therapy sessions is discussed. Participants report their perception of the structure, aims and progress in conversation-based therapy and their observation of respective

changes in their children. Participants reflect on key learnings for themselves and their family and how these change the relationship with their children. Lastly, caregivers voice their wishes for their children's future health care and developmental opportunities.

Discussion: The involvement of caregivers in the trauma therapy of children and adolescents entails both opportunities and challenges from their personal perspective. The considerable organizational demands within daily family routines associated with actively accompanying therapy sessions, as well as the sustained requirements for patience and perseverance in repeatedly addressing the therapeutic themes - often over the course of several years - are perceived as particularly challenging. Conversely, enhanced understanding of the child's behavior patterns, increased knowledge of trauma-related symptoms, and observable improvements in handling the child's challenging behavior are regarded as especially valuable outcomes. Future attention in practice and research should be directed toward addressing potential psychological effects among trauma-affected parents themselves and toward dealing with specific needs of parents coping with multiple strains, e.g. care of further disabled or elderly family members, requirements from their or their partner's professional activities, and differing needs of cohabiting siblings.

OP-17-006

Visual Pathways of Healing: Children's Drawings as Psychosocial Intervention in the Context of Ethnic Conflict and Displacement

Submitter: Subhasis Bhadra, India

Co-Authors: S. Bhadra, S. V, S. V

Topic: Risk and Resilience Factors / a. Societal and Environmental Factors

Objective: Children affected by conflict-related displacement usually experience complex emotional responses that are shaped by exposure to violence, relocation, separation from caregivers, and disruptions in their sense of safety. This study explores children's drawings as an assessment and therapeutic medium to understand emotional expression, trauma processing, and adaptive coping. This study forms part of an ongoing Ph.D. research involving children affected by ethnic conflict in Manipur, India. Following the conflict, families were initially displaced to relief camps within the state, and subsequently, in an effort to ensure their safety and continuity in education, the children were sent to Bangalore as the situation in Manipur continued to be volatile. Although the relocation was intended as a protective measure, children experienced a psychosocial dichotomy between parental agreement and their own emotional resistance, resulting in ambivalence, grief, and adjustment challenges within a culturally unfamiliar environment.

Methods: The study was conducted among 20 conflict-affected children aged 9-15 years who were relocated to residential schools with the support of charity organization. A qualitative, arts-based methodology has been adopted in which the data generated through multiple, structured drawing sessions conducted over six months with all the children in the residential facility. The sessions were phased: initial sessions focused on understanding children's trauma narratives related to pre-displacement and displacement experiences, while later sessions emphasized emotional regulation, healing and meaning making. Alongside drawings, supportive methods such as storytelling, reflective dialogue, and group-based expressive activities were incorporated. Ethical clearance for the study was obtained from the IRB, NIMHANS. All sessions were conducted following child protection and trauma-informed ethical guidelines. The drawings were analysed using thematic visual analysis and content analysis, focusing on recurring symbols, spatial organization, use of colour, representation of relationships, and various emotions.

Results: Across sessions, drawings revealed emotionally resonant visual representations of ethnic conflict, like burning homes, armed and violent mobs, attacking religious places, disrupted homes, fragmented family, and enclosed spaces associated with fear, loss, and helplessness. In the subsequent sessions, the children were probed to reflect their current state. Their drawings depicted everyday activities such as playing football, engaging in group interactions, attending school, and shared routines with peers. During the third phase, the metaphor of a river was introduced. Children were encouraged to depict the river's course as a reflection of their life trajectories, using the river's movement towards

the sea representing their ultimate goals and aspirations including professional roles such as army officers and doctors, and the desire to return to their homeland. Over time, children increasingly acknowledged the benefits of expression, shared feelings of happiness with peers and family, and demonstrated enhanced emotional openness and social connectedness.

Discussion: The study highlighted the importance of integrating arts-based, promotive mental health practices in work with conflict-affected children experiencing displacement, relocation. Here, drawing functioned not only as an assessment tool but also as supportive healing medium, facilitating positive emotional and relational changes among the children. A notable shift was observed from trauma-focused representations toward recovery-oriented narratives, indicating emotional processing, emerging agency, and potential long-term psychosocial benefits. Emotional expression through drawing functioned not merely as an assessment but as a process of healing. Repeated engagement in expressive activities enabled children to externalize distress, regulate emotions, and gradually reconstruct a sense of safety and belonging. This underscores the promotive mental health potential of arts-based practices, positioning drawing as both a trauma-sensitive assessment tool and a preventive mental health intervention. Future efforts should expand beyond individual-level and foster positive coping, resilience, and long-term well-being.

OP-18

Family Context in Child and Adolescent Mental Health: From Risk Factors to Support Systems

OP-18-001

When trauma context matters: Differential associations of IPV-related vs non-IPV-related maternal PTSS with reflective functioning and child abuse potential, with preliminary moderation evidence

Submitter: Ryan Murray, Switzerland

Co-Authors: R. Murray, S. Graf, M. Morisod, S. Urben, D. Schechter

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Maternal posttraumatic stress symptoms (PTSS) are linked to caregiving risk, but trauma context and parental reflective functioning (PRF) may shape this risk. In an ongoing cohort of mothers of toddlers, we tested whether interpersonal violence (IPV)-related PTSS and non-IPV-related PTSS show distinct associations with maternal RF, indexed by the Parental Reflective Functioning Questionnaire - Prementalizing subscale (PRF-PM), where higher scores = poorer mentalization, and with child abuse potential (CAP; Child Abuse Potential Inventory). We further examined whether PRF moderates the association between IPV-related-PTSS and CAP. We hypothesized that (1) higher PTSS relates to poorer PRF and higher CAP; (2) IPV-related and non-IPV-related differentially predict PRF; and (3) higher PRF (i.e., lower PRF-PM) attenuates the positive association between IPV-related PTSS and child abuse potential.

Methods: Fifty-five neurotypical mothers of biological children aged 12-42 months completed clinical interviews and self-report questionnaires. Linear regressions predicted PRF-PM (N=53) and CAP (N=55). Covariates were maternal age and household income; depression was assessed with the BDI-II. PTSS was computed separately for IPV- and non-IPV-related events by z-scoring, within the analysis set, interviewer-rated MINI PTSD module severity and self-reported PCL-5 scores (anchored to the same event) and summing the standardized values; higher scores indicate greater symptoms. PRF was indexed by PRF-PM; CAP by the Child Abuse Potential Inventory. For PRF, we compared models including IPV-related and/or non-IPV-related and conducted a planned contrast of coefficients. For CAP, we fit main-effects models and moderation models with the IPV-related-PTSS $\times$ PRF-PM interaction, adjusting for covariates. Two-tailed tests ($p=.05$) were used.

Results: All models adjusted for age, income, and depression. The model predicting prementalizing approached significance ($p=.060$). IPV-related PTSS was positively associated with PRF-PM ($p=.038$), whereas non-IPV PTSS was negatively associated ($p=.005$). IPV-related and non-IPV related PTSS coefficients differed ($p=.004$). In a sensitivity analysis excluding income, the model reached significance ($p=.035$). For CAP, the model was significant ($p=.013$); depression showed a positive association with CAP ($p=.001$). The interaction model was significant ($p=.002$). The IPV-related PTSS $\times$ PRF-PM interaction term was negative and significant ($p=.003$). Main effects of IPV-related PTSS and PRF-PM were

non-significant in the interaction model ($p > .05$). Results indicate that when PRF was better (lower prementalizing), higher IPV-related-PTSS predicted higher CAP, whereas when PRF was poorer, the PTSS-CAP association weakened.

Discussion: Findings suggest that trauma context matters for reflective functioning and that the impact of IPV-related PTSS on child abuse potential (CAP) is conditional on PRF. A threshold/saturation account likely fits the data: when PRF is poor (high prementalizing), CAP is already elevated, leaving little headroom for PTSS to add risk; when PRF is better (lower prementalizing), variability in IPV-PTSS more strongly differentiates CAP. Clinically, routine depression screening/treatment is essential; PTSS-focused care plus mentalization-based supports may be most impactful when PRF is relatively intact, whereas mothers with high prementalizing may first need reflective-functioning scaffolding. Limitations (modest N, cross-sectional design) warrant caution. In a sensitivity analysis excluding income, results were directionally consistent and model significance increased, suggesting attenuation from over-adjustment when including household income. Ongoing enrollment will enable preregistered moderated-mediation tests (PTSS-PRF-CAP), covariate sensitivity analyses, and richer PRF measurement.

OP-18-002

Quality of life, behavioral problems, maternal empathy, and maternal attachment quality in children with speech and language disorders

Submitter: Basak Günal, Türkiye

Co-Authors: B. Gunal, M. Tonyali, G. Durcan, M. Yavuz, E. Gür

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: This study aimed to compare children with speech and language disorders (SLD) and typically developing peers in terms of psychosocial difficulties, quality of life, and maternal attachment quality and empathy. Additionally, we investigated the predictive effects of behavioral and emotional difficulties on quality of life in children with SLD.

Methods: This cross-sectional case-control study included 82 children aged 3-7 years and their mothers. The case group consisted of 42 children (59% male) diagnosed with language disorder or speech sound disorder according to DSM-5 criteria, with diagnoses supported by the Test of Early Language Development-3 (TELD-3). The comparison group comprised 40 children (55% male) with typical language development. Children's psychosocial functioning and quality of life (QoL) were assessed using the Strengths and Difficulties Questionnaire (SDQ) and the Pediatric Quality of Life Inventory (PedsQL 4.0), completed by mothers. Maternal variables were assessed with the Adult Attachment Style Scale (AASS) and the Questionnaire of Cognitive and Affective Empathy (QCAE) scale.

Results: There were no significant differences between the groups in terms of age ($p = 0.751$) or sex ($p = 0.849$). Children with SLD had lower social, school, psychosocial, and total QoL scores compared to controls ($p < 0.05$). In the SDQ, children with SLD showed higher peer problems and overall difficulties ($p < 0.05$). Mothers of children with SLD reported lower secure attachment and higher avoidant and anxious/ambivalent attachment on the AASS, and lower emotion contagion scores on the QCAE ($p < 0.05$) compared to controls. PedsQL total score was negatively correlated with SDQ total difficulties ($r = -0.676$), emotional problems ($r = -0.549$), and hyperactivity/inattention ($r = -0.599$, $p < 0.01$). Regression analyses showed that SDQ hyperactivity ($B = -2.579$, $p = 0.001$) and emotional problems ($B = -2.656$, $p = 0.005$) significantly predicted lower total QoL scores.

Discussion: The study indicated that children with SLD experience more behavioral problems and poorer quality of life compared to typically developing peers. Moreover, their mothers reported less secure and more avoidant or anxious attachment patterns, as well as reduced empathy on certain dimensions. Importantly, only behavioral and emotional problems measured by the SDQ significantly predicted quality of life, highlighting the central role of children's psychosocial functioning in well-being. These findings emphasize the need for interventions addressing not only language difficulties but also

emotional/behavioral problems, while taking family dynamics into account.

OP-18-003

Exploring Lived Experiences of the Children of Rag-pickers in Urban India: Developmental Risks and Supports

Submitter: Subhasis Bhadra, India

Co-Authors: S. Bhadra, A. Gautam

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The study aims to examine the lived experiences of children from rag-picker families residing in socially, economically deprived urban settings in India, with particular attention to their home and surrounding environments. While rag-pickers play a critical role in maintaining urban sanitation, they face persistent stigma, limited access to basic amenities due to lack of specific laws. These collectively undermine the provision of nurturing, stimulating environment for children's development. Research explored how conditions of deprivation, social exclusion, resource scarcity shape children's emotional well-being and developmental experiences. Using a child-friendly pictorial tool supported by guided questions and event checklist, the study seeks to capture children's voices regarding their daily lives. By foregrounding children's perspectives, the study highlights context-specific insights that can inform policies, child-centred interventions, community-based programmes aimed at enhancing protective environment, developmental opportunities for children living in marginalised urban families.

Methods: The study adopted a cross-sectional, descriptive design involving 154 children aged 6-8 years from rag-picker families residing in Jaipur and Ajmer, Rajasthan, India. Participants were recruited following informed parental consent. Ethical approval was obtained from the IRB, Central University of Rajasthan. Data were collected using researcher-developed tools, the Pictorial Tool to assess Early Childhood Development (PT-ECD), Child Event Checklist (CEC), and a socio-demographic schedule. PT-ECD and CEC assessed physical, social, emotional development. These tools are grounded in UNICEF's Early Learning Development Standards and reviews of childhood development literature. PT-ECD comprised 12 pictorial card depicting domains of daily living like, personal care, peer interaction, parental support, and home environment, supported by standardized prompts to elicit consistent responses. Tool validity was established through expert review, iterative revisions, and repeated application. The 36-item CEC demonstrated strong internal consistency (Cronbach's alpha = 0.80).

Results: The PT-ECD revealed significant developmental challenges alongside notable strengths. Findings showed, 88% of children played with discarded objects, indicating severe resource scarcity, while hygiene practices were poor, with 64.3% bathing occasionally, 89% not washing hands before or after meals. Social strengths were evident, as nearly 60% shared toys, 70% helped peers or siblings. Scolding or exposure to domestic violence (78%) led to distress, anxiety, emotional numbing. Children experienced sadness

related to instability and migration. Maternal bonds (39%), sibling support (33%) were the primary sources of emotional security, while paternal involvement was limited. CEC scores indicated that 17.5% of children achieved a positive developmental trajectory, 48.1% average, 34.4% were developmentally disadvantaged. Regular schooling was associated with higher developmental outcomes, whereas regression analysis with socio-demographic variables indicated that male gender predicted better development, and larger family size and higher stigma were associated with lower developmental scores.

Discussion: Findings indicated that multiple forms of deprivation within the home environment contribute to poor hygiene practices, nutritional deficiencies, and limited emotional stimulation among children, adversely affecting their development. Family conflicts, unstable living conditions expose children to persistent negative emotions, while social exclusion arising from parental occupational stigma further undermines their developmental needs. Inadequate housing, poor hygiene facilities, playing with garbage, scarcity of basic facilities reflect severe resource constraints. Although maternal and sibling support can foster emotional bonding, it may impose caregiving burdens on elder siblings. The lack of consistent positive reinforcement risks impairing children's emotional validation and self-worth. Despite adversities, children's adaptability and development of skills through unstructured play, school participation, and reliance on close relations became supportive factors. Comprehensive interventions addressing environmental safety, health education, family empowerment, and socio-economic upliftment through effective legislation are essential to promote holistic development of children in marginalized urban families.

OP-18-004

Stress-mediated effect of Adverse childhood experiences on Rational decision-making style and the role of Benevolent factors among Youth in Southern India: a Community-based Mixed method study

Submitter: Bitty Raghavan, India

Co-Authors: B. Raghavan, P. Kariyarath Cheriya, S. Kattimani, M. Thulasingham

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Adverse Childhood Experiences (ACEs) are traumatic events such as emotional, physical, or sexual abuse, neglect, and household dysfunction, including parental separation, substance abuse, or community violence. Although ACEs have been proven to be determinants of severe mental health conditions in adult life there is a paucity of literature in the Indian context. Previous studies from middle-income countries report prevalence rates ranging between 30% and 50%. However, the causal pathway linking childhood adversity, stress, and decision-making style in adulthood, as well as the role of benevolent factors, has not yet been studied.

The objective of this study was to determine the prevalence of adverse childhood experiences, their association with perceived stress and decision-making style within the causal pathway, and to explore the role of benevolent factors in this pathway.

Methods: A community-based sequential explanatory mixed-method study was conducted from October 2020 to January 2023. A survey was done in a randomly selected sample of 268 participants aged 19-24 years. They were asked about past adverse childhood experiences and assessed for current stress levels and decision-making style. The WHO ACE questionnaire, Perceived Stress Scale, and Generalized Decision-Making Style Questionnaire validated in Indian settings were used. A directed acyclic graph was constructed to assess the mediating effect of stress and confounders like school dropout rate and parental education within the causal pathway. Quantitative data were analysed using a generalized structural equation model (GSEM). In the qualitative component, eight in-depth interviews were conducted with a phenomenological approach. Manual thematic analysis was done, and the findings from quantitative and qualitative components were integrated using the Mixed Methods Appraisal Tool. Ethical clearance obtained-EC/NEW/INST/2020/331.

Results: The prevalence of significant ACEs (ACE score >3) was 57.3% (95% CI: 50.9-63.3). Participants with ACE scores >3 experienced double the stress (aPR = 2.18, 95% CI = 1.08-4.40) and had a 31% lower risk of having a rational decision-making style (aPR = 0.71, 95% CI = 0.53-0.73) compared with those with ACE scores less than or equal to 3. Directed acyclic graph suggested a mediating role of stress in rational decision-making style. Mediation analysis showed that 6% of the total effect of ACEs on rational decision-making style was mediated through perceived stress. The effect of adverse childhood experiences

in adulthood was attenuated by benevolent factors such as supportive teachers, friends, meditation, temple visits, and spending time in nature. These positive factors lie within the causal pathway, despite the economic hardships encountered in low middle income countries.

Discussion: Even when they are living with their family, one in two individuals had significant adverse childhood experiences in Indian setting. Those with higher ACE scores reported greater stress and were less likely to develop a rational decision-making style when they are adults. The stress-mediated effect of childhood adversity on rational decision-making suggests that childhood adversity disrupt healthy cognitive processing, while benevolent childhood experiences exert a protective influence within the causal pathway. Qualitative part revealed the consequences such as general pessimistic attitude among those with ACEs.

A major strength of this study is the integration of qualitative narratives that captured lived experiences and the use of a directed acyclic graph(DAG) that improved conceptual clarity and aided in causal inference with observational study. However, the cross-sectional design is a limitation. The study necessitates the requirement of policies on positive parenting skill enforcement in low middle income countries.

OP-18-005

Support for foster parents by youth welfare offices in Germany: a nationwide survey

Submitter: Judith Bürzle, Germany

Co-Authors: J. Bürzle, C. Bachmann

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Foster children represent a high-risk group with elevated levels of trauma exposure, mental health burdens, and disrupted attachment, making caregiving a challenging task. Foster parents require a broad set of competencies, i.e. parenting skills and the ability to navigate health, educational, and legal systems. Consequently, external support is essential, and typically provided by youth welfare authorities. This nationwide survey aimed to assess existing support options for foster parents through youth welfare authorities in Germany, identify service gaps, and examine structural predictors of service availability.

Methods: A self-designed questionnaire was mailed to all foster care departments (DFCs) of youth welfare offices in Germany ($N = 577$) between September 2023 and February 2024. Using multiple-response questions, DFCs indicated whether they offered single- or multisession lectures or trainings, exchange opportunities with other foster families, counselling, coaching or supervision, and family therapy sessions for future foster parents. The same response options, plus support groups, were used to assess services during placements. Additional, structural variables such as settlement type, regional resources and, therefore, participation opportunities within the DFCs' areas of responsibility, personnel resources of DFCs, numbers of foster children and families, and outsourcing of services were collected as potential predictors of service range. In addition, an open-ended question explored potential gaps in support options for foster families from the perspective of DFCs. Quantitative data were analysed using binomial logistic regression, qualitative data using qualitative content analysis by Mayring.

Results: A total of 215 responses (37.3 %) were received. Prior to placements, most DFCs offered counselling (94 %), multisession (77.2 %) or single-session trainings (63.7 %), and opportunities for peer exchange (77.2 %). The same activities predominated after foster child placement, with coaching or supervision sessions also frequently reported (74.2 %). Participation in pre-placement activities was mandatory in 91.6 % of offices, but only 27.4 % required ongoing training after placement. Nearly 90 % of offices reported current or imminent shortage of foster families. Regression analyses showed that lower personnel capacities were associated with reduced pre-placement counselling, and rural location predicted fewer offers of trainings, coaching or supervision or family therapy sessions during placement. Staff most frequently identified service gaps in specific support formats for foster parents, such as parent trainings or delivery formats like online or group setting, specialised services for foster children, and respite care options.

Discussion: This study provides real-world insight into the range of services for foster parents in a large Western youth welfare system and maps the efforts of German DFCs. However, rural regions appear disadvantaged, likely due to mobility barriers, underscoring the need for outreach and online formats. Most trainings were self-developed and consequently less likely to be systematically evaluated. One possible explanation is the professional composition of the youth welfare workforce, in which social workers and related professions constitute about three quarters, a group that shows lower endorsement of evidence-based practice compared with U.S. samples, reflecting differences in professional training and academic discourse. Also, findings highlight a German research gap: to date, only *Fostering Changes* and *Attachment and Biobehavioral Catch-Up* have demonstrated initial effectiveness. Widely used international programmes, such as *Incredible Years* or *Multidimensional Treatment Foster Care*, have not been translated or piloting, limiting their practical implementation.

OP-18-006

Romantic Betrayal as a Psychosocial Stressor in Emerging Adulthood: Attachment Insecurity and Psychological Needs Among Indian Youth

Submitter: Simran Aurora, India

Co-Authors: S. Aurora, S. Sahni, M. Junnarkar, K. Pandey

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Romantic relationships are a central developmental context during late adolescence and emerging adulthood. Experiences of romantic betrayal during this period may function as significant psychosocial stressors with implications for attachment security and psychological self-regulation. The present study aimed to examine whether betrayal experience is associated with infidelity-related perceptions, attachment insecurity, and acquired psychological needs among Indian youth, and to assess whether these associations persist after controlling for demographic factors.

Methods: The study was conducted on a sample of 751 unmarried Indian young adults aged 18-30 years. Participants completed standardized self-report measures assessing perceptions of dating infidelity, attachment styles, and acquired psychological needs. Group differences based on betrayal experience were examined using multivariate analysis of variance. Multiple regression analyses were conducted to assess whether betrayal experience uniquely predicted psychological outcomes after controlling for gender, age, and relationship status. Moderation analyses were performed to examine gender differences.

Results: Multivariate analysis revealed significant group differences based on betrayal experience (Wilks' Lambda = .961, $F(10, 736) = 2.96$, $p = .001$). Youth with betrayal experience reported higher perceptions of deceptive relational behaviors and greater dominance need.

Regression analyses indicated that betrayal experience uniquely predicted higher attachment anxiety ($\beta = .092$, $p = .012$). Betrayal experience also significantly predicted heightened vigilance toward deceptive behaviors ($\beta = .109$, $p = .003$) and greater dominance motivation ($\beta = .129$, $p < .001$), after controlling for gender, age, and relationship status. Gender did not moderate these associations.

Discussion: Findings suggest that romantic betrayal during emerging adulthood is associated with attachment insecurity and compensatory self-regulatory responses among youth. These patterns highlight betrayal as a salient psychosocial stressor with implications for psychological vulnerability and adaptation during a critical developmental period. Understanding how relational stress shapes attachment-related and motivational processes may inform youth mental health assessment and relationally focused preventive

interventions, particularly within culturally diverse contexts.

OP-18-007

Translating Family Resilience into Pediatric Leukemia Care: A Cross-Sector Support Pathway for Hospital, School, and Community in China

Submitter: Jing Zhou, Finland

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Family resilience in pediatric oncology is often framed as an internal family process, yet adaptation to childhood leukemia is shaped by multilevel social ecology and service systems. Evidence from non-Western healthcare systems remains limited, particularly regarding how hospital, school, community, and policy environments interact to support or constrain families over time. This study aimed to (1) describe family resilience resources across micro-, meso-, and macro-level contexts during pediatric leukemia treatment in China, (2) identify key support nodes and fracture points where families most need coordinated psychosocial care, and (3) translate qualitative findings into a feasible cross-sector psychosocial support pathway for multidisciplinary pediatric leukemia services and hospital social work.

Methods: We conducted a qualitative study using semi-structured interviews with 17 caregivers of children diagnosed with leukemia. Participants were recruited from the Department of Hematology at Shanghai Children's Medical Center using purposive sampling to capture variation in treatment stage and family background. Interviews explored treatment stressors, family role reorganization, meaning-making, support networks (family, peers, medical teams), school disruption and reintegration, and access to financial resources. Data were analyzed using thematic analysis with iterative coding and team discussion; a subset of transcripts was double-coded to enhance analytic rigor. Themes were synthesized into an implementation pathway specifying screening, tiered supports, and referral steps. Ethical approval was obtained from the Ethics Committee of Shanghai Children's Medical Center.

Results: At the micro level, families described expanded "family-in-action" networks, especially intergenerational caregiving and flexible role reallocation to sustain daily functioning. At the meso level, a hospital-based support subsystem emerged, including trusting communication with clinicians, social work involvement, volunteers, and peer-family mutual aid, which buffered uncertainty and caregiver burden. At the macro level, insurance coverage, major-illness assistance, and charitable resources shaped affordability and access, while stigma and resource inequality created additional strain, particularly for families with limited local networks. Key fracture points clustered around diagnosis shock, treatment intensification, and end-of-life phase. Based on these themes, we developed a stage-specific pathway including psychosocial screening at diagnosis, structured parent support groups grounded in family resilience theory, individualized

services addressing psychoeducation and coping skills, integration of charitable resources for peer support and respite care, and hospital-school liaison planning.

Discussion: Family resilience in pediatric leukemia is not solely an intra-family attribute but a dynamic process embedded in healthcare, education, community, and policy environments. The proposed pathway translates qualitative evidence into actionable, cross-sector psychosocial care: universal screening and psychoeducation early in treatment, targeted support for caregiver burden and resource navigation during intensive treatment phases, and coordinated planning for recovery and school reintegration during end-of-treatment phase. The model specifies practical roles for hospital social work in linking families to peer support, community resources, and school collaboration, particularly for families with limited networks and financial strain. Future work should pilot the pathway, assess feasibility and acceptability within multidisciplinary teams, and evaluate whether implementation improves psychosocial outcomes and continuity of care across hospital, school, and community settings.

OP-19

From Access to Integration: Strengthening Child and Adolescent Mental Health Services

OP-19-001

Mental Health Service Utilization among Korean Children and Adolescents: Barriers and Influencing Factors

Submitter: Ryemi Do, Korea, Republic of

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: A substantial proportion of children and adolescents with mental health needs remain unidentified or untreated. Prior studies indicate that greater child attention problems and higher maternal education are associated with lower mental health service utilization among children. Among adolescents, internalizing symptoms increase perceived need for care, but actual help-seeking is often hindered by stigma and structural discrimination. Few studies using nationally representative data have examined factors associated with mental health service utilization among children and adolescents. To address this gap, the present study utilizes data from the National Mental Health Survey of Korea - Child & Adolescent 2022 (NMHSK-CA 2022) and has four aims: (1) to examine mental health service utilization rates separately for children and adolescents; (2) to assess utilization by psychiatric diagnosis; (3) to identify sociodemographic and clinical factors influencing service use; and (4) to investigate barriers to access.

Methods: We analyzed survey data from 3,134 children aged 6-11 years and 3,141 adolescents aged 12-17 years old. For children, all survey responses, including mental health status, mental health service utilization, and demographic characteristics, were provided by a primary caregiver. In contrast, adolescents self-reported their mental health status and service utilization, while their caregivers also completed corresponding items related to service use. To assess the presence of mental disorders, the Korean version of the Computerized Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS-COMP) was used. Parents of children and adolescents, as well as adolescents themselves, completed a mental health service utilization questionnaire adapted from the preliminary Child and Adolescent Mental Health Survey 2021. Binary logistic regression analyses were performed to identify factors associated with mental health service utilization. Independent variables included age, sex, residential area, parental employment status, parental marital status, and household income.

Results: Among individuals with any lifetime mental disorder (N = 1,012), mental health service use was low: 7.8% in children (parent-report), 21.0% in adolescents (parent-report), and 5.6% in adolescents (self-report). Adolescents showed the highest use for substance use disorders (30.2%) and eating disorders (28.8%), while children had the highest use for major depressive or bipolar disorders (22.2%). Adolescents consistently demonstrated higher use than children, particularly for anxiety disorders (22.3% vs. 6.5%). Socioeconomic factors differed by age: higher household income in children (300,000-

599,000 KRW/month) was linked to lower service use compared to the lowest income group (<300,000 KRW/month), and father's non-wage employment was associated with reduced use in adolescents. The primary barrier was lack of perceived need. Secondary barriers differed, with parents concerned about record-related disadvantages and adolescents expecting spontaneous recovery.

Discussion: Using nationally representative data, this study provides a comprehensive overview of mental health service utilization patterns and barriers among Korean youth and children. First, mental health service utilization among Korean children and adolescents remains substantially lower than internationally observed utilization rates. Second, service utilization varied significantly by age and diagnosis, with adolescents showing higher overall rates than children. Third, socioeconomic factors were significantly associated with mental health service utilization, revealing important disparities. Fourth, there was a widespread underestimation of the need for professional care. These findings have important policy implications for improving child and adolescent mental health services, underscoring the need for targeted support, stigma reduction, and early identification and intervention.

OP-19-002

Pathways through CAMHS before and after emergency contact.

Submitter: Lena Bækgaard Thorsen, Denmark

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: In Denmark the majority of first contacts to child and adolescent mental health services (CAMHS) are planned, but for 15% the first contact is an emergency contact. There is a lack of studies investigating pathways for children and young people (CYP) with an initial CAMHS contact to the psychiatric emergency department. Few studies describe CYP characteristics for emergency contact to CAMHS but do not focus on differences between the CYP already in contact with CAMHS and those with no current contact. Our main objective is to investigate the characteristics of the population of CYP coming to the emergency department and their pathways through CAMHS prior to a psychiatric emergency contact and in the following year.

Methods: A systematic review was conducted of all discharge summaries from emergency contacts on CYP assessed at the psychiatric emergency department in the North Denmark Region for the years 2022-2024. Data was collected on number of repeat visits by the same patients, as well as patient characteristics, descriptions of symptoms, assessment of symptoms and placement in out of home care. Patients were categorized into 4 groups: Ongoing outpatient care; waiting for outpatient care; former outpatient care; and no outpatient care. For the group waiting for outpatient care, referral data was also collected and reviewed. For the group with former outpatient care, data was collected on time since discharge from outpatient services. Patients with no current contact (former outpatient care or no outpatient care) were followed up for a year with regards to data on referral to outpatient care following their psychiatric emergency contact.

Results: In the period 2022-2024 there were 952 emergency contacts (571 patients); 404 with ongoing care, 101 with former care, 138 waiting for outpatient care and 309 with no current or former care. Of these contacts, 22,5% were for patients in out of home care. 67 % of patients had only one emergency contact in the study period and 6% had > 3 visits. Data analysis is still ongoing, but data will be presented on Pathways through CAMHS before and after emergency contact. This includes; time from referral to emergency contact and time to first outpatient appointment for those waitlisted; time from discharge to emergency contact for patients with former contact; and referral data (number of referrals within a year, average time to referral, source of referral, referral diagnosis and acceptance or rejection of referral) for all contacts with former care or no care at the time of their emergency contact.

Discussion: Our data show that a third of the emergency contacts are patients with no

current outpatient care; a group sent home with no planned follow-up interventions from CAMHS at the time. It shows high levels of repeat visits with a third of patients having more than one emergency contact within the 3-year period. With 22,5 % being placed in out of home care compared to 8 % of patients referred to outpatient CAMHS it also underlines the vulnerability of this specific group of CYP.

The results are expected to help to identify possible needs for waitlist interventions and adjustments of discharge procedures. The data will also act as baseline for a rapid response intervention (the subacute team) aimed at emergency contacts where there is no current contact to outpatient CAMHS. Ensuring the right intervention, to the right patient at the right time, minimizing the need for emergency contacts.

OP-19-003

Integration of child and adolescent mental health services into primary health care system: impact of pilot program

Submitter: Pashupati Mahat, Nepal

Co-Authors: P. Mahat, P. Mahat

Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: The study aimed to assess the effectiveness of integrating child and adolescent mental health services into the primary health care system under local and provincial governments. Effectiveness was measured in terms of training, clinical supervision, availability of psychotropic medicines, and policy level engagement at local and provincial levels.

Methods: A mixed-methods approach was employed, combining quantitative and qualitative data from primary- and tertiary-level service providers, beneficiary children and adolescents and their caregivers, and policy-level decision-makers. Quantitative data were collected from the Health Management Information System (HMIS) of the Ministry of Health and from training and supervision records of the implementing organization. Qualitative data were collected through focus group discussions with service providers, beneficiaries, and community members, and key informant interviews with municipal mayors, administrative officers, provincial health officials, and government representatives. Quantitative data were analyzed using SPSS version 26 for descriptive statistics. Qualitative data were transcribed, translated into English, coded, and thematically analyzed using an iterative process.

Results: A total of 111 service providers (66 female, 45 male) were trained using the WHO mhGAP package adapted by the National Health Training Centre. These providers delivered services to 1,526 children and adolescents, of whom 106 (6.9%) were referred to higher-level facilities. HMIS data showed a significant increase in service utilization, from 4.13% at baseline to 27.39% after one year and 63.97% after two years-approximately a 15-fold increase. Knowledge and skills retention among health workers was 84% at 18 months post-training. Qualitative findings indicated increased confidence, improved attitudes, and enhanced communication skills among health provider, supported by remote clinical supervision. Beneficiaries and caregivers reported high satisfaction, improved understanding, and positive behavioural changes. Policymakers viewed the intervention as cost-effective and accessible, though sustaining and scaling up services remains challenging due to limited resources.

Discussion: Child and adolescent mental health remain a low priority in Nepal despite high prevalence. This study demonstrates a cost-effective and scalable model for low- and middle-income countries. Strong advocacy is needed to increase investment and ensure

healthier children today and healthier adults tomorrow

OP-19-004

Integrating Child Psychiatry into Cleft Care: A Prospective Cohort Study from a Tertiary Clinic in India

Submitter: Ajay Aditya Aadhi Mani, India

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: To prospectively evaluate the integration of child and adolescent psychiatry within a multidisciplinary cleft lip and/or palate (CLP) clinic in a public tertiary hospital in India. The study aimed to: (1) describe the prevalence and profile of psychiatric comorbidities in children and adolescents with CLP; (2) examine associations between psychiatric morbidity and follow-up continuity (regular, irregular, dropout); and (3) assess the feasibility, acceptability, and perceived utility of a psychiatry-inclusive cleft care model in a low- and middle-income country (LMIC) setting.

Methods: A prospective cohort was recruited from the Goa Medical College cleft clinic (January 2022-September 2024). Consecutive patients aged less than 18 years with CLP were enrolled at first registration and followed for 12 months. Syndromic clefts with severe neurological impairment and non-CLP craniofacial anomalies were excluded. Psychiatric assessment, embedded in routine multidisciplinary care, used SDQ screening plus disorder-specific tools (HAM-A, HAM-D, Vanderbilt, NIMHANS SLD battery) with ICD-10 diagnoses. Sociodemographic, cleft-related (type, surgery, hearing, speech therapy) and service variables were recorded. Follow-up was classified as regular, irregular, or dropout using a 90-day lapse. Structured caregiver feedback captured satisfaction, stigma, and perceived benefits. Data were analysed using descriptive statistics, chi-square tests, ANOVA/Kruskal-Wallis, and regression models ($p < 0.05$).

Results: Of 224 registrations, 210 children met inclusion criteria. Over 12 months, 45.7% maintained regular follow-up, 25.7% had irregular attendance, and 28.6% dropped out. Psychiatric comorbidity was present in 53.3% and was significantly associated with follow-up status ($p = 0.009$), with higher rates among irregular attendees (59.3%) and dropouts (65.0%) than regular attendees (42.7%). Anxiety, adjustment issues, and learning problems were most common. Better continuity was linked to younger age, higher maternal education, higher socioeconomic status, parental employment, urban residence, and completed surgery; lower SES and pending surgery were concentrated among dropouts. Speech-therapy involvement differed across groups ($p = 0.002$), whereas hearing impairment did not ($p = 0.48$). Among those with psychiatric comorbidity, 82.1% received psychoeducation, 51.8% counselling, and 41.1% pharmacotherapy. Caregiver feedback ($n = 150$) reflected high satisfaction and reduced stigma, with 7.6% noting logistical barriers.

Discussion: Integrating psychiatry within a multidisciplinary cleft clinic proved feasible,

acceptable, and clinically meaningful in a government-run LMIC setting. High rates of psychiatric comorbidity and its association with disengagement highlight mental health as a core determinant of cleft care continuity rather than a peripheral concern. The embedded model enabled routine psychosocial screening, early intervention, and coordinated management alongside surgical and speech services, with families reporting reduced stigma and improved support for school, peer, and caregiving difficulties. Socioeconomic disadvantage and incomplete surgical milestones emerged as key risk factors for dropout. Scaling psychiatry-inclusive cleft pathways and strengthening cross-sectoral supports may enhance adherence, equity, and long-term psychosocial outcomes

OP-19-005

A systematic review of barriers and facilitators in cross-sectoral collaboration between school psychology and child and adolescent mental health services

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Children and adolescents increasingly experience mental health difficulties, yet many do not independently seek professional support. As a result, effective cross-sectoral collaboration between school psychology services and Child and Adolescent Mental Health Services (CAMHS) is essential for identifying needs early and providing coordinated support. However, such collaboration is demanding, shaped by organizational structures, professional cultures, and systemic pressures. We conducted a review aimed to examine the barriers and facilitators that influence collaboration specifically between school psychology professionals (or professionals in equivalent roles) and CAMHS. We explore whether unique challenges emerge in this specific partnership, extending earlier findings on more broader forms of collaboration. Our goal is to generate knowledge that can inform practitioners and policymakers, as they develop more integrated and sustainable models of support for children and adolescents with mental health needs.

Methods: A systematic literature search was conducted across four databases (ERIC, PsycInfo, PubMed, and Scopus) using search strings capturing mental health, cross-sector collaboration, and school psychology. The search yielded 1,918 records, of which 1,523 remained after duplicate removal. Titles and abstracts were screened by two reviewers, resulting in 128 articles for full-text assessment. Studies were included if they examined collaboration between school psychology professionals (or related educational roles) and CAMHS. Exclusion criteria included lack of an evaluation of the collaboration, collaborations involving other professional groups, or collaborations internal to a single sector. 23 studies met our inclusion criteria. Data from these studies were extracted, with attention to both research design, collaborative initiative, as well as culture and sample size.

Results: The 23 included studies varied widely in design, context, and participant composition but revealed consistent patterns in barriers and facilitators. Most studies were qualitative and conducted in Western countries. Some of the important generic barriers included communicative difficulties, lack of trust, and resource constraints, whereas specific barriers included sector-specific language, fear of losing autonomy and troubles with information sharing.

Facilitators for collaboration included strong personal relationships, role clarity, joint training, leadership support, and most notably, the involvement of "boundary spanners", where certain professionals serve as bridges across sectors.

Discussion: We propose developing shared infrastructure that enables efficient and secure information exchange between the two organizations. This requires support from policymakers and administrators to ensure that IT systems and legal frameworks facilitate cooperation while protecting privacy. At a more local level, we suggest exploring the use of boundary spanners, i.e., having personnel employed jointly by CAMHS and the educational sector. This may be implemented without substantially increasing resource demands if the two organizations exchange staff on a part time basis. For practitioners, we recommend explicitly acknowledging sector specific language in interorganizational meetings and normalizing clarification requests, as seemingly aligned terms can carry different meanings across sectors. Finally, long term collaboration would benefit from increased resources and more opportunities for interorganizational communication, including shared training. Such initiatives strengthen mutual understanding of roles and practices and create the conditions in which informal professional relationships can blossom.

A new day-hospital to take care of suicidal adolescents. An implementation study at the Cochin hospital's adolescent department (in Paris)

Submitter: Maude Ludot-Grégoire, France

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: When treating suicidal crises in adolescents, full-time hospitalisation is a subject of debate: would it not be more effective to treat adolescents by keeping them in their own environment rather than hospitalising them? This debate is underpinned by a reality : emergency departments are overwhelmed and there is a shortage of hospital beds. Due to this context, a project for a new day hospital at the Cochin Hospital's adolescent department (in Paris) has been created to provide intensive outpatient care for suicidal crises.

Methods: A pilot implementation study was carried out with professionals at the Cochin Hospital's adolescent department, to find out how they could use this new unit, what new resources could be given to them ; and the interests/benefits/impediments of such a unit. To do this, we used a qualitative methodology, inspired by Interpretative Phenomenological Analysis.

Results: From the thematic analysis of the 23 interviews, four main themes emerged : (i) An ambulatory care system "cobbled together" in a suicidal crisis in response to an altered psychiatric context (ii)The need to give greater consideration to the family in suicidal crises (iii) The day-hospital seen as a response to building an intensive, supportive and expert space (iv) How can we turn the institutional upheaval inherent in the opening of the day-hospital into an opportunity?

Discussion: Several areas are discussed: 1) the 'intensive' and 'specialised' approach to suicidal behaviour, which focuses on the crisis as an opportunity 2) the added value of intensive family care, particularly multi-family care, during the crisis : all are "in the same boat » with familiar dilemmas and discussing their respective ways of finding different solutions 3) Openness to the outside world, particularly the issue of separation at work in the day hospital, echoing the process of separation and individuation specific to all adolescents.

The specificity of the crisis day hospital could thus be summarised as follows: navigating between intensity and separation/openness to the outside world, offering the possibility of daily work, and therefore a high level of capacity, while avoiding the potential iatrogenic effect of hospitalisation, which can be difficult to leave.

OP-19-007

Shaping the Future of Research Networks in Child and Adolescent Psychiatry - the SWECAP Junior initiative

Submitter: Moa Jederström, Sweden

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Topic: CAP Interventions and Services / a. Service Organization, Cross-Sectorial Collaboration

Objective: Clinically active physicians undertaking research, so-called "physician-scientists," are a crucial health workforce resource driving evidence-based clinical innovation, yet are often referred to as "endangered". International data attribute this shortage to limited research mentorship, fragmented networks, financial constraints, and escalating clinical and administrative demands. This trend is also evident in Sweden, despite its strong research tradition, where a physician must hold both an MD-PhD to be a physician-scientist. A preliminary needs assessment by the Swedish Medical Association (SLS) has identified a critical gap in institutional support for physician-scientists. In response, the Swedish Association for Child and Adolescent Psychiatry (SFBUP), part of SLS, established SWECAP, uniting senior child and adolescent psychiatry (CAP) physician-scientists across all Swedish university hospitals. However, Swedish CAP lacks a coordinated national platform supporting early-career research engagement among CAP physicians. This project examines current conditions and explores ways to strengthen them.

Methods: Within SFBUP, we conducted an initial mapping of research engagement among CAP trainees in Sweden's two largest regions, finding that only 1 in 15 (7%) of CAP trainees were engaged in research activities. This falls well below the national goal of allocating at least 20% of residency positions to combined MD-PhD training. We then synthesised these findings with the SLS needs assessment and the existing literature on physician-scientist career development, research tracks during residency, and junior clinician-researcher faculty development to identify barriers to research engagement among Swedish physicians.

Results: Barriers identified included unpaid research time outside office hours, heavy clinical workloads, frequent overtime, and rising administrative burdens that limit research opportunities during residency. Early career exposure to research was found to increase the likelihood of a clinical-academic career, underscoring the residency period as a critical time for research engagement, supported by structured senior mentorship and shared educational resources. We identified a national infrastructure to nurture CAP physicians with research aspirations as a strategic intervention to reverse the decline in the number of physician-scientists within CAP in Sweden and internationally. Thus, in 2026, SFBUP will establish a national research training network for Swedish CAP physician-scientists, SWECAP Junior.

Discussion: The SWECAP Junior network's focus and activities will be collaboratively shaped through open meetings in 2026. It will support structured mentorship, shared educational resources, research skills seminars, and national and international collaboration. Through these mechanisms, the network will aim to increase the number of Swedish MD-PhD CAP physician-scientists. Creating a national peer community could also reduce isolation, support early identity formation among physician-scientists, and facilitate national and international collaboration. This will ensure the clinical experience and scientific expertise needed to design and conduct meaningful, ethical, and scientifically valid research, which is essential to maintaining evidence-informed teaching at all levels of education. The network's goal is to contribute to global efforts to cultivate an expert clinical-academic workforce delivering evidence-based child and adolescent psychiatric care.

OP-20

Trauma and Violence: From Intergenerational
Risk to Intervention

Differential Links of Violence-Exposed Women's Perinatal Psychopathology, Relationship Satisfaction, Pregnancy-Specific Anxiety, and Antenatal Attachment

Submitter: Daniel S Schechter, Switzerland

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: The current study aimed to investigate how posttraumatic stress symptoms (PTSS) experienced by women may impact their anxiety related to pregnancy and emerging bond toward their future babies. We examined whether greater early-life exposure to interpersonal violence (IPV) and greater severity of related psychopathology, PTSS and/or comorbid major depressive disorder symptoms (MDDS), were associated with higher pregnancy-related anxiety and lower antenatal attachment. Additionally, this study aimed to explore if expectant mothers' adult attachment with the father of the baby in terms of relationship satisfaction buffered these associations.

Methods: A final sample of N=63 (mean 31.22 ± 5.46 years) completed the study having been recruited from Lausanne University Hospital's obstetrics polyclinic at gestational diabetes screening (24-26 weeks gestation). Women were ages 18-45 years, fluent in French or English, without active substance abuse, psychotic disorder or other handicap. An additional criterion for participation was that pregnancy involved their own ovule and with commitment to be their baby's primary caregiver.

Measures included the The Prenatal Distress Questionnaire (PDQ) measuring pregnancy-related anxiety through maternal concerns and worries specific to the pregnancy experience; and The Maternal Antenatal Attachment Scale (MAAS) assessing the strength and quality of maternal attachment to the developing fetus during pregnancy.

Data were analyzed looking first at correlations among exposure variables, covariates, and outcomes. Separate regression analyses, testing for each outcome variable (Pregnancy-Related Anxiety, Attachment Quality and Time) were then completed.

Results: PTSS-- but not IPV events in and of themselves, correlated positively with MDDS severity ($r = 0.59$, $p < .001$), pregnancy-related anxiety ($r = 0.51$, $p < .001$) and attachment time ($r = 0.27$, $p < .05$); and negatively with relationship satisfaction ($r = -0.27$, $p < .05$). Pregnancy-related anxiety correlated negatively with attachment quality ($r = -0.38$, $p < .01$). However, regression model fits were good for Pregnancy-related Anxiety and Attachment Quality, but not Attachment Time. Additionally, there was evidence for partial mediation of effects maternal PTSS on outcome variables by comorbid maternal MDDS severity. Mediation and moderation of effects by adult relationship satisfaction were not found.

Discussion: Results indicated that IPV-related events that occurred during expectant mothers' childhood and thereafter were neither related to pregnancy-related anxiety nor maternal prenatal attachment to the fetus. It was rather maternal PTSS severity related to

those events that was significant. These findings suggest that intervention to address maternal perinatal psychopathology-- namely, PTSS and comorbid depressive symptoms, in the expectant woman may reduce pregnancy-specific anxiety and negative expectations of the baby-to-be that are linked to poorer quality of antenatal attachment. This in addition to fortifying the expectant's woman's adult attachments within her social support network, including including the baby's father, already during pregnancy may be helpful in reducing iopsychosocial risk for the future infant and mother-infant relationship. Co-location of mental health professionals in the obstetrics clinic in addition to home visiting may improve child and family outcomes.

Exploring Depression, Intimate Partner Violence Tolerance, and Child Development in Young Mothers in Central Africa

Submitter: Rita Frinue Tamambang, Nigeria

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Countries in the Central African sub-region have the highest prevalence rates of Intimate partner violence (IPV) in Africa. Not only do the high IPV prevalence rates point to a critical public health concern but there are strong links of IPV to maternal depression, both of which carry profound implications for child development. IPV and maternal depression can severely impede children's growth across multiple dimensions###including physical, cognitive, social, and emotional aspects###as well as their nutritional outcomes. This study assesses the individual and combined effects of young mothers' tolerance of IPV and depressive symptoms on child development in four countries in Central Africa (Central Africa Republic, Chad, Congo, Congo and Sao Tome).

Methods: The study utilised data collected as part of the 6th round of the Multiple Indicator Cluster Survey in the Central Africa Republic, Chad, Congo and Sao Tome. The analysis included a sample of 3,924 pairs of young mothers and their children aged 3 to 4 years. The individual domains of the Early Childhood Developmental Index (ECDI) and nutritional indices including wasting, stunting and underweight were outcome variables. Maternal depressive symptoms and attitude towards intimate partner violence were explanatory variables. To assess the association between maternal depressive symptoms, attitude to intimate partner violence and child developmental outcomes, logistic regression was conducted while adjusting for weights, clustering and identified covariates. The interaction of the mother's depression and their attitude towards IPV on child development was examined using marginal effects modelling

Results: Approximately 76.83% children fell below norms for development, as measured by the Early Childhood Development Index (ECDI) and nutritional indices. The prevalence of maternal tolerance to intimate partner violence (IPV) was 73.2%, while the prevalence of maternal depression was 70%. Tolerance to IPV was significantly associated with stunting ($p = 0.03$), delayed physical development ($p < 0.01$), and delayed social/emotional development ($p < 0.01$). Meanwhile, maternal depression was significantly associated with wasting ($p < 0.01$), stunting ($p < 0.001$), underweight ($p < 0.01$), and delayed literacy development ($p=0.02$).

Discussion: Results reveal that 7 out of 10 children born to young mothers in the Central African sub-region are below developmental norms. Findings also reveal an association between maternal tolerance of IPV, depression and child development. Targeted public

health interventions to increase awareness about the effects of IPV and promote well-being can help improve the development of children in Central Africa.

OP-20-003

Longitudinal impact of early trauma on PTSD symptom trajectories in youth: A latent growth curve analysis from the NKI Rockland Study

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Early traumatic exposure in childhood is known to disrupt emotional regulation and stress response systems, yet its developmental consequences remain poorly understood. This study examined how early trauma symptoms predict the course of post-traumatic stress disorder (PTSD) severity across childhood and adolescence. Specifically, we aimed to: (1) model the longitudinal trajectory of PTSD symptoms; (2) determine whether early trauma symptom burden (anxiety, depression, dissociation, anger, sexual concerns) predicts initial PTSD severity and rate of change; and (3) evaluate moderating effects of age and gender. Using data from the NKI Rockland Study, we applied a latent growth curve model to explore how early internalized trauma symptoms contribute to persistent PTSD vulnerability. Understanding these mechanisms can inform timing and tailoring of interventions to prevent chronic dysregulation among trauma-exposed youth.

Methods: Participants were 369 children initially aged 6-17 years (52% female) from the NKI Rockland cohort. Early trauma symptoms were assessed using the Trauma Symptom Checklist for Children (TSC-C), providing age-standardized T-scores for anxiety, depression, anger, post-traumatic stress, dissociation, and sexual concerns. PTSD severity was measured at three follow-up visits using the UCLA PTSD Reaction Index for Youth. Missing data (60% on PTSD items) were handled with multiple imputation by chained equations (MICE) to retain statistical power and reduce bias. T-scores were standardized (z-scores) within age groups, and gender was preserved in its original categorical form. A latent growth curve model (LGCM) estimated individual trajectories of PTSD severity, with TSC-C trauma burden predicting intercept (baseline PTSD) and slope (change over time), adjusting for age and gender.

Results: Model fit indices indicated strong longitudinal validity ($\chi^2(5)=7.84$, CFI=0.98, RMSEA=0.03, SRMR=0.04). Early trauma symptoms significantly predicted both higher initial PTSD severity ($b = .72$, $p < .001$) and a steeper positive slope across visits ($b = .21$, $p = .02$), suggesting worsening symptoms over time among trauma-exposed youth. Gender effects emerged, with females showing higher baseline PTSD severity ($b = .19$, $p = .04$). Older baseline age was associated with a slower rate of PTSD symptom escalation ($b = -.15$, $p = .05$). The model explained substantial variance in PTSD intercepts ($R^2 = .51$) and slopes ($R^2 = .34$). These findings provide the first longitudinal evidence, within a community sample, that early trauma symptoms not only elevate initial distress but amplify developmental PTSD progression, underscoring long-term vulnerability following early adversity.

Discussion: This study highlights the enduring developmental effects of early trauma on PTSD trajectories from childhood through adolescence. The strong predictive link between early trauma symptoms and both baseline and increasing PTSD severity supports the cumulative stress model, in which unresolved early trauma compounds later emotional dysregulation. The observed gender difference aligns with established findings of higher PTSD risk in adolescent girls, potentially reflecting differential coping or socialization patterns. Age-related attenuation suggests developmental recovery or improved emotional regulation with maturation. Clinically, these results underscore the necessity of early trauma screening and intervention, particularly in preadolescence, to alter maladaptive trajectories before symptom consolidation. Implementing gender-sensitive, regulation-focused prevention could mitigate long-term risk. Future research should explore resilience mechanisms and evaluate targeted interventions that disrupt these developmental cascades, informing trauma-informed care policies for youth mental health.

OP-20-004

Synergistic Effects of EMDR-Like Bilateral Stimulation (2MDR) and Ketamine on Anxiety and Synaptic Plasticity in a Mouse Model of Post-Traumatic Stress Disorder

Submitter: Seher Tugce Sahin, Türkiye

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Post-traumatic stress disorder (PTSD) is a chronic psychiatric condition characterized by re-experiencing, avoidance, hyperarousal, and negative cognitive-emotional alterations following traumatic exposure. Despite the availability of pharmacological and psychotherapeutic interventions, a substantial proportion of patients fail to achieve full remission, highlighting the need for integrative treatment strategies. Eye Movement Desensitization and Reprocessing (EMDR) is a first-line trauma-focused psychotherapy, while ketamine has emerged as a rapid-acting pharmacological agent with synaptogenic effects. However, the neurobiological mechanisms underlying the potential combined effects of these interventions remain insufficiently understood. To investigate the individual and combined effects of ketamine and an EMDR-like bilateral stimulation protocol (2MDR) on anxiety-like behaviors and synaptic plasticity in a mouse model of PTSD.

Methods: PTSD-like behaviors were induced using a modified single prolonged stress (mSPS) protocol in male mice. Following completion of the mSPS procedure (day 0), animals were left undisturbed for a 14-day incubation period. Mice were then allocated into five experimental groups: control, mSPS, mSPS + ketamine, mSPS + 2MDR, and mSPS + ketamine + 2MDR. To control for injection-related stress, all groups received an intraperitoneal injection on day 15, with ketamine (10 mg/kg) administered to the relevant groups. On day 16, animals were re-exposed to the stress-associated context and received EMDR-like bilateral visual stimulation (2MDR). Anxiety-like behaviors were assessed on day 17 using the Elevated Plus Maze and on day 18 using the Open Field Test. The infralimbic cortex, hippocampus, and bilateral amygdala were collected for molecular analyses. Synaptic plasticity was evaluated by assessing PSD-95 and synapsin-1 expression using Western blot and immunohistochemistry.

Results: Data collection and analyses are ongoing and will be completed prior to the congress. Based on the study hypothesis, ketamine and 2MDR are expected to exert partial effects when administered individually, whereas their combined application is anticipated to produce synergistic improvements in anxiety-like behaviors. At the molecular level, combined treatment is expected to enhance synaptic integrity, reflected by increased PSD-95 and synapsin-1 expression, particularly within the infralimbic cortex, hippocampus, and amygdala.

Discussion: This study is expected to provide experimental evidence supporting the

synergistic effects of combining pharmacological and EMDR-like psychotherapeutic interventions on anxiety regulation and synaptic plasticity in a PTSD mouse model. The findings may contribute to a better understanding of the neurobiological mechanisms underlying integrative trauma-focused treatment approaches.

From mandates to action: Developing standardized institutional protocols for Child Sexual Abuse (CSA) Management in Tertiary Care Hospitals

Submitter: Lakshmi Keerthana Thatavarthi, India

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Background: India's Protection of Children from Sexual Offences (POCSO) Act, 2012 mandates child-sensitive medical, legal, and psychosocial care for survivors. However, its implementation in tertiary hospitals remains inconsistent due to fragmented coordination, limited trauma-informed training, and absence of standardized protocols. As key centers in child protection, tertiary hospitals need structured frameworks to translate legal mandates into coordinated, survivor-centered care.

Methods: A multidisciplinary Institutional POCSO Committee was established with members from pediatrics, gynecology, emergency-medicine, psychiatry, pediatric-surgery, radiology, community-medicine, forensic-medicine, nursing, and social-work. Institutional protocol was developed to streamline reporting, documentation, and psychosocial support. Sensitization workshops were conducted with approximately 160 professionals across departments and cadres, with plans to extend sessions to police personnel and other key stakeholders. Using pre-/post-test assessments and structured feedback forms, changes in knowledge, attitudes, and confidence in handling child sexual abuse cases were evaluated. Feedback was thematically analyzed to identify gaps and opportunities to strengthen multidisciplinary collaboration.

Results: Participants demonstrated marked improvement in understanding medico-legal procedures, trauma-informed communication, and interdepartmental coordination post-training. Qualitative feedback highlighted increased empathy, reduced hesitation in case handling, and recognition of the need for emotional debriefing mechanisms among staff. The process also facilitated intersectoral dialogue between clinical and legal stakeholders, laying the groundwork for a standardized institutional response model. The Institutional Protocol and aggregated workshop feedback will be displayed at the conference to showcase how legislative mandates can be adapted into actionable institutional frameworks.

Conclusion: This framework demonstrates how legislative intent can be operationalized through structured, multidisciplinary protocols and regular sensitization. Standardizing such models across India and adapting them for other LMICs can ensure consistent, trauma-informed care and bridge the gap between policy and practice to uphold every child's safety and dignity.

OP-20-006

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for traumatic stress symptoms in parents of infants with chronic medical conditions

Submitter: Sunthariya Leelasangsai, Thailand

Co-Authors: S. Leelasangsai

Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: Chronic illness in infants creates critical psychological distress for parents. While Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an established evidence-based intervention, its application in Thai pediatric settings remains unexplored, underscoring a critical gap in global mental health equity. This study evaluated the feasibility, acceptability, and effectiveness of a culturally adapted TF-CBT intervention in mitigating traumatic stress, parental guilt, and emotional distress among parents of infants with chronic medical conditions in a Thai tertiary pediatric hospital.

Methods: A non-concurrent multiple-baseline design across participants was employed to accommodate ethical and real-world clinical constraints in an acute pediatric setting. Ten primary caregivers were enrolled, with six completing all intervention phases. Outcomes were assessed using specific validated measures: PSS:PICU, Thai HADS, PCL, and PHQ-9. Thematic analysis of in-depth interviews explored treatment acceptability and context-specific stress processes. Study limitations, including small sample size and attrition, were acknowledged.

Results: Following TF-CBT, caregivers demonstrated significant reductions in parental stress ($p = 0.001$), anxiety ($p = 0.008$), and post-traumatic stress symptoms ($p = 0.022$), with improvements maintained at one-month follow-up. Depressive symptoms showed a downward trend but did not reach statistical significance. Thematic analysis revealed key themes including internalized guilt and self-blame, uncertainty regarding the child's medical trajectory, and relational strain. Intervention acceptability was high, with participants self-rating their satisfaction at a mean score of 8.5 out of 10.

Discussion: These findings extend the evidence base for TF-CBT by demonstrating its feasibility and clinical utility for trauma-related distress in a non-Western context. Integrating culturally responsive trauma care into pediatric medical settings represents a scalable strategy to reduce global disparities in caregiver mental health, aligning with the mission to promote equitable evidence-based care. Future research should explore group formats to enhance sustainability in resource-limited settings.

Psychological Intervention Program for Children and Adolescents who have been Affected by a Traumatic Situation

Submitter: Corina Ioana Paica-Stoian, Romania

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Topic: Specific CAP Conditions / d. Trauma and Stress-Related Disorders

Objective: The objective of this paper is to present a psychological intervention program for children and adolescents in a traumatic situation: the explosion in a block apartments closed to the High School. The deflagration occurred on 10/17/25 in a residential area in Bucharest and had serious consequences: 3 people lost their lives, 15 were injured and another 400 people were affected. The structure of the building was seriously damaged, being at risk of collapse, and the High School, located near the building, was affected by the explosion.

15 classrooms were affected, with damage reported to the masonry, windows and ceilings. At the time of the explosion, there were approximately 800 students in the High School. Fortunately, no child was seriously injured, they had minor injuries caused by shrapnel, blows and a lot of stress caused by this situation.

Methods: Following an assessment of the situation in the High School, the Laboratory of Clinical Psychology of Children, Adolescents and Families from University of Bucharest together with the WVRF designed a "Together We Are Stronger!" Program which was implemented with the support of the management of the High School. Students participated in psychological activities that contributed to restoring emotional balance and a sense of safety in the school environment. The implementation of the psychological assistance program was carried out for 604 students. The stages of therapeutic intervention were: immediate intervention, post-crisis stage, therapeutic stage. The immediate intervention aimed to restore safety and physiological regulation through somatic experience and art therapy techniques. The post-crisis adjustment stage aimed to restore the capacity for self-regulation and the sense of control through techniques targeting rhythm, movement, and symbolic play. The therapeutic stage aimed at elaborating the experience and restoring personal meaning.

Results: The implementation of the Psychological Assistance and Emotional Support Program provided a sustainable framework for emotional recovery for the affected educational community, which led to the stabilization of the situation and the facilitation of access of students, parents and teachers to support resources and the creation of a safe environment for emotional recovery for the affected student community.

The significant results that led to the reduction of somatic tension, the increase of personal resilience, the restoration of the feeling of safety were based on the following working principles: the principle of bodily safety, the principle of gradual adjustment of emotions, the principle of symbolic expression, the principle of conscious corporeality, the principle

of co-regulatory relationship, the narrative principle and reconstruction of meaning, the principle of age adaptation, the principle of therapist self-regulation. The children and adolescents were assisted by 31 master's students supervised by 3 psychology teachers.

Discussion: The Psychological Program "Together We Are Stronger!" achieved its objective of providing emotional support to students in a traumatic situation. The results collected through a survey indicated bodily and expressive unblocking, emotional release, restoration of a sense of competence and confidence after loss of control, increased sense of connection and relational safety, emotional regulation, and recovery from hypervigilance.

Future directions may be directed towards strengthening local partnerships for early identification of risk situations and educating the population for prevention, periodically organizing information and awareness campaigns on how we respond in an emergency and humanitarian crisis, creating safe school environments and strengthening resilience skills in children and adults. In any intervention with children or adolescents who have experienced an acute traumatic event, safety is the first clinical objective. Safety has two complementary components: bodily safety and relational safety - the therapist becomes the co-regulatory figure, who transmits stability.

OP-21

Online Experiences and Youth Mental Health: Risk, Resilience, and Social Dynamics

OP-21-001

Digital screen exposure and child and adolescent health and wellbeing: a scoping review of systematic reviews and meta-analyses

Submitter: Eleonora Doz, Italy

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: The increasing prevalence of digital screen exposure among children and adolescents has raised concerns about its potential implications for health and wellbeing across mental, psychosocial, and physical domains. In response, a large and diverse body of literature, including numerous systematic reviews, has examined this topic; however, the available evidence has not yet been comprehensively synthesised. This scoping review aimed to (1) map and characterise existing systematic reviews on digital screen exposure and health and wellbeing outcomes in children and adolescents, and (2) identify recent high-quality reviews and synthesise their characteristics and key findings.

Methods: We conducted a systematic search of seven electronic databases (PubMed, EMBASE, Web of Science, Scopus, ERIC, the Cochrane Database of Systematic Reviews, and APA PsycINFO) to identify recent systematic reviews, with or without meta-analysis, published in the last decade (2015-2025). Eligible reviews examined associations between digital screen exposure and any health or wellbeing outcome among children and adolescents aged 0-19 years. No language or country restrictions were applied. Methodological quality was assessed using the AMSTAR-2 tool.

Results: We identified 138 systematic reviews, synthesising 3,099 unique primary studies. The number of reviews more than doubled after 2020. Only 106 (3.2%) studies were conducted in low- or lower-middle-income countries. Most reviews focused on mental health outcomes (n=71), particularly symptoms of depression and anxiety (n=42), and cognitive development (n=51). Definitions of digital exposure were heterogeneous, and most reviews did not distinguish between age at exposure and age at outcome assessment. In terms of findings, 84 reviews (60.9%) reported digital screen exposure as a risk factor for adverse health outcomes, while others reported mixed (29.0%), inconclusive (5.1%), null (3.6%), or protective (1.4%) associations. Only eight reviews were rated as high-quality, reporting: i) harmful associations with anxiety, depression, self-harm, emotional wellbeing, risk behaviours, sleep, and cardiovascular risk; and ii) mixed associations with self-regulation, social wellbeing, and overweight.

Discussion: The predominance of systematic reviews focusing on mental health and cognitive development reflects widespread concern about the potential effects of digital technologies on children's and adolescents' mental and developmental outcomes. While most reviews report predominantly negative associations and highlight the need to limit

digital screen exposure, the overall evidence base remains fragmented and limited by methodological weaknesses, substantial heterogeneity in the measurement of digital screen exposure, and the underrepresentation of low- or lower-middle-income countries. Future research should prioritise the development of standardised, multidimensional measures of digital screen exposure (capturing both quantity and quality), increased investment in primary studies from diverse cultural and socioeconomic contexts, and higher-quality evidence synthesis of primary studies.

Beyond screen time: novel tools to measure online experiences and digital agency in youth mental health contexts

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Understanding how online experiences impact youth mental health has been limited by measures capturing time online rather than the nature of activities, the psychological reactions they evoke or adolescents' agency in managing these experiences. To address these limitations, we proposed a developmental model in which young people's cognitive-affective reactions and agency are key mechanisms linking digital activity and mental health outcomes. We co-developed, with young people, and validated two novel tools to measure these important constructs. The Digital Activity and Feelings Inventory (DAFI) measures digital activities and the cognitive-affective reactions they evoke. The Digital Insight and Agency Scale (DIAS) measures agency in managing online experiences. To provide a broader context for online experiences, we also developed a complementary measure of Personal Experiences in Everyday Life (PEEL), capturing non-digital contexts. We report psychometric properties of these measures and their associations with youth depressive and anxiety symptoms.

Methods: Participants (n=383) were young people aged 16-25 years (mean age = 19 years; SD = 1.7) recruited from secondary schools and universities in the United Kingdom. They were predominantly female (75.5%), and 49.3% were from an ethnic minority. Participants completed the DAFI, DIAS and PEEL online. Depression and anxiety symptoms were measured by the Revised Child Anxiety or Depression Scale 25-Youth Version (for those aged 18 years or younger) or the Depression, Anxiety, and Stress Scale-21 (for those aged 19 or older). Psychological wellbeing was measured by the Warwick-Edinburgh Mental Wellbeing Scale. Exploratory factor analyses examined the factor structure of each new measure and Cronbach's alphas were calculated to examine the internal consistency of derived factors. Test-retest reliability was also assessed. Finally, multiple regressions tested the independent contribution of the constructs derived using new questionnaires to depression, anxiety, and wellbeing in youth.

Results: The DAFI produced five digital activity subscales: Risky Content, Risky Interactions, Social Comparison, Leisure Activities, and Social Engagement and three psychological reactions subscales: Negative Self-Reactions, Negative Stress Reactions, and Positive Reactions. Social Comparison and Negative Self-Reactions independently predicted depression and anxiety symptoms, while Positive Reactions, lack of Negative Self-Reactions and Social Engagement predicted wellbeing. The DIAS produced three subscales characterising youth online experiences management

strategies: Enhancing Positive Engagement, Coping Actions, and Reducing Engagement. Enhancing Positive Engagement and Coping Actions were associated with higher anxiety symptoms, while Enhancing Positive Engagement, Coping Actions, and Reducing Engagement were associated with higher wellbeing. No DIAS subscale independently predicted depressive symptoms.

The PEEL had four subscales: Positive Activities, Unhealthy Diet, Substance Use and Negative Social Experiences. All factors were significantly associated with depression, anxiety, and wellbeing.

In all three questionnaires, the individual subscales were internally consistent and had good test-retest reliability.

Discussion: We developed and validated two novel measures that capture key aspects of youth online experiences that have been mostly absent from past research: the cognitive-affective reactions evoked by digital activity and agency in managing online experiences. The DAFI distinguishes between risky/non-risky digital activities and identifies the psychological reactions they evoke, with social comparisons and negative self-reactions appearing key for youth depression and anxiety. The DIAS provides novel insight into adolescents' agency in managing online experiences, and shows that young people's attempts to regulate digital activity are linked to better wellbeing. While included primarily to capture important context, the PEEL provides a single and convenient measure of key lifestyle behaviours and negative social experiences that are robustly associated with mental health. These measures address limitations of existing screentime metrics and allow more detailed testing of developmental models of online risk and resilience in youth mental health.

OP-21-003

Social Media Use and Appearance-Ideal Internalization: Moderating Effects of Social Media Literacy in a Nationwide Longitudinal Study in Japan

Submitter: Kazue Ishitsuka, Japan

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Eating disorders are associated with physical, psychological, and social adverse outcomes. Earlier studies have shown that social media use increases the risk of eating disorders. Social media influences thin-ideal internalization, defined as the extent to which adolescents adopt and believe in the cultural standard that being thin equals attractiveness. The degree to which social media use influences the perception of an ideal body image varies among children. Social media literacy may have a protective effect on the influence of social media on the internalization of appearance ideals. This study aimed to investigate the association between social media use and thin-ideal internalization in children and moderating effects of social media literacy on this association in girls and boys.

Methods: We conducted a nationwide longitudinal study. Adolescents were enrolled using a two-stage cluster sampling method stratified by region and child age. Japan was divided into eight geographic regions, and six or seven municipalities were randomly selected from each region. Then, children in each grade were randomly selected by municipality. Adolescents and their parents completed self-reported questionnaires every year after being recruited. Thin internalization was assessed through the Sociocultural Attitudes Towards Appearance Scale-4 Revised which consisting of three subscales including internalization of fat, muscle, and attractiveness. Multiple linear regression was used to assess the association between social media use (Browsing behaviors, searching websites and interpersonal communication through social media) in the 2022 wave and appearance-ideal internalization in the 2023 wave, adjusted for potential confounders. Interactions between social media use and peer and commercial social media literacy were also included in the models to assess the moderating effects.

Results: A total of 434 adolescents (226 girls) aged 10-17 years were included in this study. Browsing behaviors were positively associated with thin internalization (coefficient = 1.01, 95% confidence interval (CI) = 0.63 to 1.39, $p < 0.001$) and higher peer social media literacy attenuated this association ($p < 0.001$). In boys, browsing behaviors were also positively associated with fat internalization (coefficient = 0.81, 95% CI = 0.10 to 1.53, $p = 0.03$) and higher commercial social media literacy attenuated this association ($p = 0.03$). Furthermore, browsing behaviors were positively associated with muscle internalization (coefficient = 0.70, 95% CI = 0.02 to 1.39, $p = 0.05$) and higher social media literacy attenuated this association in boys ($p = 0.01$). There were no associations between any social media use and muscle internalization in girls.

Discussion: In the present study, browsing behaviors were positively associated with thin internalization. These associations were attenuated among adolescents with higher levels of social media literacy. Our findings suggest that social media literacy may play a protective role in mitigating adolescents' internalization of thin ideals promoted through social media. Given that appearance-ideal internalization represents a well-established cognitive pathway toward eating disorder risk, these results highlight the importance of prevention strategies targeting the digital environment in which young people are immersed. While social media exposure is increasingly unavoidable, enhancing adolescents' ability to critically evaluate and contextualize online content may help buffer its harmful impact on body image and eating-related vulnerability. Social media literacy therefore represents a potentially modifiable and scalable target for early prevention.

OP-21-004

Prospective Effects of Problematic Internet Use on Loneliness in Early and Middle Adolescents: A Longitudinal Study

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Adolescent problematic internet use (PIU) has become a global public health concern. PIU adversely affects adolescents' mental health and behavior. To date, it has not been well understood whether PIU is longitudinally associated with loneliness in adolescents. This study aimed to assess the prospective effects of PIU on loneliness among early and middle adolescents.

Methods: This study used data from the Japan Adolescent and Youth (JAY) longitudinal cohort study conducted in 2022 and 2023. The participants were adolescents aged 10-16 years and their caregivers, recruited nationwide using a two-stage cluster random sampling method. A self-administered questionnaire was used. After multiple imputation for missing data, analysis of covariance (ANCOVA) was applied to assess the change in the levels of loneliness between the PIU and non-PIU groups across two time points. Covariates included sex, age, income, caregiver-child interaction, caregivers' psychological distress, and depressive symptoms.

Results: The eligible participants comprised 520 individuals (female: $n = 259$, 49.8%). In the 2022 survey, the PIU group accounted for 16.2% ($n = 84$). ANCOVA showed that the PIU group had a significantly higher level of loneliness in the 2023 survey after adjusting for covariates, compared with the non-PIU group (coefficients = 0.50; 95% CI: 0.01-0.98; $p < 0.05$).

Discussion: This study demonstrated that PIU was prospectively associated with loneliness among adolescents. The findings indicate that PIU can be an independent risk factor for adolescent loneliness. Internet use may, under certain conditions, contribute to loneliness rather than alleviate it among adolescents.

Social Media Addiction and Eating Psychopathology in Male Adolescents: The Role of Body Dissatisfaction and ADHD

Submitter: Hakan Ögütlü, Türkiye

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: The rise of digital media has introduced new risks for adolescent mental health, particularly regarding body image and eating behaviors. While the link between social media and eating disorders (ED) is established, research on male adolescents remains limited. Furthermore, the potential role of Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms in this relationship requires exploration given the shared neurobiological mechanisms between ADHD, social media use, and ED. This study aims to investigate the complex relationships between social media addiction, body dissatisfaction, ADHD-related symptoms, and ED symptoms in male adolescents. Specifically, we tested a conceptual model where social media addiction predicts ED symptoms directly or indirectly through sequential mediation of ADHD symptoms and body dissatisfaction.

Methods: This cross-sectional study included 217 male high school students (mean age = 15.1 years) recruited from Ankara, Türkiye, between June 2024 and June 2025. Data were collected anonymously using an online survey platform. Participants completed a sociodemographic form and standardized self-report instruments: the Conners-Wells' Adolescent Self-Report Scale-Short Form (CASS:S) for ADHD symptoms, the Bergen Social Media Addiction Scale (BSMAS), the Eating Disorder Examination Questionnaire (EDE-Q), and the Body Shape Questionnaire (BSQ). Structural Equation Modeling (SEM) was employed to test the hypothesized direct and indirect pathways among variables. Model fit was evaluated using Chi-square, RMSEA, CFI, TLI, and SRMR indices, with variables standardized to account for scale differences.

Results: Participants reported high daily screen time, averaging 3.1 hours on social media, with Instagram and YouTube being the most frequently used platforms. The SEM analysis demonstrated excellent model fit. Findings revealed that social media addiction directly predicted body shape concerns and ADHD-related symptoms, specifically inattention. However, social media addiction did not directly predict ED symptoms. Instead, the relationship between social media addiction and ED symptoms was fully mediated by body shape concerns. Contrary to hypotheses, ADHD symptoms did not mediate the pathway from social media addiction to ED symptoms.

Discussion: This study highlights that appearance-focused social media use is a significant risk factor for body dissatisfaction and ED symptoms in male adolescents, a demographic often underrepresented in research. The findings confirm that body

dissatisfaction plays a central mediating role in this relationship. Although social media addiction was strongly associated with ADHD symptoms, likely due to shared mechanisms such as impulsivity and attentional control, ADHD symptoms did not act as a mediator for ED symptoms in this community-based sample. These results suggest that prevention strategies should focus on enhancing media literacy and addressing body image concerns. Additionally, interventions targeting self-regulation may help mitigate the risks of social media addiction and its comorbidities.

The Relationship Between Cyberbullying and Internet Addiction, Impulsivity, and Suicide Probability in Adolescents with Anxiety Disorders

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Cyberbullying is a phenomenon that has become increasingly common among adolescents with the widespread use of the Internet. Previous studies found relationships between cyberbullying and Internet addiction, suicidal thoughts and attempts, and impulsivity. Being exposed to cyberbullying may have a more negative impact on mental health in adolescents with anxiety disorders. This study aimed to investigate the relationship between cyberbullying and suicide probability, impulsivity, and Internet addiction in adolescents with anxiety disorders, comparing them with a control group.

Methods: The study included a total of 207 adolescents aged 12-18 who applied to the child and adolescent psychiatry outpatient clinics of a university hospital. Of the participants, 114 had a diagnosis of anxiety disorder according to DSM-5. 93 adolescents constituted the control group and had no psychiatric diagnosis. Participants were evaluated based on their scores on the Cyberbullying and Online Aggression Screening Scale (COASS). Thus, they were divided into four groups: 45 adolescents with anxiety disorders who experienced cyberbullying, 69 adolescents with anxiety disorders who did not experience cyberbullying, 32 adolescents in the control group who experienced cyberbullying, and 61 adolescents in the control group who did not experience cyberbullying. All participants also completed the Internet Addiction Test (IAT), Barratt Impulsiveness Scale-11-Short Form (BIS-11-SF), and Suicide Probability Scale (SPS). Scale scores between groups were analyzed using Three-Way ANOVA test and the Bonferroni correction.

Results: 142 (68.6%) of the participants were female. When the analysis was performed taking gender and treatment usage into account, the IAT and BIS-11-SF scores of the control group not exposed to cyberbullying were significantly lower than those of the control group exposed to cyberbullying and of participants with anxiety disorders who exposed to cyberbullying ($p < 0.05$). IAT and BIS-11-SF scores were significantly lower in the anxiety group among those who did not experience cyberbullying compared to those who did ($p = 0.013$ and $p = 0.014$, respectively). SPS scores were significantly lower in the control group, who did not experience cyberbullying, compared to all other groups ($p < 0.05$). In the anxiety group, SPS scores were significantly lower in those who did not experience cyberbullying compared to those who did ($p = 0.003$).

Discussion: In this cross-sectional study, all three scale scores were significantly lower in the control group, which did not experience cyberbullying, compared to the two groups that

did experience cyberbullying. Furthermore, all three scale scores for anxiety disorder were also lower in those who did not experience cyberbullying compared to those who did. Exposure to cyberbullying may lead to increased Internet use as a coping strategy, which in turn can result in increased impulsivity. Furthermore, suicide probability may increase as a direct consequence of this experience. Also, the presence of anxiety can reinforce these results. Considering that adolescence is a risky period for impulsivity, Internet addiction, and suicide attempts, preventing them from becoming victims of cyberbullying will be effective in reducing other comorbid psychiatric disorders and possible suicide attempts that may develop in these individuals afterwards.

OP-21-007

Representations of Child and Adolescent Depression in Cinema: A Developmental and Clinical Perspective

Submitter: Natalia Szejko, Poland

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Topic: Risk and Resilience Factors / b. Psychosocial and Lifestyle Factors, etc.

Objective: Cinema is a powerful medium shaping public understanding of mental health, including depression in children and adolescents. Recent films increasingly portray internal emotional suffering through subtle, relational, and non-verbal narratives. This study aims to examine how child and adolescent depression is represented in contemporary cinema, focusing on developmental plausibility, clinical accuracy, and narrative framing. Using selected films as core case studies *Close*, *Aftersun*, *The Son*, *Beautiful Boy*, *Summer 1993*, and *Ordinary People* we explore how depressive symptoms are depicted across developmental stages and how these portrayals may influence mental health literacy, stigma, and expectations regarding recovery and care.

Methods: A qualitative narrative and thematic analysis was conducted of internationally recognized films (1980-2025) in which child or adolescent depression constituted a central narrative element. Films were selected based on: (1) child or adolescent protagonists, (2) depiction of depressive symptomatology (explicit or implicit), and (3) cultural reach or critical recognition. Analytic domains included symptom expression (emotional, behavioral, cognitive, somatic), developmental appropriateness, relational and environmental context (e.g. loss, attachment disruption, family dynamics), depiction of help-seeking and professional care, and narrative resolution. Interpretations were informed by DSM-5/ICD-11 frameworks and contemporary child and adolescent psychiatry literature.

Results: Across films, depression in younger children was primarily portrayed through emotional withdrawal, behavioral inhibition, and attachment disturbances, often without verbalized mood symptoms, as exemplified by *Summer 1993*. In adolescents, depressive experiences were more frequently depicted through social withdrawal, guilt, school avoidance, irritability, and suicidality (*Close*, *The Son*, *Ordinary People*). Several films emphasized relational and intergenerational contexts (*Aftersun*, *Beautiful Boy*), highlighting parental mental illness, substance use, and chronicity. While many portrayals demonstrated high emotional authenticity, clinical trajectories were often compressed, comorbidities underexplored, and professional treatment inconsistently depicted. Recovery was commonly framed through interpersonal resolution rather than sustained therapeutic intervention.

Discussion: Cinematic representations of child and adolescent depression can foster empathy and awareness but frequently diverge from clinical realities, particularly regarding

chronicity, comorbidity, and evidence-based treatment. Developmentally sensitive portrayals, especially in younger children, align closely with clinical observation, whereas adolescent narratives more often risk dramatic simplification. Clinicians may use selected films as tools for psychoeducation and training, provided their limitations are explicitly discussed. Collaboration between mental health professionals and filmmakers may enhance responsible, developmentally informed portrayals of depression in youth.

OP-22

Youth Mental Health Promotion: From Design to Scalable Interventions

OP-22-001

Beyond Numbers and Taglines: Insights from 'Healthy Me 2025,' an Integrated Youth Mental Health Promotion Initiative in Indonesia

Submitter: Nur Ihsanti Amalia, New Zealand

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Adolescents in Indonesia face complex mental health challenges shaped by rapid digitalisation, social diversity, and limited access to early prevention services. Healthy Me 2025 is a nationwide programme designed to equip young people with the knowledge and skills needed to address mental health challenges in the digital age. Conducted over seven months (March-September 2025), the initiative reached 1,900 young participants as primary beneficiaries. A total of 200 youth aged 17-24 were empowered to co-design and co-implement activities across five major cities (Bandung, Jakarta, Balikpapan, Makassar, and Medan), serving as local leaders, team members, and co-facilitators.

Methods: Healthy Me 2025 integrates school- and community-based psychoeducation, socio-emotional learning workshops, and digital wellbeing campaigns. The programme applies an empowerment evaluation approach to assess impact beyond numerical outcomes, combining surveys, focus groups, and participatory reflection sessions led by youth representatives through peer-support groups. Data were analysed to identify changes in knowledge, attitudes, self-regulation, and engagement.

Results: Preliminary findings show improvements in participants' mental health awareness, leadership, and online behaviour. Youth reported greater confidence in discussing mental health and leading peer-support activities. Through the empowerment evaluation framework, participants developed critical thinking and collective ownership of outcomes, contributing to sustainable local initiatives. On average, participants rated 4.6 for satisfaction, 4.7 for perceived benefit, and 4.6 for learning relevance, demonstrating that the Wellbeing Curriculum was effective across diverse cultural contexts.

Discussion: Healthy Me 2025 demonstrates that meaningful youth engagement-paired with socio-emotional learning and digital literacy-can strengthen mental health resilience in diverse settings. Beyond numerical indicators, the initiative highlights co-creation, reflection, and empowerment as essential components of mental health promotion, offering practical insights for scaling participatory and culturally grounded youth mental health programmes in low- and middle-income countries.

OP-22-003

Feasibility and Acceptability of Caregiver Skills Training Delivered by Community Health Volunteers in Nepal

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: WHO Caregiver Skills Training (WHO-CST) is an early, caregiver-mediated intervention intended to be delivered by non-specialists to support children with Neurodevelopmental delays. In many low- and middle-income countries, there is limited context-specific evidence on whether such interventions can be implemented within routine child development and mental health services. In Nepal, WHO-CST is delivered in the community through Female Community Health Volunteers (FCHVs), a well-established network characterised by strong community trust but uneven access to supervision and referral support. This study examined the feasibility and acceptability of implementing WHO-CST through FCHVs, focusing on whether existing supervision, governance, and referral arrangements are sufficient to support safe and high-quality early intervention. The objective was to generate policy- and programme-relevant implementation evidence to inform decisions about sustainable integration and future scale-up of community-based, caregiver-mediated interventions in resource-constrained setting.

Methods: We conducted a qualitative implementation study in Godawari Municipality, Nepal, designed to examine how WHO-CST functions as a caregiver-mediated intervention for children aged 18 months to 9 years with Neurodevelopmental delay. Data collection and analysis focused on implementation processes at individual, family, volunteer and system levels. We used the Behaviour Change Wheel together with the COM-B model and the Theoretical Domains Framework (TDF) to guide topic selection and probe design. Empirical data comprised in-depth interviews with caregivers of enrolled children (n = 15), a focus group with trained FCHVs (n = 4), and three participatory workshops with policymakers, clinicians and community stakeholders involved in oversight and service delivery (n = 20). Interviews explored training, supervision, session delivery, referral experiences, and perceived barriers and enablers to early intervention. Transcripts were analysed thematically; themes were then mapped to feasibility and acceptability constructs and to COM-B/TDF domains.

Results: WHO-CST was generally acceptable to both caregivers and FCHVs. Caregivers reported that the intervention addressed practical, everyday parenting concerns, and existing trust in FCHVs supported engagement and continued participation. Structured session materials, together with perceived improvements in child behaviour and encouragement from family and community members, helped standardise delivery and reduced uncertainty for volunteers.

Feasibility varied across settings. FCHVs balanced CST delivery with multiple routine responsibilities and uneven supervision sometimes reduced confidence and adherence. Caregivers also faced barriers, including childcare demands, family and work responsibilities, and stigma, limiting participation. Thematic analysis and systems mapping identified three linked subsystems: policy and planning, training and supervision, and caregiver engagement. Strong supervision reinforced volunteer legitimacy and visible child progress, supporting engagement, while weak supervision and unclear referrals created bottlenecks and fidelity risks. Feasibility and acceptability were tightly linked: consistent supervision and clear referrals reduced burden, strengthened confidence, and improved family engagement.

Discussion: This study demonstrate that WHO-CST can be delivered by community health volunteers in a way that is both acceptable and feasible, but only when the wider delivery system provides support. Caregivers and FCHVs valued the intervention and trusted its community-based delivery, yet feasibility was closely tied to the quality of supervision, clarity of roles, and the availability of referral pathways. Supervision emerged as particularly influential: regular, hands-on support strengthened confidence and consistency, whereas gaps in supervision led to uncertainty in delivery. These observations suggest that implementation outcomes depend less on the intervention content itself and more on how it is organised within routine services. For policymakers, this points to the importance of strengthening supervision arrangements, aligning volunteer workloads, and formalising referral and escalation mechanisms. Future studies should examine supervision and referral systems as key mechanisms shaping delivery quality as intervention move toward scale-up.

Transferability of youth mental health walk-in centres for peer support such as @ease in the Netherlands: could that work?

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Mental health issues often emerge early in life and accessible early intervention services are required worldwide to prevent worsening. In the Netherlands, an outcome evaluation has been published regarding the @ease walk-in centres for peer support for youth aged 12-25. Additionally, the OECD recognized @ease as best practice for mental health promotion and prevention in a recent report and further examined its transferability. Furthermore, young people were interviewed about help-seeking accessibility in Surinam. Outcomes of soft-entry youth mental health interventions are scarce.

In this presentation we combine (1) an evaluation over time for www.ease.nl, (2) an OECD report on @ease to provide suggestions for transferability to other contexts, and (3) an interview study on accessibility of help-seeking in Surinam.

Methods: We present a combination of (1) Mixed model analyses of self- and peer-reported data of 754 @ease visitors throughout 2018-2022 earlier presented and published, combined with (2) transferability assessment within the OECD report, results of the OECD report, and (3) thematically analysed in-depth interviews.

Results: While visiting @ease, young people made significant improvements in social and occupational functioning ($B = 3.93$, CI 95% [.51; 7.36], $p = .025$) and psychological distress ($B = -3.79$, CI 95% [-5.41; -2.18], $p < .001$). Many were without past support upon presenting, support increased over visits ($B = 2.74$, CI 95% [1.02; 4.47] $p = .002$).

Satisfaction with @ease counselling was high.

The OECD report confirms @ease provides prompt access to mental health support, reduces symptom severity and strengthens protective factors for mental wellbeing and resilience. It also showed feasibility of @ease's implementation in other contexts due to its modular and flexible approach. Priorities for transferability include investment in workforce planning and action plans that guide policy implementation. Additionally, to provide accessible support specifically in Surinam, it was found that important barriers to attend to include stigma, low mental health literacy, and low socio-economic status.

Discussion: Youth mental health walk-in centres such as @ease in the Netherlands can improve care accessibility and improve youth mental health. With adequate financial and policy support - especially and the use of established implementation strategies - such early interventions can successfully be upscaled and transferred to other countries. Culture-specific barriers are important to be examined and addressed as well for higher

care accessibility.

OP-22-005

Scaling Up Youth Mental Health Programming: A Program Evaluation of Grassroot Soccer Interventions in Kenya, South Africa, Zambia, and Zimbabwe.

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: There is a gap in research evidence on scalable, cost-effective, and culturally appropriate mental health innovations in low-middle-income countries. To bridge this evidence gap, Grassroot Soccer presents a multi-country evaluation of its integrated and stand-alone mental health programs (MindSKILLZ) for adolescents, conducted using routine monitoring data from 5,120 participants in Kenya, South Africa, Zambia, and Zimbabwe. Grassroot Soccer play-based mental health promotion and prevention programs are delivered by near peer mentors 'coaches' (18 - 35 years) to adolescents (10 - 24years). This evaluation aimed to inform program improvement and scale-up by (1) assessing changes in participants' mental health knowledge, stigma, and help-seeking; (2) comparing effects of stand-alone interventions (MindSKILLZ) across demographics, locations, and delivery methods; (3) testing the feasibility of using the WHO-5 Well-Being Index for routine monitoring; and (4) gathering expert and youth feedback on measurement tools.

Methods: This evaluation used a mixed-method approach, combining routine pre-post questionnaire program data from 5,1200 adolescent participants across four countries with qualitative feedback from expert reviewers (n=5) and youth feedback, gathered from two focus groups (n=8, n=10). Programs were implemented using one of four delivery methods including:

- 1.School-based
- 2.Community-based(e.g., sports field, church)
- 3.Facility-based(e.g.health facilities such as community clinics)
- 4.Print-based through a mental health magazine distributed at health facilities and in communities.

Quantitative analyses (paired t-tests and one-way ANOVA) assessed changes in mental health knowledge, stigma, help-seeking, and well-being (WHO-5), while qualitative data from expert interviews and youth discussions were analyzed thematically to evaluate the relevance, feasibility, and cultural appropriateness of the monitoring tools.

Results: Quantitative analysis of pre-post questionnaire data showed statistically significant improvements across all sites. Notably, MindSKILLZ participants demonstrated substantial gains in stigma reduction (+45.4%), help-seeking (+43.4%), and mental health knowledge (+33.7%). WHO-5 results indicated clinically meaningful well-being

improvements in Zimbabwe (+16 points) and positive changes in Zambia (+5 points). Feedback from the experts and youth praised the questionnaire for its relevance and comprehensive approach; however, the reviewers also recommended simplifying the language.

Discussion: The evaluation also highlighted challenges in measurement reliability and youth comprehension, prompting tool revisions and improved alignment with program theory. The feedback informed adaptations to simplify language and revise scales. Despite variations in implementation contexts, the evaluation demonstrates the feasibility and value of routine data collection for identifying promising trends in program outcomes and guiding ongoing program improvement, while recognizing that further research is needed to establish causal impact.

OP-22-006

Evaluation of novel a theatre based- universal intervention for promoting mental health in schools: SPES4Teen cluster RCT preliminary results

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: Promoting youth mental health is now becoming a public health priority. As a "youth mental health crisis" is documented worldwide, new strategies and intervention should be developed in response to this crisis. Enhancing socio emotional learning among adolescents is a well-defined priority (WHO, UNICEF) and school settings should be the appropriate location of these interventions. Among others, art based interventions are a promising and recommended strategy. Therefore, we developed "SPES4Teen", an intervention format aimed at promoting mental health in adolescence through the methodology of social and community theatre, targeting students in secondary schools. The objective of this study is to evaluate acceptability, feasibility, and efficacy of SPES4Teen intervention.

Methods: The SPES4Teen intervention will be compared with a Health Education Intervention (HEI) and a control group within a cluster randomized control study. HEI will provide students with information on the same theoretical concepts used in the SPES4Teen intervention, but without actively engaging them in the social and community theatre methodology. Schools will be randomized at one of each intervention. All students will be assessed at three time points (T0, T1, T2) through an anonymous self-report questionnaire administered online recording gender, age, nationality, school attended, SES index. Questionnaire on mental wellbeing (Short Warwick-Edinburgh Mental Well-being Scale - SWEMWBS) depression, anxiety, stress (Depression Anxiety Stress Scales - DASS), Resilience (Connor-Davidson Resilience Scale - CD-RISC 10), Coping strategies (Brief COPE), Help-seeking attitude (General Help Seeking Questionnaire - GHSQ) and behaviours will be evaluated. Adverse events that may happen during each session will be recorded.

Results: The study will be implemented between February and March 2026. 6 schools accepted to participate, with an overall expected numerosity between a minimum of 225 and a maximum of 450 students. The study has been preregistered (10.17605/OSF.IO/5KUCW). In detail our hypotheses are: no expected differences in baseline variables between SPES4Teen, Health Education Intervention (HEI) and control group are expected since the sample is randomly selected (T0);

SPES4Teen > HEI > to control group regarding coping strategies, resilience, problem-solving, conflict management skills and emotional self-efficacy at T1 and T2; SPES4Teen > HEI > to control group regarding help-seeking behaviors and attitudes at T1 and T2; SPES4Teen > HEI > to control group regarding psychological well-being promotion and in distress reduction at T1 and T2. No detection of unintended harmful effects in the intervention groups (SPES4Teen and HEI) during intervention.

Discussion: Coping with such a significant crisis means finding new strategies. The SPES4Teen format stems from a multi-sectoral reflection and offers adolescents an intervention aimed at improving social, emotional, and relational skills using theatrical techniques. Results from this study will give preliminary data in order to have a novel tool available for universal prevention in schools.

OP-22-007

Children's and stakeholders' needs on a serious game for mental health promotion: A mixed-methods study

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Topic: CAP Interventions and Services / c. Family, Community- and School-Based Interventions

Objective: We are currently developing a serious game (SG) aimed at promoting mental health (MH) literacy and strengthening coping skills in children and adolescents aged 10 to 14. Compared with traditional MH promoting interventions, SGs offer the advantage of exposing children to decision-making scenarios at a higher frequency. This allows them to experiment with new strategies in a safe environment, free from fear of embarrassment or judgment. Additionally, SGs can reach children who may otherwise lack access to MH promotion. Limited enjoyment and perceived usefulness among the target group, as well as the absence of an implementation concept informed by stakeholders, have been key factors why past SGs have rarely been used outside of pilot studies. Thus, the present study assesses the needs of the target group and stakeholders in the school setting with regard to a MH promoting SG including needs related to MH content, game characteristics and implementation.

Methods: This needs assessment followed a mixed-methods design combining five focus groups with children and adolescents (n = 37) and an online questionnaire with stakeholders (n = 60) holding various roles within the school system. Focus group discussions focused on preferred game characteristics and mechanics as well as current mental health challenges. The online questionnaires assessed children's MH needs from the perspectives of the stakeholders, stakeholders' attitudes towards SG interventions as well as factors fostering and hindering their implementation in the school setting. Focus group transcripts were analysed using a thematic analysis approach following Braun and Clark. Quantitative items from the stakeholder questionnaire were analysed descriptively; open-ended questions were analysed using a quantitative content analysis approach.

Results: According to children/adolescents and stakeholders, school-related stress, performance pressure, and peer group conflicts, as well as family problems and social media, turned out as key aspects negatively impacting MH. Central needs regarding game characteristics are the importance of maintaining game flow, the ability to creatively build and develop game characters and environments, and 'being on a mission' to reach an overarching goal, having to solve quests, engage with opponents and develop a strategy for success. Concerning implementation of a SG in the school setting, several preconditions were identified, such as approval by school management and clearly defined responsibilities. Potential barriers included resistance from teachers, time constraints, and

parental rejection. Stakeholders further emphasized that the intervention should be collaboratively introduced and delivered by teachers and MH professionals. Overall, attitudes toward the use of SGs were moderately positive, with only a small proportion of stakeholders rejecting this approach entirely.

Discussion: The needs assessment revealed a strong desire to address multiple aspects of MH in a SG intervention. Some topics demand particular sensitivity, especially family problems, as addressing them in a SG may reduce parental acceptance. In addition, children/adolescents and stakeholders expressed differing attitudes towards social media and digital devices, and both viewpoints need to be acknowledged. Regarding game design, the findings highlight that different game mechanics should be implemented to provide variety and an optimal level of challenge. Moreover, an overarching storyline, instead of a simple collection of unrelated mini-games, should be implemented to foster engagement and leverage the full potential of SGs. Finally, training of teachers and school counsellors as well as fit of the SG objectives to school curricula seems highly relevant for sustainable implementation of preventive SG interventions in school settings.

OP-23

From Prevention to Long-Term Outcomes:
Supporting Mental Health in Children and
Adolescents

OP-23-001

Focus on the children! Awareness and protection for children of mentally ill parents in psychiatric hospitals (The prevention program Stark im Sturm)

Submitter: Yvonne Grimmer, Germany

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: In Germany, an estimated 3-4 million children live with a parent affected by mental illness or addiction, placing them at a 3-8-fold increased risk of developing a mental disorder themselves. Yet parental mental illness and its impact on children are still rarely addressed in routine psychiatric care. Lack of knowledge, social isolation and stigma frequently prevent families from accessing support, while children of mentally ill or addicted parents face an elevated risk of maltreatment. At the same time, health professionals are often insufficiently familiar with legally mandated child protection procedures and available support pathways.

Methods: The program aims to support children of mentally ill parents by integrating dedicated child representatives into adult psychiatric inpatient units and outpatient clinics, who link families with regional support services. To achieve this, cooperation between psychiatric hospitals and the youth welfare system is systematically strengthened. Standardized child protection screening tools and a mandatory e-learning module to improve professional knowledge were developed, alongside a family-centred treatment framework for complex cases involving several affected family members. Key partners are the Central Institute of Mental Health, the University of Heidelberg departments of General Psychiatry and Child and Adolescent Psychiatry, and three psychiatric centres in Baden-Württemberg (PZN Wiesloch, ZfP Weinsberg, ZfP Südwürttemberg/Weissenau).

Results: The pilot phase showed a high psychosocial burden for both parents and children, with similar levels of strain in families affected by addiction and by other psychiatric disorders. Over two years, staff awareness of children's needs and collaboration between hospitals and youth welfare services increased substantially.

Discussion: Further research is urgently required to capture children's perspectives directly and to evaluate sustained effects. A follow-up study now underway conducts repeated parent and child assessments over six months, examining the impact of the intervention on quality of life, functioning, symptom severity and overall family burden.

OP-23-002

Empowering educators through Social-Emotional Development (SED) and Social-Emotional Learning (SEL): Enhancing teacher well-being to foster child and adolescent mental health

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Background: Teachers face unprecedented emotional demands, with over 75% reporting high stress and nearly 60% considering leaving the profession due to burnout (AFT, 2021). These pressures, coupled with growing student behavioral and emotional needs, underscore the urgent need for interventions that support both teacher and student mental health. Social-Emotional Learning (SEL) and Social-Emotional Development (SED) frameworks provide a foundation for fostering resilience and well-being. Yet teacher Social-Emotional Competence (SEC), the integration of SEL skills with personal developmental awareness and cultural understanding, remains underdeveloped.

Purpose: This study introduces a culturally responsive framework integrating SED, SEL, and cultural identity to enhance teacher mental health, resilience, and Social-Emotional Cultural Competence (SECC), with the ultimate goal of promoting student social-emotional development and well-being.

Methods: Methods: Over 50 K-12 teachers participated in a professional development (PD) program delivered via Zoom and in-person over two days. The PD focused on reflective practices to strengthen SEC, including social-emotional growth, emotional regulation, cultural context, and SEL instructional strategies. Pre- and post-program surveys assessed teachers' SEC, mental health, resilience, and confidence in supporting students' social-emotional needs. Data were analyzed using paired t-tests to measure changes in outcomes. Teachers who attended the in-person two-day training reported more profound connections, greater engagement, and more noticeable changes in their teaching practices compared with the virtual participants.

Results: Results: The professional development program produced substantial improvements in teachers' Social-Emotional Competence (SEC), mental health, and resilience ($p < .01$). Pre- and post-surveys showed significant gains in emotional awareness, regulation, and confidence in applying SEL strategies in the classroom. Teachers reported enhanced ability to address students' emotional and behavioral needs, fostering safer and more supportive learning environments. Qualitative feedback highlighted transformative changes in teaching practices, including increased empathy, patience, and student-centered approaches. Teachers noted that reflecting on their own developmental histories and cultural experiences strengthened their capacity to respond effectively to students' social-emotional needs.

Notably, in-person two-day PD participants demonstrated greater engagement, deeper

relational connections, and more pronounced improvements in classroom practices compared with Zoom participants.

Discussion: Discussion:Discussion:

The findings of this study underscore the critical role of supporting teachers' social-emotional development in promoting both educator well-being and student outcomes. Enhancing teachers' SEC through culturally responsive professional development strengthened their mental health, resilience, and confidence in addressing students' emotional and behavioral needs. Teachers reported that understanding their own developmental histories and cultural experiences deepened their empathy and improved their classroom interactions, highlighting the reciprocal relationship between teacher and student social-emotional growth.

The stronger engagement and impact observed in in-person PD participants suggest that relational and experiential components, such as peer reflection, collaborative exercises, and guided practice, are essential for translating knowledge into effective teaching practices.

These results emphasize that investing in teacher SED and SEL is not only beneficial for educators' mental health but also enhances students' social-emotional development, classroom climate, and learning experiences.

OP-23-003

Effectiveness of the Remote Young Parenthood Program in Preventing Violence among Young Parents

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Six in every ten children under age five will experience physical or psychological violence from parents or caregivers, leading to lifelong physical and mental health consequences and hindering improvements in population health. Offspring of young parents are at higher risk due to the combined challenges of adolescence and early parenthood, particularly in low- and middle-income countries where economic hardship, violent contexts, and limited access to parenting support increase the potential for child maltreatment. The Young Parenthood Program (YPP) aims to reduce this risk by strengthening co-parenting communication skills among young parents (Florsheim, 2011). The objective of this study is to pilot a remote adaptation of the YPP in Peru during the COVID-19 pandemic and evaluate its impact on risk of violence among young first-time parents.

Methods: A pilot randomized controlled trial was conducted with 80 young couples (18-26 years old) expecting their first child. Participants were recruited from prenatal clinics in public hospitals and assigned to either the virtual YPP or treatment as usual (TAU). The YPP was implemented over 8 to 12 sessions, beginning around 6 months of pregnancy, and included both parents. Assessments of child abuse potential and intimate partner violence (IPV) risk were conducted at baseline and at six months postpartum through Conflict in Adolescent Dating Relationships Inventory (CADRI) and Brief Child Abuse Potential Inventory (B-CAPI) scales. Data were analyzed using a multivariate regression model. Ethics approval was granted by the National University of San Marcos.

Results: Child abuse potential scores showed a slight reduction in the YPP group from baseline to six months postpartum, while participants' scores in the TAU group remained stable. Results also indicated that the intervention reduced mean verbal-emotional IPV scores significantly ($p < 0.05$) in the YPP group from 4.59 (SD = 4.47) at baseline to 3.14 (SD = 3.25) at six months, while scores in the TAU group remained relatively stable. These changes over time differed significantly between the groups ($p < 0.05$). The YPP group also demonstrated trends toward lower physical and relational IPV compared to TAU. Across both groups, couples reported consistently low levels of sexual IPV perpetration at baseline and over time.

Discussion: This first Latin American and remote implementation of YPP demonstrates

promising effects in reducing violence risk among young parents. Emotional IPV decreased significantly in the YPP group over time and YPP also shows trends to prevent child maltreatment. Consistent with previous on-site implementations, this Peruvian remote adaptation demonstrates a comparable trend of reducing significantly verbal IPV at 6 months postpartum, suggesting that YPP's focus on communication skills and strengthening partner relationships can remain effective when delivered remotely. Remote delivery offers a valuable opportunity to expand access to early parenting interventions in resource-limited settings by reducing geographic, financial, and time barriers. Future implementations and studies should explore strategies to sustain father participation, incorporate flexible counselor availability to accommodate participants' competing demands, adapt the intervention to diverse urban and rural contexts, and address challenges related to digital access and privacy to maximize reach and impact.

OP-23-004

Beyond the Child: Co-Developing a Caregiver Mental Health Screening Model with Caregivers and Clinicians in Paediatric Specialty Care

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Globally, one in four children have a chronic condition, with higher prevalence in Australia where two in five children have a chronic condition and one in five have multiple conditions. Caring for a child with a chronic condition is stressful for families due to caregiving demands, medication management, frequent appointments, financial strain, and supporting other family members. Poor caregiver mental health has been linked with higher child-reported pain, lower quality of life and increased risk of psychological difficulties in children. Improving caregiver wellbeing is therefore critical to optimising child health and mental wellbeing. This study aimed to explore caregivers' and clinicians' perspectives on current and preferred approaches to identifying and responding to mental health difficulties in caregivers of children with chronic conditions attending hospital outpatient clinics.

Methods: Caregivers of children attending diabetes (n=3) and neuromuscular clinics (n=5) and clinicians from these clinics (n=8) participated in two online focus groups (n=16) at a tertiary paediatric hospital in Melbourne, Australia in July and August 2024. Caregivers were recruited from outpatients and clinicians via email. Combined caregiver/clinician groups explored approaches to caregiver mental health and reviewed two screening measures - the Kessler Psychological Distress Scale (K-10) and the Depression Anxiety Stress Scales (DASS-21) - for length and acceptability. Then breakout sessions mixed clinic and participant types (e.g., neuromuscular clinicians with diabetes caregivers) to explore preferences for feedback and support pathways. Semi-structured discussions were recorded, transcribed verbatim, and analysed using reflexive thematic analysis following Braun and Clarke's approach. Coding was iterative, combined inductive and deductive approaches, by two researchers using NVivo (version 14), with regular team discussions to enhance rigor and reflexivity.

Results: Two overarching themes were identified: Addressing caregiver mental health and Housing the mental health conversation. The first theme reflected shared recognition of the impact of chronic conditions on families and clinicians' perceived responsibility to initiate mental health discussions. Both caregivers and clinicians described feeling overwhelmed by mental health conversations within the context of high caregiving demands and cognitive load. Caregivers reported feeling invisible and identified specific triggers and stages in the care journey where proactive check-ins would help. Clinicians noted inequities in caregiver roles and constraints related to time and resources. The second

theme focused on approaches to screening and support. Screening was considered acceptable, with a preference for the DASS-21 due to perceived gentler wording despite longer length. Caregivers emphasised the importance of autonomy over the timing and format of how feedback was provided and avoiding documentation of their mental health in the child's medical record.

Discussion: These focus groups informed the co-development of a Screening, Outcomes and Support (SOS) model to promote caregiver mental health in paediatric specialty clinics. Engaging caregivers and clinicians highlighted the importance of acknowledging the impact of chronic conditions on families and embedding mental health discussions within routine care. Caregivers valued choice in feedback delivery and strong assurances of confidentiality. Findings underscore the need for participatory approaches to designing clinically feasible screening, feedback and support systems. This collaborative process identified critical implementation challenges that may have been overlooked without direct caregiver and clinician involvement, reinforcing the value of co-design in strengthening family-centred care. The SOS model offers a pragmatic framework for integrating caregiver mental health screening and support into routine paediatric outpatient care, with future work planned to evaluate its feasibility and acceptability across services.

OP-23-005

Trajectories of self-worth and domain specific self-esteem in the transition from adolescence into young adulthood for residential youth care leavers: a ten-year follow-up study

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Self-esteem is described as how much one likes oneself as a person, i.e. as global self-worth (Rosenberg), and how successful one evaluates oneself on specific self-esteem domains (Harter).

Studies from the general population find increasing levels in self-esteem from middle adolescence until early adulthood. Young people with a history of living in residential youth care (RYC) have often experienced disruptive attachments, mental health problems, maltreatment, placements instability, and limited supportive relationships, that influence their self-representation. There is a lack of studies investigating the trajectories of self-esteem in this high-risk group.

We investigate the trajectories of global self-esteem and domain specific-self-esteem over a 10-year period for RYC leavers as they progress into young adulthood. Do these trajectories differ from the typical development in the general population? Are there gender differences?

Methods:

Participants

Out of 601 eligible adolescents living in Norwegian RYC between 2011 and 2014, 400 consented to participate (T1) (67%; 57.5% females, age range 12-20 years, mean age 16.8 years).

Ten years after, 157 young adults participated in follow-up (T2), (52 %).

Measures

Global self-esteem and three self-esteem domains of the Self-Perception Profile for Adolescents (Wichstrøm, 1995; Harter 1988, 2012) was used: Global self-esteem, the global evaluation of self-worth; Physical Appearance, the extent to which one feels good looking, Close Friendship, forming and maintaining intimate relationships with friends, and Athletic Competence, doing well in sports. Each scale has 5 items, response options 1 = describes me poorly, 4 = describes me very well.

Statistics

Four linear mixed model analyses were conducted with the 4 self-esteem domains as dependent variables. Covariates were timepoint, sex and their interaction. Missing data substitution yielded data for 400 participants.

Results: There was a significant reduction in global self-esteem from T1 to T2 for males ($p < 0.001$) and females ($p = 0.015$). There was a significant (time x sex) interaction ($p < 0.001$), with men showing most reduction over time.

There was a significant reduction in physical appearance self-esteem from T1 to T2 for males ($p < 0.001$), not for females ($p = 0.135$). There was a significant (time x sex) interaction ($p < 0.001$), with men showing most reduction over time.

There was a significant reduction in close friendship self-esteem from T1 to T2 for males ($p < 0.001$) and females ($p < 0.001$), but no significant interaction ($p = 0.845$).

There was a significant reduction in academic competence self-esteem from T1 to T2 for females ($p = 0.002$), but not for males ($p = 0.096$), and no significant interaction ($p = 0.686$).

Discussion: Young adults with a history of living in RYC reported significantly lower global self-esteem and domain specific self-esteem in young adulthood compared with their adolescent reports ten years earlier. The longitudinal decline was more pronounced among males. The observed sex differences call for further research.

Whereas studies in the general population typically show an increase or stability in self-esteem from late adolescence into adulthood, we observed the opposite, which is a worrying finding. As residential youth care leavers enter young adulthood, they meet high demands for competence, autonomy, social integration, and adaptation, often in the absence of sustained support. Our results show that they have serious risk of developing negative self-esteem.

Living in RYC institutions does not prevent adolescents from developing negative self-esteem over a ten-year period.

OP-23-006

Self-Identification as Having a Mental Illness Among Youth: A Longitudinal Investigation of Predictors and Help-Seeking Outcomes in the Brazilian High-Risk Cohort

Submitter: Sarah Aguiar-Borges, Brazil

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Title: Self-Identification as Having a Mental Illness Among Youth: A Longitudinal Investigation of Predictors and Outcomes in the Brazilian High-Risk Cohort

Objective: Self-identification is the process by which individuals recognize and label their own mental health struggles as a mental illness, and it has been proposed as a key cognitive step linking symptom onset to help-seeking. Yet evidence remains sparse, particularly in youth and in low- and middle-income countries, about what drives self-identification or whether it independently shapes clinical trajectories. This study examines cross-sectional predictors of mental illness self-identification, including psychopathology subtypes, stigma, demographic and resilience factors, and investigates its longitudinal associations with help-seeking, service use, and psychopathology in a large high-risk cohort of Brazilian youth.

Methods: Data were drawn from the Brazilian High-Risk Cohort (BHRC), a longitudinal study of youth recruited from public schools in São Paulo and Porto Alegre. 1,499 participants aged 14–26 completed self-report and vignette-based measures at Wave 2 (2018–2020), including self-identification (SELF-I scale), mental illness stigma, social distance, help-seeking self-efficacy, and stigma coping. Psychopathology was assessed dimensionally (SDQ) and categorically (DAWBA). A longitudinal subsample ($n = 1,179$) provided outcome data at Wave 3 (2023–2025). Cross-sectional predictors were examined using linear regression with three adjustment levels. Moderation analyses tested whether resilience factors buffered the stigma–self-identification association. Longitudinal associations between Wave 2 self-identification and Wave 3 help-seeking, service use, and psychopathology were estimated using logistic and linear regression, adjusting for symptom burden, prior service contact, stigma, and sociodemographic covariates.

Results: Self-identification was robustly predicted by internalizing psychopathology — specifically depression, generalized anxiety, and social phobia — but not externalizing disorders, suggesting the construct captures a phenotype tied to subjective distress and self-awareness of internal states. Sociodemographic factors (sex, age, socioeconomic status) were non-significant after controlling for clinical burden, except for site. Stigma

alone did not predict self-identification, but its association with self-identification was significantly moderated by help-seeking self-efficacy ($\beta = -0.07$, $p = .006$) and stigma coping ability ($\beta = 0.06$, $p = .004$): stigma was more strongly associated with self-identification among youth with lower confidence in their ability to seek help and lower capacity to cope with stigma. Longitudinally, higher self-identification at Wave 2 independently predicted greater perceived need for treatment (AOR = 1.28, $p = .005$), more help-seeking attempts (AOR = 1.47, $p = .001$), and mental health service use (AOR = 1.32, $p = .015$) at Wave 3, above and beyond clinical severity. Self-identification also predicted subsequent suicidal/self-harm ideation (AOR = 1.10, $p = .006$) and symptom impact ($B = 0.05$, $p = .003$), highlighting a potential double-edged nature of self-labeling.

Discussion: These findings suggest that mental illness self-identification among youth is clinically patterned, driven primarily by internalizing distress rather than sociodemographic position, and functions as a meaningful independent predictor of later care-seeking. The moderation by resilience factors indicates that building help-seeking self-efficacy and stigma coping skills may amplify the pathway from recognition to action. At the same time, the association of self-identification with subsequent psychopathology and suicidal ideation underscores the importance of coupling illness recognition with timely, accessible support. Interventions promoting self-identification should foster recognition and acceptance without reinforcing engulfing self-labeling, and attend to the systemic and contextual factors — evidenced here by a robust study site effect — that shape how young people come to understand their own mental health.

OP-23-007

Longitudinal Trends in Mental Health Inequalities among Youth in Germany

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Socioeconomic inequalities in mental health are already evident in early life, whereby children and adolescents from lower socioeconomic backgrounds have experienced significantly higher rates of mental health issues. With the onset of the COVID-19 pandemic, most international studies found that youth mental health generally worsened due to social isolation and disrupted routines. Initial research suggests that the pandemic disproportionately affected those already at higher risk because of financial instability and other stressors. This study aims to address a gap in longitudinal research by tracking socioeconomic disparities in youth mental health from pre-pandemic through post-pandemic periods, taking into account other risk factors and resources.

Methods: Data were used from a nationwide, population-based longitudinal study, including eight measurement points (N = 1,586 - 1,701) with participants aged 7 to 22 years. Surveys were conducted before (T0, 2017), during (T1 - T5, 2020 - 2022) and after the COVID-19 pandemic (T6 - T7, 2023 - 2024) in Germany. Mental health problems were evaluated using the internationally recognized and validated Strengths and Difficulties Questionnaire (SDQ). Socioeconomic status (parental education and net equivalent household income) and additional risk factors and resources (e.g., parental psychopathology, social support, family cohesion) were examined. Prevalence in mental health problems, differences in mean values (SDQ), panel regression analyses were calculated.

Results: Across the entire survey period, youth from low socioeconomic backgrounds consistently exhibited more mental health problems compared with those from high socioeconomic backgrounds (e.g., pre-pandemic: 14.6 % vs. 6.2 %; post-pandemic: 18.3 % vs. 11.0 %). During the COVID-19 pandemic, mental health problems increased substantially across all socioeconomic status groups. Socioeconomic inequalities in mental health remained largely stable during this period and even narrowed toward the end of the pandemic, whereby mean values in youth mental health problems were nearly the same for high and low educated parents in autumn 2022. Following the pandemic, socioeconomic disparities in mental health began to widen again. A similar, though less pronounced, pattern was observed with respect to household income. Parents in low-income or low-education households reported higher levels of depressive symptoms. Stronger personal resources, family cohesion, and social support were linked to fewer youth' mental health problems.

Discussion: While socioeconomic disparities in youth mental health persist during times of global crises, the pandemic actually saw these gaps narrow temporarily. However, post-pandemic recovery has been unequal, with improvements largely limited to those from higher socioeconomic backgrounds.

Our study showed that factors such as parental depressive symptoms significantly predict child mental health, whereas resources like family cohesion and social support can be mobilized during crises. Ultimately, the study highlights that socioeconomic status, alongside personal and social resources, explains nearly two-thirds of the variance in youth mental health, emphasizing the need for nationwide, low-threshold school and community support programs at both an individual and societal level.

OP-24

Real-World Challenges in Autism and ADHD

OP-24-001

Friendship, Employment and Well-being in Adults with Autism Spectrum Disorder

Submitter: Ahmed Alansari, Bahrain

Co-Authors: A. AlAnsari

Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: To assess the levels of friendship, employment opportunities, and general well-being of a cohort of participants with ASD from childhood to adulthood in an Arabic country

Methods: A cross-section study traced young adults diagnosed ASD in childhood (n=81/114; 81% response rate). Caregivers (mostly mothers) provided information via interview on a fact sheet covering demographics, diagnosis age, comorbidities (epilepsy, intellectual disability [ID], family mental illness), relationships, employment, education, sexual behavior, medication use, and living situation. The study was conducted between November 2022 to January 2023, the setup was the centers for the Bahraini Association for Intellectual Disability and Autism.

Results: Outcomes were notably poor. Only 3 participants (3.7%) were employed, and only 6 (7.4%) had completed high school or higher education. While 12 participants (14.8%) reported a relationship lasting over one year, none were married. All individuals lived with family and utilized rehabilitation services. Significant comorbidities and challenges were prevalent: 26 participants (32.1%) exhibited inappropriate sexual behavior, 42 (51.9%) used medication, and 21 (25.9%) had a history of seizures. Comorbid ID was highly prevalent.

Discussion: The cohort showed poor long-term prognoses, particularly regarding relationships and employment. Almost half had very poor outcomes. ASD combined with ID constituted a distinct group with lower outcomes. Future research should focus specifically on ASD groups without ID and compare outcomes to the general population.

OP-24-002

To be or not to be (in school): A qualitative study of the emotional experiences and processes underpinning school non-attendance from neurodivergent students' point of view

Submitter: Camilla Parker, United Kingdom of Great Britain and Northern Ireland

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Neurodivergent young people (NYP) with a diagnosis of autism and/or attention-deficit/hyperactivity disorder (ADHD) experience disproportionately high rates of school absenteeism and school exclusion, with significant mental health and life-course implications. Existing accounts have largely framed attendance problems through individualised deficit models, adult interpretations, and neurotypical norms of emotional responding, with limited attention to the role of school environments or NYP's own perspectives. This qualitative study centres on neurodivergent adolescents' lived experiences to examine: 1) how and why school non-attendance and exclusion emerge and escalate over time; 2) how upsetting school experiences shape (non-)attendance and barriers to attendance; and 3) the emotional impact of these experiences.

Methods: Seventeen adolescents aged 11-16 years (9 females) diagnosed with autism (n = 8), ADHD (n = 5), or both (n = 4) who experienced school non-attendance in mainstream state-maintained secondary schools in England, participated in individual semi-structured interviews. Data collection integrated personalised creative participatory methods (e.g. drawings, poetry, photography) to support authentic emotional expression (Pavlopoulou et al, 2025). Participants experienced diverse types of SAPs (Heyne et al., 2019) including school refusal (n = 14), persistent absenteeism > 10% (n = 14), truanting (n = 7), school exclusion (n = 4), and parental withdrawal from mainstream school (n = 7; e.g. no education, home schooling or now attending a specialist school). Reflexive, iterative thematic analysis generated shared themes with diagnosis-specific nuances. The study was fully co-produced and co-delivered with neurodivergent youth co-researchers and academic researchers, who co-designed and piloted interview materials, co-conducted interviews, and collaborated in analysis.

Results: Five overarching themes (21 sub-themes) informed a process model of school non-attendance development and recovery. Theme 1), '*Upsetting school experiences and cumulative emotional burden*', described how social alienation, dehumanisation, rigid shame-based behaviour policies, sensory-hostile or under-stimulating environments, pressure to conform to neurotypical norms, and academic demands accumulated to produce chronic emotional load. Theme 2), '*Hidden struggle and the costs of conformity*', captured masking, emotional suppression and emotional outbursts that were frequently

misinterpreted, intensifying anticipatory anxiety and somatic stress. Theme 3), '*Decompensation and protective withdrawal*' reflected burnout-like states of exhaustion and nihilism when coping capacity was exceeded, precipitating escalating non-attendance. Theme 4), '*View of self and others*' highlighted internalised shame, diminishing self-worth, mutual misunderstanding and alienation. Theme 5), '*Recovery and restoration of hope*,' identified belonging, relational safety, agency, environmental adjustments, identity affirmation and creative self-expression as central to wellbeing and re-engagement.

Discussion: Participants conceptualised non-attendance as a protective response for self-preservation following sustained coping efforts, contrasting with dominant adult interpretations of laziness, defiance or emotional dysregulation. This mismatch may reinforce stigma, misunderstanding and internalised shame. Findings underscore the clinical and policy relevance of shifting from deficit-based responses to neuro-affirmative, context-sensitive approaches to support neuro-inclusive education and neurodivergent mental health. Key policy implications include integrating strategies for identifying and reducing emotional burden into attendance guidance, expanding neurodiversity-informed training for school staff, and strengthening alignment between education and child and adolescent mental health systems. Future interventions aimed at improving neurodivergent students' attendance and well-being should be grounded in neurodivergent perspectives.

OP-24-003

Pervasive Social Dysphoria or Autism Spectrum Disorder? Toward Developing a Scale Integrating Autistic Perspectives

Submitter: Shoko Shimoyama, Japan

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Our previous research identified "Pervasive Social Dysphoria (PSD)" as developmentally cumulative distress, arising from persistent pressure on Autistic individuals to adapt to neurotypical social norms. This concept emerged from research on the co-occurrence of autism and Gender Dysphoria (GD). While this link has received growing attention, its nature remains unclear given the scarcity of personal insider perspectives. We found that Japanese Autistic transgender participants experienced distress not only from gender norms (i.e., GD) but also from pervasive social norms (i.e., PSD) across the developmental stages. Consequently, we hypothesized the primary link is between autism and PSD, where GD is conceptualized as a subset. To begin testing this hypothesis, the present study developed initial items for the PSD Scale through a participatory approach, aiming to reflect personal insider perspectives and enhance content validity.

Methods: First, we generated items assessing Autistic individuals' distress regarding neurotypical norms, based on our prior qualitative research. We operationalized distress as burden, resistance, and uncertainty. Second, we expanded the item pool to include the items capturing Autistic individuals' reactions regarding Autistic-inclusive norms. As input to this step, collaboration with an Autistic co-researcher informed a social model framing of the PSD Scale, suggesting that PSD arises from a mismatch with norms rather than impairment. Using this framing, we conducted a literature review focusing on published first-person narratives by Autistic individuals and generated additional items to assess reactions to norms inclusive of Autistic experiences. Finally, we iteratively refined the items, focusing on comprehensibility and content validity.

Results: An initial pool of 120 items was developed for the PSD Scale, covering four normative domains: gender, relationship, education, and employment. Within each domain, items assess distress in relation to two normative contexts: "neurotypical norms" and "Autistic-inclusive norms." Within each context, the items assess three types of distress: burden, resistance, and uncertainty. For each distress type, five candidate items were assigned to enable item selection in subsequent statistical analyses. This structure accounts for the 30 items in each normative domain (2 contexts × 3 distress types × 5 items), totaling 120 items. Sample items in the gender normative domain include those that contrastively assess burden related to "accepting same-sex presence in locker rooms (i.e., neurotypical norm)" and related to "preferring privacy due to sensory sensitivity (i.e.,

Autistic-inclusive norm)."

Discussion: This study developed initial PSD Scale items focusing on the personal insider perspective in collaboration with an Autistic co-researcher. This approach addresses concerns that most widely used scales for Autistic individuals rely on non-Autistic perspectives, which may compromise content validity. Specifically, the PSD Scale's social model framing is a key finding aligned with the Neurodiversity Movement. This framing supports testing the hypothesis that Autistic individuals may be better understood not as impaired (i.e., ASD), but as experiencing accumulated distress from persistent pressure to conform to neurotypical norms, despite a mismatch with Autistic experience (i.e., PSD). Validating this Scale and testing the hypothesis in future work could broaden acceptance of this perspective and strengthen its empirical foundation. This could thereby shift responsibility for adaptation from Autistic individuals to the transformation of neurotypical-biased social norms into more inclusive practices across development, including Autistic children and adolescents.

OP-24-004

Problematic Internet and Gaming Use in Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder: Digital Habits, Adaptive Functioning and Sleep in a Case-Control Study

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Problematic Internet and gaming behaviors were observed in youths with neurodevelopmental conditions, although their prevalence and associated features appeared to differ across diagnostic groups. The objective of this study was to compare levels of Internet Addiction (IA) and Internet Gaming Disorder (IGD) in youths with Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), and typically developing controls, and to characterise disorder-specific digital-use patterns using quantitative and qualitative measures. Secondary aims were to examine associations between IA and IGD severity and sleep quality, behavioral symptoms, and adaptive functioning across neurodevelopmental conditions.

Methods: This case-control study included youths aged 11-21 years with ASD (n = 45), ADHD (n = 40), and typically developing controls (n = 43), all with IQ > 70, recruited in a clinical setting. Diagnoses followed DSM-5-TR criteria; ASD diagnosis was supported by ADOS-2. Participants completed the Internet Addiction Test (IAT), Internet Gaming Disorder Scale-9 Short Form (IGDS9-SF), Adolescent Sleep Hygiene Scale (ASHS), Child and Adolescent Symptom Scale (CASS), and Adaptive Behavior Assessment System (ABAS-II). Group comparisons were conducted using Kruskal-Wallis tests with Dunn-Bonferroni post-hoc analyses and chi-square tests for clinical cut-offs. ANCOVA models controlled for age. Associations were examined using Spearman correlations, with statistical significance set at $p < .05$. A qualitative questionnaire assessed digital habits, device use, online activities, self-regulation, and perceived risks.

Results: IGD levels differed significantly across groups, with higher levels in both ASD and ADHD compared with controls ($p < 0.001$). Clinically relevant IGD was most prevalent in ADHD (30%), followed by ASD (11.1%) and controls (6.8%). Within the ASD group, reduced sleep quality was significantly associated with higher IA ($p < 0.001$) and greater IGD severity ($p < 0.001$).

In the ADHD group, IA and IGD scores were strongly correlated ($p < 0.001$). By contrast, IA levels did not differ significantly across groups, no associations emerged with adaptive functioning, and sleep quality was not associated with IA or IGD levels in ADHD.

Qualitative data identified distinct digital-use profiles. ADHD youths reported increased online gaming, longer console use, and reduced parental monitoring. ASD youths showed

high multimedia use, frequent bedroom media access, and anxiety when offline. Controls reported greater social media interaction and higher posting of personal content.

Discussion: Group differences involved gaming-related behaviors rather than generalized Internet use. Clinically relevant IGD was most frequent in ADHD, with intermediate rates in ASD, and these differences persisted after age adjustment, suggesting that gaming represented a key area of digital vulnerability in neurodevelopmental conditions. Within-group analyses showed distinct patterns. In ASD, higher IA and IGD scores were associated with lower sleep quality scores, possibly reflecting difficulties in regulating daily routines related to digital media use. The absence of associations with adaptive functioning suggested that problematic digital behaviors may not be captured by global adaptive measures in cross-sectional assessments. In ADHD, Internet and gaming measures were not associated with sleep quality, which may indicate a broader pattern of dysregulated digital engagement. Qualitative findings supported these results, with more intensive gaming activity and lower parental monitoring in ADHD, and higher media exposure, anxiety when offline, and greater awareness in ASD.

Risky digital activity as a mediator of the longitudinal path from ADHD to depressive symptoms in adolescence

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Attention-deficit/hyperactivity disorder (ADHD) is an important risk factor for youth depression, yet what underpins this association remains unclear. This study aimed to identify specific mechanisms through which ADHD-related vulnerability may increase adolescent depression risk. Guided by a developmental model proposing that digital risk exposure contributes to adolescent depressed mood indirectly through cognitive-affective reactions, we tested whether longitudinal associations between adolescent ADHD and depressive symptoms are mediated by risky digital activity (eg., social comparison, risky interactions) and the negative psychological reactions it evokes. As digital activity does not occur in a vacuum, the mental health of youth with ADHD may also depend on non-digital factors. Therefore, we also examined whether key modifiable lifestyle behaviours and negative social experiences mediate the longitudinal association between ADHD symptoms and subsequent depressive symptoms in parallel, beyond the effects of digital activity alone. We also explored gender differences in these paths.

Methods: Participants were 552 adolescents (mean age=13.7, SD=0.5; 48% boys, 48% girls) from UK schools. The sample was socioeconomically diverse, 45% reported an ethnic minority background, and 23% were economically disadvantaged. Participants completed measures at baseline (T1), 8 (T2) and 16 months (T3). ADHD symptoms were measured with the Strengths and Difficulties Questionnaire, depressive symptoms with the Revised Child Anxiety and Depression Scale 25-Youth Version. Digital activity was measured with the Digital Activity and Feelings Inventory, and nondigital factors with the Personal Experiences in Everyday Life.

Model 1 tested a serial mediation linking baseline ADHD to T3 depressive symptoms via T2 risky digital activity and negative cognitive-affective reactions. Model 2 tested a parallel mediation with T2 risky and non-risky, digital and non-digital activity, behaviours and experiences as mediators. Indirect effects were assessed using 95% percentile bootstrap confidence intervals based on 5,000 resamples.

Results: Model 1 longitudinal mediation analyses showed that ADHD and depressive symptoms were associated both directly and indirectly through risky digital activity. Higher baseline ADHD symptoms increased 8-month risky digital activity, which evoked more negative cognitive-affective reactions. These negative reactions were significantly associated with depressive symptoms at 16 months. However, in the serial model, risky

digital activity and negative psychological reactions were not significant mediators. Model 2 parallel longitudinal mediation analyses tested digital and nondigital factors as mediators of the ADHD-depressive symptoms association. While baseline ADHD symptoms were associated with increased digital and nondigital risks at 8 months, risky digital activity was the only significant mediator of the path to 16-month depressive symptoms. Nonrisky digital activity and both positive and negative nondigital factors did not produce any significant indirect effects. Sex-stratified analyses showed that indirect ADHD-depressive symptoms pathways were present in girls but not in boys.

Discussion: We identified a specific pathway linking ADHD symptoms to later depressive symptoms in adolescence. Risky digital activity, rather than digital activity more generally, appeared to be a key mechanism. This supports the proposal that the mental health impact of online experiences depends on the type of activity and adolescents' psychological responses to it, rather than the amount of time spent online. Although baseline ADHD symptoms increased nondigital risk exposure (e.g., substance use, negative social experiences), the lack of mediation via nondigital factors suggests that digital risks may have an important role in the development of depression in youth with ADHD symptoms. Importantly, mediation was observed in girls but not boys, indicating potential sex differences in vulnerability to digital risk. These findings contribute to a more nuanced understanding of how ADHD-related vulnerabilities may influence youth mental health through engagement in risky digital activity and the psychological reactions it evokes.

OP-24-007

Determining the success of parent management training for ADHD: Including reliable and clinically significant change as treatment outcome criteria

Submitter: Eileen Gail Tripp, Japan

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Topic: Specific CAP Conditions / c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)

Objective: Behavioral parent training (BPT) is recommended in the management of attention deficit hyperactivity disorder (ADHD) with demonstrated efficacy across numerous randomized control trials (RCT). Meta-analyses report mild-to-moderate symptom reduction together with significant improvements in parenting skills, parenting efficacy and quality of the parent child relationship. Individual participant data meta-analyses are expanding our understanding of what interventions work best for whom. Together with findings from individual trials, these studies influence intervention choices and clinical funding decisions. But what is the clinical relevance of these findings? Here we address the question of which criteria should be used to judge intervention success, e.g., statistical significance, Reliable Change Index/Clinically Significant Change (RCI/CSC) methods, or other criteria.

Methods: Utilizing data from two RCTs of Well Parent Japan (WPJ), a hybrid BPT program targeting maternal well-being, parenting practices, and child behavior in Japanese mothers of children with ADHD, we review published statistical findings against indices of clinically meaningful change. The first RCT evaluated WPJ against a wait-list control group (WL) for mothers of children with researcher confirmed ADHD (N = 52; Shimabukuro et al., 2020); the second pragmatic RCT compared WPJ against treatment as usual (TAU) with mothers of children attending hospital clinics (N = 124; Shimabukuro et al., 2024). RCI methods were used to calculate the number of participants demonstrating reliable improvement, no change, and deterioration across treatment and control conditions for each RCT. Findings using rest-retest reliability are presented. Calculation of CSC was limited by the availability of normative data.

Results: Both trials reported statistically significant improvements in parenting stress (parent domain), parenting style (over reactivity), and perceived parenting competence (efficacy, parent control of child behavior) in mothers who completed WPJ versus controls. Results for other outcome variables differed across studies (child domain stress, lax parenting, inattention) or were non-significant (depression, parenting satisfaction and responsibility, hyperactivity/impulsivity, oppositional behaviors). Effect sizes were larger in comparisons against WL control. In the first RCT at least 30% of mothers receiving WPJ demonstrated reliable improvement in parent domain stress (48%), over reactivity (37%), efficacy and child domain stress (30%) and child inattention (41%). Rates of reliable change for these variables were lower in the second trial: parent domain stress (2%), over

reactivity (18%), efficacy (26%), child domain stress (5%), and child inattention (7%). Improvement in lax parenting was similar across trials (19% and 18%). Control group reliable improvement was uniformly low.

Discussion: Despite similar statistical outcomes, reliable change indices differed substantially across the two trials, highlighting individual sample effects (e.g., size and composition) and the importance of considering different approaches to the measurement of intervention effects. The appropriateness of RCI/CSC methods as measures of "success" may be trial and context dependent. RCT participants were mothers of children with ADHD and not a clinical population themselves. While most demonstrated "better" scores post intervention, reliable improvement may be limited by their baseline performance. CSC may not be a relevant construct with nonclinical samples. Calculation of RCI/CSC depends on the availability of appropriate reliability and normative data, with different estimates impacting results. Such psychometric data is limited in non-Western countries. We encourage researchers, clinicians and funding managers to take a broad view when evaluating outcomes for BPT and other interventions.

OP-25

Genetic and Epigenetic Pathways in Child and Adolescent Mental Health

OP-25-001

Polygenic scores in a prospective pediatric cohort starting ADHD medication

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Topic: Genetics and Epigenetics

Objective: This study aimed at investigating polygenic scores in a clinically representative pediatric sample starting ADHD medication.

Methods: We genotyped (BeadChip GSAMD-24v3-0-EA_20034606_A1) 309 individuals with ADHD included in our previous study (ADAPT cohort) and 780 individuals from a Swedish reference population cohort. We analyzed the effect of polygenic scores (PGS) to examine the association between their genetic variants and the predisposition to ADHD, autism spectrum disorder (ASD), education attainment, intelligence (measured by IQ) and post-traumatic stress disorder (PTSD). Additionally, we build a mixed linear model (MLM) to study how each PGS affects to the reduction of the SNAP-IV (Swanson Nolan and Pelham teacher and parent rating scale) value between baseline and follow-up (time).

Results: As expected, the ADAPT cohort had higher PGS for ADHD in comparison to population cohorts ($p < 2e-16$); moreover, they had lower PGS for education attainment ($p = 5.2e-09$) and intelligence ($p = 1.4e-08$). For the medication effect on ADHD symptom reduction measured by SNAP-IV, we identified a nominal significance effect for PGS for education attainment ($p = 0.0453$, Beta = 0.0946), indicating that higher PGS for education attainment was associated with less SNAP-IV reduction at three months. The effect was stronger in adolescents (> 12 years old, $N = 121$, $p = 0.0318$, Beta = 0.1630).

Discussion: This is to our knowledge the first study of PGS and symptom reduction in a larger clinically representative sample. Our cohort exhibited PGS in line with previous ADHD cohorts. The result that higher PGS for education attainment were associated with smaller symptom reduction needs to be further investigated. Before replication, this finding needs to be interpreted with caution.

Childhood Metabolic and Psychosocial Factors Mediating Genetic Predispositions to Disordered Eating

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Topic: Genetics and Epigenetics

Objective: Disordered eating behaviors (DEB) in childhood are significant predictors of future eating disorders (ED). While childhood DEB are heritable and influenced by co-occurring psychosocial traits, the genomic precursors of these early behaviors remain poorly understood. This study investigates whether polygenic scores (PGS) for anorexia nervosa (AN) and binge eating (BE) derived from adult samples predict relevant childhood phenotypes and examines whether

Methods: This study used data from the Adolescent Brain Cognitive Development (ABCD) cohort, a population-representative cohort in the United States which recruited children around age 9 years with annual follow up. DEB were assessed annually from baseline using the KSADS-ED module. Potential mediators included in the analyses are child's BMI, anxiety and depression, ADHD and social/peer problems assessed with the Child Behavior Checklist (CBCL). PGS are generated using PRS-CS accounting for the admixed population structure of the ABCD cohort. Analyses focused on 5,618 participants of genetically inferred European (EUR) ancestry, using multilevel regression and causal mediation analysis to decompose pathways.

Results: Among 5,618 EUR participants (47% female), AN-PGS predicted AN symptoms in both males (beta = 0.026, 95% CI: 0.012, 0.042) and females (beta= 0.043, 95% CI: 0.026, 0.061). BE-PGS showed transdiagnostic effects, predicting AN symptoms (beta-M = 0.045, 95% CI: 0.030, 0.061; beta-F = 0.081, 95% CI: 0.064, 0.098) and BE symptoms (beta-M = 0.034, 95% CI: 0.019, 0.050; beta-F= 0.063, 95% CI: 0.046, 0.080). BMI mediated genetic risks across sexes; however, in females, a negative mediation effect was observed: higher AN-PGS predicted lower BMI, which in turn were associated with fewer early AN symptoms (ACME=0.032, 95% CI: -0.058, -0.006). In addition, ADHD and internalizing symptoms emerged as significant mediators for both AN and BE liability, particularly in females.

Discussion: Our findings suggest that genetic risk factors for EDs are expressed as disordered eating tendencies as early as age 9, supporting a model of developmental continuity for EDs. While AN-PGS specifically predicted childhood AN symptoms, BE-PGS appears to be a broader indicator of early ED liability. Notably, our results highlight distinct sex-specific pathways in the manifestation of these risks. The negative mediation via BMI in females suggests that in early childhood, the metabolic components of AN-PGS (driving lower body mass) may temporarily buffer against weight-related triggers of disordered eating. Furthermore, the identification of ADHD and internalizing symptoms as mediators

highlights actionable psychological and physiological intervention points. These results underscore the potential of integrating PGS with developmental traits to identify high-risk individuals and design tailored, multifaceted interventions during critical developmental windows.

OP-25-003

Intergenerational continuity of depressive symptoms: Genetic and environmental pathways

Submitter: Marie Navarro, France

Topic: Genetics and Epigenetics

Objective: Depression runs in families, with both genetic and environmental mechanisms contributing to intergenerational continuity, though these mechanisms have often been studied separately. This study examined the interplay between genetic and environmental influences in the intergenerational continuity of depressive symptoms from parents to offspring.

Methods: Using data from the Dutch TRAILS cohort (n = 2201), a prospective, genetically-informed, multiple-generation study, we examined the association between parents' self-reported depressive symptoms (reported at mean age of 41 years) and offspring depressive symptoms, self-reported nearly two decades later, in adulthood (mean age: 29 years). We assessed the role of genetic (polygenic scores for depressive symptoms in parents and offspring) and environmental mechanisms (parental warmth during adolescence) in explaining intergenerational continuity of depressive symptoms in separate and combined models.

Results: Parents' depressive symptoms, offspring genetic predisposition, and parental warmth were associated with an increased risk of depressive symptoms in offspring. In the combined model, parents' genetic predisposition was linked to their own depressive symptoms, which were linked to lower parental warmth, which, in turn, was linked to higher depressive symptoms in offspring, after accounting for offspring genetic predisposition, sex, age, and socioeconomic status.

Discussion: Both genetic and environmental mechanisms contribute to the intergenerational continuity of depressive symptoms independently and in interplay. Despite a significant effect, the influence of parental warmth was modest, suggesting limited covariation between this particular parenting measure and depressive symptoms, at least not when assessed with large temporal distance.

Developmental Pathways from Pleiotropic Genes to Diverse Psychopathological Symptoms: The Role of Parental Control

Submitter: Xiaofan Ding, People's Republic of China

Co-Authors: X. Ding, Z. Wang, Y. Cao, J. Cui, L. Ji, W. Zhang

Topic: Genetics and Epigenetics

Objective: Recent evidence suggests substantial genetic overlap between internalizing and externalizing problems, though they differ in symptoms, age of onset, and development trajectories. This phenomenon, where the same genetic variants influence a broad spectrum of psychopathology spanning both internalizing and externalizing disorders (i.e., pleiotropy), raises important questions about the mechanisms through which such shared genetic liability gives rise to diverse phenotypic outcomes. According to the generalist genes and specialist environments hypothesis, environmental influences are thought to channel individuals toward one form of psychopathology rather than another. Parental behavioral and psychological control may serve as specialist environmental factors for externalizing and internalizing problems, respectively, given their distinct effects on different psychopathological symptoms. Therefore, we employed a multivariate genetic model to examine pleiotropic effects on adolescent internalizing and externalizing problems and to explore whether specific forms of parental control interact with pleiotropic genes to shape distinct psychopathological outcomes.

Methods: Participants included 1082 Chinese adolescents ($M_{\text{age}} = 14.32 \pm 0.48$, 50.3% female). Data on self-reported parental control (psychological control and behavioral control) and mother-reported internalizing and externalizing problems were collected. DNA was extracted from saliva and five genes (rs53576, rs4680, rs6265, rs6311 and rs1799971) were genotyped for calculating multilocus genetic profile score (MGPS). All of the measures exhibited good reliability. To examine the evidence for pleiotropy on adolescent internalizing and externalizing problems and whether parental control moderates the effects of pleiotropic gene on adolescent phenotypes, structural equation modelling was conducted. Furthermore, Mendelian randomization analysis was conducted to verify the robustness of pleiotropy.

Results: The MGPS demonstrated a pleiotropic effect, with higher scores predicting elevated levels of both internalizing and externalizing problems. Notably, parental psychological control moderated the association between pleiotropic genes and internalizing problems. Specifically, among adolescents exposed to low levels of parental psychological control, those with higher MGPS showed an increased risk for internalizing problems compared to their counterparts with lower MGPS. However, no such interaction was observed for parental behavioral control.

Discussion: These findings provide evidence for the generalist genes and specialist

environments hypothesis and further suggest that different forms of parental control can differentiate developmental trajectories of pleiotropic genes. This study advances our understanding of the mechanisms through which the same genetic factors give rise to multiple phenotypes and offers insights for targeted prevention and intervention strategies in adolescence.

FKBP5 Methylation Signatures of Childhood Maltreatment Linked to Young Adult Psychopathological Symptoms: The Moderating Role of FKBP5 Genotype

Submitter: Zhan-Qiang Wang, People's Republic of China

Co-Authors: Z. Wang, Y. Cao, X. Ding, X. Yue, W. Zhang

Topic: Genetics and Epigenetics

Objective: Childhood maltreatment is a major global public health problem that confers risk for a wide range of psychopathological disorders later in life. However, gaps remain in our understanding of how such experiences "get under the skin." Increasing evidence suggests that biological embedding, often via epigenetic processes, may serve as a key mechanism. Given genetic differences in the extent to which individuals are responsive to stress, the methylation patterns triggered by adverse experiences may vary as a function of individual differences in susceptibility. Therefore, this study examined the mediating role of FKBP5 DNA methylation in the association between maltreatment and psychopathological symptoms and the moderating role of FKBP5 genetic variation.

Methods: A total of 591 Chinese young adults (Mage = 19.47 ± 0.69 years; 50.3% female) were recruited from Shandong, China and followed up for six months. A range of psychopathological symptoms, including anxiety, depression, and aggression, were assessed at both time points using self-report questionnaires. Childhood maltreatment was assessed retrospectively. Genomic DNA was isolated from buccal swab samples and used for genotyping and DNA methylation analyses. Moderated mediation models were employed to examine whether maltreatment increases risk for psychopathological symptoms via DNA methylation in the FKBP5 promoter region, as well as the moderating role of a common polymorphism of the FKBP5 polymorphism (rs1360780).

Results: Childhood maltreatment increased the risk for anxiety, depression, and aggression indirectly through alterations in DNA methylation within the FKBP5 promoter region. Further, DNA methylation patterns and mediations may be allele specific. Among adolescents carrying at least one T allele, maltreatment was associated with higher methylation levels, which in turn increased the risk for psychopathological symptoms. In contrast, these mediation effects were not observed among CC homozygotes.

Discussion: These findings highlight that epigenetic processes are essential for understanding how FKBP5 genetic variation interacts with childhood adversity to increase risk for psychiatric disorders across the lifespan. The results also have important implications for the development of epigenetic biomarkers and targeted interventions for youth at elevated risk for psychopathology.

Transgenerational Effects of Early Life Stress on the Oxytocin System: Implications for Neuropsychiatric and Cardiovascular Pathophysiology

Submitter: Ilaria Rocchi, Italy

Co-Authors: I. Rocchi, S. Maccari, F. Nicoletti, J. Bock

Topic: Genetics and Epigenetics

Objective: Early Life Stress (ELS) significantly impacts brain and body development, increasing the risk of mental and physical disorders throughout life. Extensive research links adverse childhood experiences (ACE) to higher rates of psychiatric conditions like depression and chronic somatic diseases such as cardiovascular disease (CVD). However, the biological mechanisms underlying these associations remain largely unexplored. Among the systems affected by ELS, oxytocin (OT), synthesized by the hypothalamus, plays a crucial role in the CNS, promoting neurogenesis, synaptic plasticity in the hippocampus, and in the heart, supporting cardiac pressure homeostasis with an anti-fibrotic and anti-hypertrophic effect. Previous studies, separately showed that ACE leads to atrophy of the hippocampus associated with depression in adulthood and increases the risk of myocardial infarction. Given OT system's role in brain-body homeostasis, this preclinical study hypothesizes that ELS may disrupt OT signaling, inducing epigenetic modifications that increase vulnerability to neuropsychiatric and cardiovascular comorbidities.

Methods: Using a maternal separation (MS) and social isolation (SI) mouse model, F0 female mice were subjected to ELS, while subsequent generations (F1-F3) were raised under standard rearing conditions and bred with unstressed, age-matched peers to assess potential transgenerational inheritance of ELS effects. To evaluate these effects, we employed quantitative reverse transcription RT-qPCR to measure mRNA levels of OT in the hypothalamus, as well as oxytocin receptor (OTR) mRNA expression in hippocampal tissue and cardiac atrial and ventricular tissues across the F0 to F3 generations in both ELS and control groups. To investigate whether alterations in OTR expression in cardiac tissue could influence pathways involved in cardiac pathophysiology, we quantified mRNA expression levels of genes associated with cardiac fibrosis, hypertrophy, and remodeling, including atrial natriuretic peptide (ANP), brain natriuretic peptide (BNP), adrenergic receptor beta-1 (ADRB1), myosin heavy chain 6 (MYH6), and angiotensin II receptor type 1A (AGTR1A).

Results: In F0, ELS decreased hypothalamic OT mRNA ($p=0.009$) and increased hippocampal OTR mRNA ($p=0.0022$), along with elevated OTR mRNA ($p=0.008$) in the cardiac atria and upregulation of ANP mRNA ($p=0.02$) in the right ventricle. No significant changes were observed in F1 and F2. In F3, ELS induced an increase in hippocampal OTR mRNA ($p=0.0058$), while cardiac OTR mRNA ($p=0.0052$) expression in the atria significantly decreased, with hypothalamic OT levels remaining unchanged. In F3, OTR changes occurred without increased ANP.

Discussion: This study demonstrates that ELS exerts transgenerational effects on the OT system, disrupting OT signaling in key stress-responsive regions such as the hippocampus

and hypothalamus, areas which have been implicated in the pathophysiology of neuropsychiatric conditions. Additionally, ELS induces upregulation of ANP in the ventricle, a marker of cardiac insufficiency. To our knowledge, this is the first preclinical evidence elucidating biological mechanisms linking ELS to increased lifelong risks of neuropsychiatric and cardiovascular disorders. These findings emphasize the critical role of molecular pathways, including OT signaling, in mediating these associations. Understanding these mechanisms is vital for advancing insights into the pathophysiology of comorbid conditions and profoundly comprehend how exposure to early life adversities increase the risk of developing a biologically vulnerable phenotype. Ultimately, the results further underscore the urgent need for early preventive interventions targeting ACEs to mitigate the development of long-term mental and physical health disorders throughout life.

OP-25-007

Academic Performance among Children with Sickle Cell Disease in Low- and Middle-Income Countries: A Systematic Review

Submitter: Shubaya Naggayi, Uganda

Co-Authors: S. Naggayi, P. Bangirana, S. Ouma, M. Nyakato, N. Green, A. Kinengyere, R. Idro, D. Akena

Topic: Genetics and Epigenetics

Objective: Children with sickle cell disease (SCD) in low- and middle-income countries (LMICs) face significant disease-related challenges and socioeconomic disparities that may negatively impact their academic performance. This systematic review aimed to synthesize existing evidence on academic outcomes, specifically academic achievement and grade attainment, among children with SCD in LMICs.

Methods: We conducted a comprehensive search in PubMed, PsycINFO, ERIC, and SCOPUS (January 1980- June 2025) using terms related to SCD and academic performance. We included cross-sectional studies and one prospective study that involved children under 18 years in LMICs with SCD. Eligible studies reported academic performance outcomes across two measures: academic achievement and grade attainment. Comparator groups consisted of children without SCD. We excluded studies outside LMICs and those published in languages other than English. Study quality and risk of bias were assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Analytical Cross-Sectional Studies and Newcastle-Ottawa Scale (NOS). The review was reported following the PRISMA 2020 guidelines. Due to heterogeneity of assessment measures, a meta-analysis could not be performed; instead, results were synthesized narratively.

Results: Overall, 165 studies were screened and 11 met the inclusion criteria with a total of 1,630 participants. Of the 11 studies, 7 studies found poorer academic performance outcomes among children with SCD compared to healthy peers, siblings, relatives, or neighborhood controls. Academic performance among children with SCD was poorer across both academic achievement and grade attainment. Compared to controls, children with SCD had significantly lower academic achievement in mathematics and language-based subjects and poorer grade attainment, characterized by higher rates of grade repetition and school absenteeism. Key predictors of poor academic performance in children with SCD included age, disease severity, educational level, and intellectual ability.

Discussion: Children with SCD in LMICs have poorer academic performance, especially in mathematics and language-based subjects, compared to healthy children, and this is mainly associated with age. Early targeted interventions integrating health management and educational support are needed to improve outcomes for affected children.

OP-26

From Eating Disorders to Reproductive Health: Real-World Clinical Challenges

Therapeutic Meals in Multi-Family Therapy for Adolescents with Anorexia Nervosa: A Qualitative Pilot Study of Lived Experience

Submitter: Noël Pommepuy, France

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Multi-Family Therapy (MFT-AN) is an evidence-based systemic approach for adolescent anorexia nervosa (AN), gathering six to 10 families in the same therapeutic setting, with experiential and reflective activities addressing families' issues (Eisler et al., 2016; Gelin et al., 2015) . However, the inclusion of therapeutic meals within MFT-AN programmes remains debated and lacks empirical support (Cook-Darzens, 2023; Asen et al., 2024). Although numerous qualitative studies describe participants' experiences in MFT-AN, to date, no qualitative or quantitative study has explored the lived experience of therapeutic meals during MFT-AN. This pilot study aimed to investigate these experiences from the perspectives of adolescents, parents, and clinicians who participated in an MFT-AN programme in an outpatient eating disorders unit.

Methods: The MFT-AN involved six families in a 6-whole days programme. The average age of patients was 15.8 years, with a median %BMI of 75.1 at admission, and they had been receiving care for 6.8 months prior to the programme. Four naturalistic focus groups (Adolescents : n=3; Parents : n=9; Clinicians : n=5) were led by independent researchers who were blind to the programme. Data were collected through semi-structured interviews and analyzed using the Inductive Process to analyze the Structure of lived Experience (IPSE) method, a qualitative approach grounded in phenomenology and clinical applicability. Triangulation and reflexivity ensured rigor.

Results: Two experiential axes emerged: (1) Group experience: Participants balanced between intimate feelings and group belonging, with the gaze acting as a regulator - sometimes intrusive, sometimes supportive -, enabling comparison and reflection. Adolescents gradually shifted from parental reliance to peer affiliation, while parents found solidarity and shared strategies within the group. (2) Breaking the routine: Therapeutic meals triggered intense anxiety and confusion for all participants, including clinicians, but also created opportunities for change. The « adoptive family meal » was unanimously described as the most transformative, reducing negotiation and fostering flexibility. Anxiety also paradoxically strengthened cohesion and facilitated adaptive behaviors.

Discussion: Therapeutic meals appear to enhance systemic processes central to MFT-AN, despite generating high emotional tension. When adequately supported, this tension fosters adaptive shifts in family functioning and adolescent autonomy, especially during « adoptive family meal ». Findings support integrating therapeutic meals into MFT-AN

protocols, alongside interventions targeting anxiety regulation (e.g., RDBT) and post-meal support groups. Training clinicians to balance structure and flexibility is essential. This pilot results will be supplemented by further data from new naturalistic focus groups currently being recruited.

OP-26-002

Where is everyone? A qualitative study on experiences and needs after discharge from inpatient eating disorder treatment during adolescence

Submitter: Ursula Völker, Germany

Co-Authors: U. Völker, A. Göbel

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Eating disorders (EDs) in adolescence are associated with rising prevalence, increasing hospitalization rates, and high relapse risk following inpatient treatment. The post-discharge period represents a particularly vulnerable phase. Limited availability of outpatient services often leads to a gap in continuity of care. ED-specific post-discharge interventions for adolescents remain scarce, and little is known about adolescents' experiences and needs during this critical transition. This study aimed to explore experiences within the health care system, facilitators and barriers in receiving care, and perspectives on recovery among individuals with lived experience of inpatient treatment for anorexia nervosa (AN) or bulimia nervosa (BN) during adolescence.

Methods: A qualitative interview study was conducted to explore post-discharge experiences following inpatient treatment for AN or BN during adolescence. Participants aged 18 years or older with lived experience of adolescent inpatient ED treatment were recruited via specialized eating-disorder services and psychosocial networks. Seventeen participants with a ICD-10 based diagnosis in adolescence for AN (n=14) and BN (n=3) were interviewed between December 2024 and July 2025. All were fluent in German and used female pronouns. Interviews were conducted in person or online using a problem-centered interview guide, audio-recorded, transcribed verbatim, and anonymized. Data were analyzed using qualitative content analysis with a thematic structuring approach, integrating deductive categories derived from clinical expertise and literature with inductively emerging themes. Recruitment followed the principle of thematic saturation. Ethical approval was obtained from the local ethics committee.

Results: Theme 1 "Experiencing the post-discharge transition" captured an ambivalent adjustment, including relief and increased autonomy, disorientation and distress. Theme 2 "Ambivalent experience of the family environment" comprised supportive to counterproductive or harmful family interactions. Theme 3 "Re-entering or transforming the social environment" comprised disrupted peer relationships. Theme 4 "ED symptoms in challenging times of adjustment" described the role of ED symptoms in coping with distress and loss of structure. Theme 5 "Recalled need for respectful guidance" emphasized barriers in care continuity and helpful, but often frustrating experiences with professionals. Theme 6 "Wishing for a personal connection and continuity in care" emphasized relational, guided, and individualized support, including peer, group-based, and creative interventions. Theme 7 "Wishing for understanding for what's underneath the

ED" and Theme 8 "Learning that physical recovery is not enough" reflected a shift toward recovery concepts beyond weight restoration to a person-centered perspective.

Discussion: Our findings underline the need for post-discharge care that ensures continuity, is established before discharge, and provides stable therapeutic relationships. Support should go beyond weight restoration and comprise individual aspects, including everyday structure, emotion regulation, identity development, social skills, and management of comorbid symptoms. Due to adolescents' ongoing dependence on their caregivers, family involvement and psychoeducation are crucial. Creative, body-oriented, and activity-based approaches were considered helpful for emotional expression and self-acceptance. Overall, post-discharge services should integrate a person-centered, developmentally sensitive recovery framework focusing on individual needs, and acknowledge ambivalence about full recovery. Participants emphasized the wish for personal, empathic contact and moderated peer exchange. Post-discharge group settings could be one format to deliver such care.

OP-26-003

Portion-O-Mat: Online Assessment of Adolescents' Portion Size Estimation and Its Relationship with Eating Disorder Symptoms

Submitter: Marina Buzo, Germany

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Previous research has shown that people with eating disorders are less accurate at estimating portion sizes than healthy people, with those with anorexia nervosa being particularly bad at estimating the portion sizes of high-calorie foods. The present study aims to examine the accuracy of portion size estimation in a broader adolescent population and to investigate whether estimation biases are associated with eating disorders characteristics. This includes adolescents without a clinical diagnosis, but who nevertheless report elevated eating disorder symptoms, as assessed by the self-reported Eating Disorder Examination Questionnaire.

Methods: This study uses a quantitative, cross-sectional, online design. Data will be collected from adolescents and young adults aged 14-21. A priori power analysis using G*Power (version 3.1.9.7) indicated a minimum required sample size of 107 participants. Participants will be asked to provide self-reported demographic and background information, and to complete a brief questionnaire including the EDE-Q8, which is a validated screening instrument for eating disorder symptoms. They will then complete a single timed task using the online version of the Portion-O-Mat, in which they adjust the portion sizes of virtual food elements to represent a 'typical' meal. They will also be asked to report whether they have ever received a mental health diagnosis. The study involves minimal risk and is conducted using anonymous online questionnaires. Participation is voluntary and participants may skip questions or withdraw at any time without consequence.

Results: It is expected that adolescents with elevated eating disorder symptoms will show systematic inaccuracies when estimating food portion sizes. These inaccuracies are likely to be more pronounced for high-calorie foods, which is consistent with patterns observed in clinical populations, such as those with anorexia nervosa. Overall, the study anticipates that there will be a relationship between eating disorder-related traits and biased portion size estimation, even in a non-clinical sample.

Discussion: The expected findings suggest that adolescents with eating disorder symptoms may systematically incorrectly estimate portion sizes, particularly for high-calorie foods. These biases may reflect early cognitive or perceptual tendencies linked to disordered eating, even in non-clinical populations. Recognising these patterns could help to identify early signs of disordered eating and improve the development of targeted

nutritional education and prevention programmes.

OP-26-006

The Missing Vital Sign: Reproductive Health Screening in Adolescent Girls and What It Reveals

Submitter: Kiri Von Klier, Australia

Co-Authors: K. von Klier

Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Reproductive health is rarely given structured attention in routine adolescent mental health assessments, despite profound interactions between the menstrual cycle, endocrine development, sexual health, and emotional functioning. Many adolescent females present with complex psychiatric symptoms-anxiety, depression, suicidality, irritability, dysphoria, behavioural dysregulation-that are closely interwoven with hormonal changes, undiagnosed gynaecological conditions, contraceptive effects, trauma histories, or reproductive autonomy challenges. Yet international audits and clinical experience suggest that reproductive health histories are inconsistently gathered, leading to misdiagnosis, delayed intervention, and preventable morbidity.

This presentation aims to demonstrate the importance of comprehensive reproductive health assessment in adolescent females and highlight how such histories illuminate diagnostic complexity, refine formulations, and improve treatment outcomes. Drawing on clinical practice in child and adolescent psychiatry and women's mental health, it articulates a practical framework for integrating reproductive health assessment into everyday psychiatric care.

Methods: A narrative clinical review will be presented, combining evidence from the literature with case-based reflections from multidisciplinary adolescent services. Themes include hormonal influences on mood regulation, impacts of severe dysmenorrhoea and PMDD, contraceptive side effects, early sexualisation and trauma, body image pressures, and sociocultural barriers that limit disclosure. The talk will also introduce a structured, developmentally sensitive reproductive health assessment tool designed for clinical settings.

Results: Clinical vignettes from practice illustrate that reproductive health histories often reveal: undiagnosed endocrine disorders, menstrual-linked mood dysregulation, sexual coercion or violence, unsafe contraceptive practices, and identity-related distress. Integrating these histories routinely changes the trajectory of care-prompting accurate formulation, collaborative management with gynaecology/general practice, and gender-sensitive treatment planning.

Discussion: Reproductive health is not an "optional extra": it is a cornerstone of adolescent mental health assessment. Embedding reproductive health history-taking improves diagnostic accuracy, enhances safety, reduces stigma, and empowers young

people to understand and advocate for their bodies.

OP-26-007

Importance of Understanding Menarche Timing and Psychosis: A Systematic Review

Submitter: Katherine Chemakin, United States of America

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Topic: Specific CAP Conditions / b. Functional Disorders (Feeding, Eating, Elimination, ect.)

Objective: Pubertal development is a critical neurodevelopmental window in which gonadal hormones may shape vulnerability to psychosis. The estrogen hypothesis proposes that estradiol supports hippocampal plasticity and dopaminergic regulation, potentially delaying onset or reducing severity of psychosis. However, earlier menarche may also represent rapid hormonal exposure during heightened neuroplasticity, which could destabilize neuronal signaling in susceptible individuals. Because individual studies have reported conflicting findings, and no prior synthesis has comprehensively evaluated the relationship between age at menarche and psychosis-related outcomes, we conducted a PRISMA-guided systematic review to clarify whether earlier versus later menarche is associated with risk, age at onset, or symptom severity, and to identify methodological features that may explain discordant results. We sought to highlight gaps that must be addressed to improve mechanistic understanding of estrogen's role in psychosis manifestation and to inform developmentally tailored risk stratification and treatment planning.

Methods: A PRISMA-guided systematic review was conducted across PubMed, PsycInfo, Cochrane, and Google Scholar from database inception through September 2025. Search results were screened for studies examining age at menarche in relation to psychosis, first-episode psychosis, schizophrenia-spectrum disorders, or psychotic-like experiences. Records identified were PubMed (n=164), PsycInfo (n=668), Cochrane (n=14), and Google Scholar (first 10 pages; n=100), totaling 946. After removal of 157 duplicates, records underwent staged screening: 511 abstracts were screened, followed by 47 full-text reviews. Eleven studies met inclusion criteria. Data extracted included design, sample characteristics, menarche definition/categorization, hormonal measures (when available), psychosis outcomes, and analytic approach.

Results: Eleven studies were included. Four studies supported a neuroprotective model, reporting that earlier menarche was associated with delayed onset and/or reduced risk or severity of psychosis-related outcomes. In contrast, seven studies found earlier menarche associated with earlier onset and/or greater severity of psychotic symptoms or psychotic-like experiences. Three case reports suggested the most adverse outcomes occurred in the context of markedly early/abnormal menarche, raising the possibility that extreme timing may behave differently from normative variation. Across studies, definitions of "early menarche" varied widely (e.g., absolute age cutoffs vs sample-derived percentiles), and psychosis outcomes ranged from clinical diagnoses to symptom scales, limiting

comparability. Heterogeneity was high ($I^2=94.6\%$, $p<0.001$), precluding a robust pooled meta-analysis.

Discussion: Findings on menarcheal timing and psychosis are inconsistent, highlighting major gaps driven by variability in study design, hormonal measures, and definitions of pubertal timing and psychosis outcomes. Conflicting results reflect a bimodal (U-shaped) relationship in which estradiol is neuroprotective within an optimal developmental window but increases vulnerability when exposure is unusually early, rapid, or occurs in the context of genetic risk. Estrogen may buffer dopamine dysregulation and support hippocampal circuitry, while abrupt pubertal endocrine shifts could heighten stress reactivity, inflammation, or maladaptive synaptic pruning in susceptible adolescents. Evidence is limited by retrospective recall, heterogeneous psychosis phenotypes, and minimal integration of hormonal assays or neuroimaging markers. Future research should standardize pubertal timing definitions (e.g., consensus cutoffs or percentile-based categories), incorporate repeated estradiol/progesterone measures, and use cohesive longitudinal designs aligned to first symptom onset. Clarifying these pathways may improve risk stratification and developmentally informed prevention and treatment planning.

OP-27

Strengthening Youth Mental Health in Resource-Limited Settings

OP-27-002

Child and youth mental health community consultations in settings with limited specialist resources using Adaptive Mentalization Based Integrative Treatment (AMBIT) - results from a pilot project from regional Australia

Submitter: Tejas Golhar, Australia

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Child and youth mental health (CYMH) specialists are a limited resource worldwide placing more burden on primary care professionals (PCPs). Herein, rural public specialist CYMH services end up being "Cinderella" in a well-intentioned health system in Australia leading to experiences of anxiety, isolation and mistrust amongst PCPs who are closer to the young people but not trained to manage CYMH complexities. A pilot project called Specialist Outreach Consultation Service (SOCS) was executed in a rural Australian public CYMH service (Oct2023-Mar2025) to provide community consultations to such PCPs from various disciplines that routinely engage and work with young people. It utilized principles from Adaptive Mentalization Based Integrative Treatment (AMBIT) - an innovative, evidence-informed approach grounded in mentalizing theory (designed to facilitate mentalizing and prioritize epistemic trust in the whole system around young people) aimed at improving the reach of CYMH specialists and strengthen network connections in the region.

Methods: An experienced child and youth psychiatrist consistently employed "Thinking Together" tool from AMBIT to provide community consultations to PCPs from diverse disciplines in the region, to help them continue to support young people's mental health within their scope of practice. Consult bookings were accorded the same priority as the consultant's routine clinical appointments. A sequential mixed-methods study was used to evaluate this project, utilizing pre/post-test repeated measure surveys, and subsequent interviews with medical PCPs and non-medical PCPs that accessed SOCS. PCPs registering for SOCS from October 2023 were invited to complete an initial survey ("T1") on pre-consultation competence, confidence and access to mental health specialist expertise. A follow-up survey ("T2") was administered six months post-consultation to examine changes. Interviews were conducted with PCPs to explore their experiences of SOCS which were recorded, transcribed verbatim, and analyzed using reflexive thematic analysis

Results: A total of 149 professionals completed T1 including social workers (26%), youth workers (15%), mental health clinicians (13%), medical professionals (12%), and education professionals (9%). Amongst the medical professionals who had accessed SOCS only three were general medical practitioners (GPs), rest were pediatricians. While 95% of all respondents to T1 reported incorporating mental health professionals in youth care was

vital, only one-third reported easy access to youth mental health experts, and a quarter were satisfied with their contact frequency. T2 data showed significant improvement in mental health support access, with respondents reporting high satisfaction and increased confidence in managing CYMH. The majority of medical PCPs interviewed (11 out of 12) reported usually facing difficulty in accessing CYMH colleagues for consultation but indicated that SOCS helped bridge the gap between primary care and specialist CYMH services. Results from interviews with non-medical PCPs (currently underway) shall also be presented.

Discussion: By helping PCPs from various disciplines connect with a CYMH specialist in a thoughtful way that prioritizes mentalizing and epistemic trust during the consultation, SOCS tried to ensure availability of CYMH specialist advice "early" and "closer to home" to young people and their families. PCPs' positive response to SOCS is encouraging, though additional research is required to identify what the main barriers are for GPs to access SOCS given their importance, but limited engagement seen with SOCS. Moreover, by utilizing AMBIT, a model like SOCS hopes to make community consultations efficient, time-valuing as well as an empowering experience for PCPs, while encouraging CYMH specialists to be more available for community consultations with PCPs from any professional background. Whether it can ultimately achieve this and bring a meaningful improvement in CYMH in resource-limited setting requires further, longitudinal evaluation; however, initial results from this pilot project are promising.

OP-27-006

Social support and mental health among adolescents in Kenya, Indonesia, and Vietnam: A latent class analysis using the National Adolescent Mental Health Surveys

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: The presence of social support can positively influence adolescent mental health. However, there is a dearth of country-level evidence for the association between social support and adolescent disorders. Further, existing studies vary greatly in how they account for the interrelated sources of social support. This research identified patterns of social support reported by adolescents and their association with mental disorders, suicidal ideation, and self-harm in Kenya, Indonesia, and Vietnam.

Methods: This study utilised data from the National Adolescent Mental Health Surveys (NAMHS), nationally representative surveys of adolescents aged 10-17 years and their primary caregiver in Kenya, Indonesia, and Vietnam. Patterns of social support among adolescents in each country were assessed using a latent class analysis. The association between the identified social support classes and any mental disorder, suicidal ideation, and self-harm in the past 12 months was assessed using the Bolck-Croon-Hagenaars method, adjusted for demographic characteristics and primary caregiver mental health.

Results: Three latent social support classes were identified: Caregiver-focussed support, Other support, and Limited support. In all three countries, most adolescents belonged to the Caregiver-focussed support class, although these proportions differed significantly by country (Vietnam: 81.6%; Kenya: 65.3%; Indonesia: 54.0%). Adolescents in this class had significantly lower odds of any mental disorder (Kenya: aOR 0.31; Indonesia: aOR 0.23; Vietnam: aOR 0.39), suicidal behaviours (Kenya: aOR 0.14; Indonesia: aOR 0.17; Vietnam: aOR 0.42) and self-harm (Kenya: aOR 0.07; Indonesia: aOR 0.23; Vietnam: aOR 0.16) in the past 12 months as compared to the Limited support class. Adolescents belonging to the Other support class also demonstrated lower odds of these outcomes than those in the Limited support class.

Discussion: The association between social support and mental disorders, suicidal ideation, and self-harm was evident in all three countries. This is an important finding for policymakers and relevant stakeholders looking to promote adolescent mental health, particularly through strategies focussed on strengthening social support beyond the mechanisms of existing health systems. Strategies to upskill individuals in an adolescent's support network to recognise signs of and respond to poor mental health may further

reduce the risk of mental disorders.

OP-28

Personalized and Transdiagnostic
Interventions in Child and Adolescent Mental
Health

OP-28-001

Clinical, pharmacogenetic, and neuroimaging correlations and the implementation of personalized therapies in psychotic disorders in children and adolescents

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: This study aims to investigate the clinical-biological correlations, pharmacogenetic profiles, and neuroimaging characteristics of children and adolescents with psychotic disorders, while implementing personalized antipsychotic treatments tailored to each patient's individual profile. Additionally, the study will monitor the clinical progress of patients receiving pharmacogenetically guided therapy and compare their outcomes with those of patients treated without prior genetic testing. The main scientific objective is to evaluate the relevance of identifying the CYP2D6 phenotype of cytochrome P450 in determining the effectiveness of antipsychotic treatment and assessing patient outcomes over time.

Methods: A prospective, non-interventional, observational study was conducted, evaluating 63 children and adolescents diagnosed with psychotic disorders according to DSM-5 criteria, under the care of the "Louis Turcanu" Emergency Clinical Hospital for Children, Pediatric Psychiatry Department. Of the 63 patients included in the study, 32 were not pharmacogenetically tested and 31 underwent pharmacogenetic testing. Patients who underwent genotyping for CYP2D6 allele variants were classified as 19 extensive (normal) metabolizers (wt) and 12 intermediate metabolizers (*4/wt). Clinical evaluation of symptoms, treatment progress, and adverse reactions included the application of the PANSS, CGI-I, CGI-S, C-SSRS, CDSS, GAF, UKU, SAS, AIMS, and BARS scales at baseline and at 3-, 6-, 12-, and 18-month intervals after initiation of atypical antipsychotic treatment. Neuroimaging investigations, including structural MRI, EEG, and neurological evaluation, were performed to identify possible correlations between genotype and neurological changes.

Results: Patients with extensive metabolism (EM) demonstrated superior clinical improvement compared to intermediate metabolizers (IM), as shown by decreased PANSS and CGI-S scores and increased GAF scores. The EM group also experienced fewer adverse reactions and a faster therapeutic response. In contrast, IM patients more frequently exhibited structural abnormalities on MRI, suggesting possible neurobiological differences influencing treatment efficacy. Clinical progression was significantly more favorable in the pharmacogenetically tested cohort than in the untested group. Statistical analyses revealed strong correlations between CYP2D6 genotype, neuroimaging findings, and clinical outcomes ($p < 0.001$). These results emphasize the critical role of CYP2D6 enzymatic activity in antipsychotic metabolism and the potential of pharmacogenetic

profiling to guide personalized treatment. Integrating genetic testing with neuroimaging enhances predictive accuracy for therapeutic response, supporting a precision-medicine approach that can optimize outcomes and minimize side effects in pediatric psychotic disorders.

Discussion: The results highlight the importance of personalized treatment strategies in managing psychotic disorders in pediatric populations. Integrating pharmacogenetic testing and biomarkers has proven to be an effective approach for increasing the precision and efficacy of antipsychotic therapy. The significant improvement in GAF scores indicates overall enhancement of patient functioning, with the best outcomes observed in the extensive metabolizer group. This finding confirms that the pharmacogenetic profile can guide treatment selection and adjustment, optimizing therapeutic response. The consistent decrease in CGI-S scores across all genotype groups suggests a clear reduction in psychotic symptom severity. The pronounced improvement in the EM group underscores the influence of genetic factors on treatment efficacy and confirms the clinical value of pharmacogenetic testing. The correlations identified between PANSS, CGI-S, CGI-I, GAF scores highlight the close relationship between symptom severity and overall functional level, supporting the importance of multidimensional assessment in monitoring clinical evolution.

OP-28-002

Prospective acceptability of Non-Invasive Brain Stimulation (NIBS) treatment among children and young people and parents of children and young people with lived experience of mental health conditions

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Non-invasive brain stimulation (NIBS) techniques, such as transcranial magnetic stimulation (TMS) and transcranial electrical stimulation (TES), are increasingly used to treat mental health conditions. However, their prospective acceptability among children and young people (CYP) and parents of CYP with lived experience of mental health conditions remains poorly understood. Existing studies often rely on reported side effects and dropout rates as indirect measures of acceptability. Our aim is to understand the prospective acceptability and perceived barriers among CYP and parents of CYP with lived experience of mental health conditions. This is to anticipate and address concerns early, predict uptake and adherence, and ensure the equitable, safe, and developmentally appropriate implementation of NIBS within Child and Adolescent Mental Health Services (CAMHS).

Methods: This project examines the prospective acceptability and perceived barriers to NIBS using findings from a nationwide mixed-methods survey conducted in the United Kingdom (N=486) and follow-up focus groups (N=24). 12 CYP and 12 parents were recruited from survey respondents who consented to further involvement. Focus groups explored perceived benefits, risks, and barriers to uptake in greater depth, as well as practical enablers to improve awareness, accessibility, and engagement. Discussions were analysed using reflexive thematic analysis and, where possible, mapped onto the Theoretical Framework of Acceptability.

Results: Survey findings showed that most participants lacked prior awareness of NIBS but expressed interest in TMS (70%) and TES (62%). The majority perceived NIBS as safe (75%) and potentially effective (>90%), and over 70% indicated willingness to start and complete treatment. Reported concerns included long-term safety, effectiveness, ethical considerations, time commitment, and accessibility to NIBS treatment.

Discussion: These findings provided nuanced insights into how CYP and parents perceive NIBS treatments and the factors influencing their prospective acceptability. Integrating the voices of CYP and parents is essential to ensure NIBS is introduced in CAMHS safely and equitably, inform future service design, develop youth-friendly information resources, and support the planning of future clinical trials.

OP-28-003

Securing Attachment and Fostering Emotions - Transdiagnostic Intervention (SAFE TI): Development and Content Validation of a Parent-Integrated Module for Indian Adolescents with Anxiety and Depression

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Adolescence is a period of biological, social, and emotional transformation and represents a critical window for shaping long-term adjustment. Internalizing disorders are more prevalent than externalizing disorders among Indian children and adolescents (Viswanathan et al., 2023). Parenting plays a central role in adolescents' socio-emotional development and is a well-established predictive and maintaining factor in adolescent psychopathology, while also being modifiable. In India and other Eastern contexts, parental emotion socialization goals and regulatory strategies differ from those commonly reflected in Western interventions. Given that most existing interventions are Western-derived, there is a need for culturally informed, parent-integrated frameworks guided by stakeholder perspectives. The objective of this study was to develop and validate a culturally grounded, parent-integrated modular intervention (SAFE-TI) for adolescents aged 12-17 with internalizing disorders, informed by expert and stakeholder input and an in-depth review of culturally relevant literature.

Methods: A multi-phase qualitative design was employed:

Needs Assessment: A semi-structured interview schedule was developed and expert-validated to explore adolescent challenges, therapeutic barriers, and the role of parental participation. An in-depth review of literature was carried out to understand relevant areas of intervention along with culture specific aspects that are to be considered while developing such an intervention.

Data Collection: Interviews were administered to six experts with a minimum 5 years of experience in Child and Adolescent Mental Health and three parent-adolescent dyads/triads where the adolescent is diagnosed of anxiety/depression and underwent a minimum of 10 psychotherapy sessions in the past.

Intervention Development: Transcripts were analyzed via thematic analysis to generate themes. These findings, combined with literature, informed a modular intervention with culturally tailored session materials and a therapy guide.

Results: Expert interviews highlighted the inevitability of parent involvement in India and prioritized parental co-regulation, modelling, and developmental adaptation of parenting skills as key targets for intervention. Guided by stakeholder interviews and a review of the literature, targets were finalized for a modular intervention. The parent modules aim to modify emotion socialization practices by addressing culture-specific patterns such as

positive affect dampening and explanation-oriented responses, with the goal of reducing maladaptive behaviors like scolding and withdrawal while enhancing parental self-regulation, communication, and conflict resolution. The adolescent modules focus on strengthening self-regulatory and cognitive capacities undergoing developmental reorganization, including emotion regulation, adaptive thinking, and social engagement. These modules aim to reduce maladaptive emotional and cognitive patterns, support flexible decision-making, and promote self-acceptance, validation, and balanced autonomy within family and social relations

Discussion: This study highlights the importance of culturally grounded, parent-integrated approaches to adolescent mental health in the Indian context. Findings emphasized the central role of parents in adolescent emotional development, supporting the inclusion of parental co-regulation, modelling, and developmentally adaptive parenting practices within interventions. Culture-specific emotion socialization patterns, such as positive affect dampening, scolding, and withdrawal, emerged as relevant targets, underscoring the need to shift toward more supportive communication and conflict resolution strategies. The adolescent modules were informed by developmental changes in emotion regulation, cognition, and social functioning that contribute to vulnerability for internalizing disorders. By targeting self-regulation, adaptive thinking, social engagement, and validation, the intervention addresses key developmental and relational mechanisms linked to adolescent emotional distress. Overall, the findings support the development of culturally responsive, family-integrated interventions to address internalizing disorders during adolescence.

OP-28-004

Implementation of Mindfulness-Based Stress Reduction (MBSR) Practices to Reduce Stress and Depression in Kazakhstan

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Stress and depressive symptoms are increasingly prevalent among young people and represent a major public mental health concern. International evidence demonstrates the effectiveness of Mindfulness-Based Stress Reduction (MBSR) as a non-pharmacological intervention for stress-related conditions; however, its empirical validation and cultural adaptation in Central Asian contexts remain limited. This study addresses this gap by examining the applicability of MBSR among youth in Kazakhstan. This study is conducted within the framework of the scientific project AP26102139, "Application of Mindfulness-Based Stress Reduction (MBSR) practices to reduce stress and depression among young people," funded by the Ministry of Science and Higher Education. This study aims to evaluate the effectiveness of a culturally adapted Mindfulness-Based Stress Reduction (MBSR) program in reducing perceived stress, anxiety, and depressive symptoms among young people in Kazakhstan, and to establish a standardized evidence-based framework for its implementation in educational and mental health settings.

Methods: A mixed-methods quasi-experimental design will be employed. Participants will be assigned to experimental and control groups. The intervention consists of an 8-week MBSR program delivered in accordance with international standards and adapted to local sociocultural conditions. Outcome measures include the Perceived Stress Scale (PSS), Generalized Anxiety Disorder scale (GAD-7), Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), and psychophysiological indicators (electroencephalography, heart rate variability, and biofeedback). Quantitative data will be analyzed using inferential statistical methods, while qualitative data from interviews and focus groups will be subjected to thematic analysis.

Results: It is hypothesized that participants in the MBSR group will demonstrate significant reductions in perceived stress, anxiety, and depressive symptoms compared to controls, along with improvements in emotional regulation and psychophysiological functioning. The study is expected to produce a validated culturally adapted MBSR protocol, empirical evidence of its effectiveness, and methodological guidelines for large-scale implementation.

Discussion: The findings are expected to support the integration of mindfulness-based interventions into national mental health and educational systems in Kazakhstan. This study contributes to the cross-cultural validation of MBSR, expands the evidence base in

non-Western populations, and provides a scalable model for stress and depression prevention among youth.

OP-28-005

Effect of a structured coordinated physical activity program on attention and concentration among school-going children in Southern India: A randomized control trial

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: Attention and concentration play a vital role in academic life of school going children. In this context, there has been growing interest in the intervention which can enhance their attention performance and executive function. There are few studies that explored physical activity mainly in the form of coordinated physical activity to improve attention and concentration in school going children. The study attempts to find whether short term intervention in the form of bilateral coordinated physical activity can improve attention in the Indian school setting.

The objective of this study was to assess the effect of a structured coordinated physical activity program on attention and concentration among school-going children aged 9-11 years in southern India using a randomized controlled trial design.

Methods: The open labelled cluster randomized controlled trial was 211 children aged 9-11 years grouped in 1:1 ratio. The intervention was given through the schools located in Puducherry, southern India. The study was conducted from September 2022 to September 2024. The students in intervention group received coordinated physical activity with video assistance for 6 minutes daily during regular classes for 20 sessions as an intervention. The control group didnot received any intervention un structured. The outcome is assessed by d2 revised test in the baseline and end of 6 weeks from the enrolment in both control and intervention group. The key parameter measured were Total number (TN) items processed standard score, Total Number errors (TNE),Error percentage (E%) ,Concentration performance (CP) and Fluctuation rate (FR). The trial was registered under CTRI/2024/02/062257. Institutional ethical clearance was obtained.

Results: In this study, baseline sociodemographic variables and the d2 Test parameters were comparable between intervention and control groups, except the two variables- age and occupation of father. After univariate analysis, the multiple linear regression which adjusted for age and occupation of father was done and adjusted beta coefficient was estimated. After adjustment, the intervention group showed improved attention outcomes, including higher TN speed (adjusted beta = 35.9, 95 CI: 26.7 - 45.2), TN standard score (adsjuted beta = 7.27, 95% CI), TN-E score (adjusted beta = 8.2, 95% CI 5.2- 11.1), TN-E percentile rank (adjusted beta = 8.5, 95 CI: 4.8-9.8), and concentration performance (a ### = 41.4, 95 CI: 3.8- 13.2), all with $p < 0.001$.

Discussion: As globally the Health promoting schools are recommended by World Health Organization, this randomized controlled trial shows that a short-term structured bilateral coordinated physical activity program significantly improves selective attention and concentration among school-going children, as measured by multiple d2 Test parameters. The findings align with previous study results done in Western settings. Studies have shown that improved attention also leads to improved executive function. Improvements persisted after adjusting for baseline imbalances, suggesting a robust intervention effect. The strengths of our study include its randomized design, use of a standardized attention assessment tool, school-based delivery, and adjustment for key confounders. However, the open-label design, the short intervention and short follow-up period limit conclusions regarding long-term effects. Overall, bilateral coordinated physical activity appears to be a feasible and simple effective strategy to enhance attention and concentration in school children in the low middle income countries.

OP-28-006

The Feasibility, Acceptability and Preliminary Effectiveness of the Supporting Healthy Living and Nutrition in School-Age Adolescents (SHINE) Intervention in Ibadan, Nigeria: A Pilot Study

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Topic: CAP Interventions and Services / b. Public Mental Health, Prevention and Early Intervention

Objective: The Implementation Early Mental & Physical Health Detection & Support: Promoting a Whole-School Approach to Health & Wellbeing in Low Resource Settings (ISOBAR) project aims to promote the mental and nutritional health of school-going adolescents between the ages of 12 and 18 in Nigeria and India. In Ibadan, the project has been branded as Supporting Healthy Living and Nutrition in School-Age Adolescents (SHINE) and has involved the co-design of an intervention with a health literacy and counselling component. The evidence-based intervention incorporates interventions developed in the Centre for Child and Adolescent Mental Health, University of Ibadan and other mental and nutritional health interventions developed in Africa. This intervention fills a critical gap of a lack of holistic school-tailored programmes to improve adolescent wellbeing in Nigeria. This study focuses on evaluating the acceptability, feasibility and preliminary effectiveness of the SHINE intervention using findings from a pilot study.

Methods: The pilot study was carried out in a low-resourced school in Ibadan, Nigeria between June and September 2025. The SHINE Intervention composed of health literacy sessions and a counselling component was delivered. The health literacy sessions included modules on mental health, physical health, nutrition and gardening. Students who scored above 17 on the Total Difficulties Scale of the Strengths and Difficulties (SDQ) were referred for counselling and other students self-referred. Feasibility was assessed based on the percentage of the sample size recruited, number of health literacy sessions delivered, student attendance, and their compliance with intervention guidelines. Acceptability was measured based on responses to a survey with participants as well as in-depth interviews with relevant stakeholders asking about their experiences and perceptions of the intervention. Preliminary effectiveness was assessed using baseline and 4-month follow up assessments including health literacy tests, the SDQ and WHO-5.

Results: The target population for the pilot was 150. The team recruited 150 students while 137 consented to participate. The mean age of the participants was 14.2 while 50.4% were female. The average number of health literacy sessions attended was 4.1 with 24.5% of participants attending all 7 sessions. Of 33 students who were referred for counselling, 12 (36.3%) participated in counselling sessions while the others could not either because of travel or work responsibilities during the holidays in August 2025 when the counselling

sessions held. The survey and interviews conducted revealed positive perceptions of the intervention. Majority of participants rated the intervention as high quality (92.5%), well-organized (92.5%), and had improved their physical (93.5%), mental (93.6%) and nutritional health (92.5%). Paired sample t-tests of baseline and follow-up data revealed significant improvements in health literacy and SDQ scores.

Discussion: The results of this study show that the SHINE intervention is an acceptable and feasible intervention that can have positive effects on students' health literacy as well as wellbeing. Given high levels of trauma, depression, suicidal thoughts, poor nutrition among African adolescents and the lack of resources within schools to address this, the SHINE programme is a promising intervention to improve the holistic wellbeing of adolescents especially in low-resource settings. However, the programme needs to be carefully tailored to the school calendar and planned closely with school leadership for smooth implementation and maximum impact. Further research is needed to confirm these preliminary results. Funded by NIHR.